AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2015

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
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May 28, 2014

Sean Cavanaugh
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Mr. Cavanaugh:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2015*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS. If implemented, the RUC recommendations should result in a positive adjustment to the Medicare conversion factor.

CPT 2015 New and Revised Codes

Enclosed are three binders containing RUC recommendations, including those for new and revised CPT codes. The total number of coding changes for *CPT 2015* is 564, including 264 additions, 154 revisions, and 146 deletions. In addition, 53 new codes were identified as part of the family for review in relationship to the new/revised codes. The 471 new/revised/related family CPT codes are summarized as follows:

- 189 services are not payable on the RBRVS or do not require physician work at this time (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes.

- One new and revised code was addressed by the RUC HCPAC Review Board and that recommendation is submitted directly by the HCPAC.

- The RUC recommends that 11 codes be contractor priced.

- The RUC requested that an action plan be submitted to the Relativity Assessment Workgroup for six CPT codes.

The RUC submits work value and/or practice expense inputs for 264 new/ revised/related family CPT codes.

Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 49 services identified by the RUC or CMS as potentially misvalued and reviewed at the April 2014 RUC meeting. These recommendations are in addition to the 37 recommendations for existing services submitted to CMS following the RUC's October 2013 and January 2014 meetings.

CMS OPPS/ASC Cap Proposal

In response to the CMS proposal to limit practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule the RUC submits recommendations for 58 of the 211 codes identified through the cap proposal.

This review marks a new type of screen for the RUC, whereby specialty societies bring forward codes from a range of services identified by CMS through a policy proposal. The RUC's expectation was to review a subset of services to demonstrate that the associated practice expenses are not overestimates. Upon review it became apparent that for services that have not been reviewed in ten or more years, simply applying modern standards could result in PE RVU increases. When increasing certain sections of the direct PE inputs while decreasing other, it is difficult to estimate if the changes will result in an overall increase or decrease in the PE RVU. The Practice Expense Subcommittee has used their clinical expertise to accurately value these services, as they do with all services that are brought forward for review. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC is forwarding practice expense recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on completely separate payment systems.

Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed CD are:

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 1,701 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the October 2013, January 2014, and April 2014 RUC meetings. In addition, a new physician time file for all services within the RBRVS is enclosed.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.

- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

- Source Code Utilization Crosswalk Table – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2015 conversion factor increase.

- New Technology List and Flow Chart – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 481 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

- OPPS/ASC Cap Proposal Codes Recently Reviewed for Practice Expense - For your reference the RUC has also enclosed a list of the 32 recently reviewed codes from the 211 codes identified through the CMS OPPS/ASC Cap Proposal.

We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at (312) 464-5604.

Sincerely,



Barbara Levy, MD

Enclosures

cc: Kathy Bryant
Jessica Bruton
Edith Hambrick, MD
Ryan Howe
Kathy Kersell
Steve Phurrough, MD

RUC Participants

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May 28, 2014

Sean Cavanaugh
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Mr Cavanaugh:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendations to the Centers for Medicare and Medicaid Services (CMS). At its October 2013 and April 2014 meetings, the HCPAC reviewed one ultrasonic wound assessment CPT code and one computer-assisted adjustment of external fixation (practice expense only) CPT code.

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2014 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Maurine Dennis via (202) 789-7497 or Maurine.Dennis@ama-assn.org at the AMA for clarification regarding these recommendations.

Sincerely,



William J. Mangold, Jr, MD
HCPAC Chair



Anthony Hamm, DC
HCPAC Co-Chair

cc: HCPAC Participants
Jessica Bruton
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Ryan Howe
Kathy Kersell
Steve Phurrough, MD

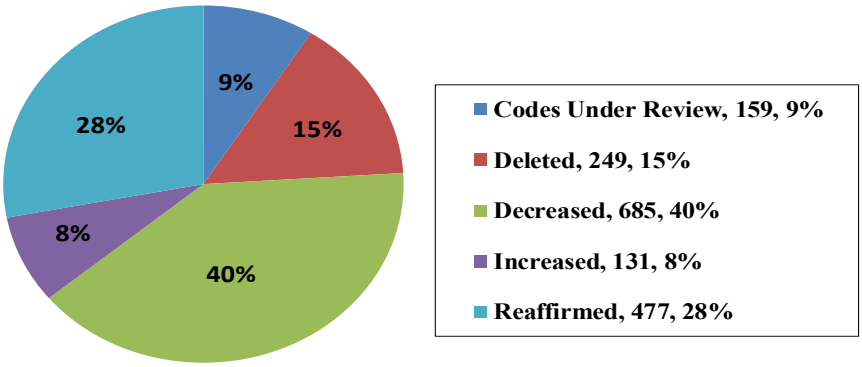
Attachments

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 1,700 services through 15 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 1,700 potentially misvalued services accounting for $38 billion in Medicare spending. The update committee has recommended reductions to 685 services, redistributing more than $3 billion. Here are the outcomes for the committee's review of 1,701 codes:

Potentially Misvalued Services Project



SOURCE: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 481 services. In September 2010, the re-review cycle began and since then the RUC has recommended 14 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further

examined. The Workgroup will continue to review the remaining 250 services every September after three years of Medicare claims data is available for each service.

Methodology Improvements

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

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

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

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

Site of Service Anomalies

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

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

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 13 codes and the RUC will re-review one service in the CPT® 2016 cycle. The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise.

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

High Volume Growth

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 15 services to include the family of services, totaling 96 services. Specialty societies submitted comments to the Workgroup in April 2008 to provide rationales for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to

capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.
The RUC recommended removing 22 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 21 codes and will review another two services in the CPT® 2015 cycle. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC submitted an additional 11 recommendations to CMS for services for the 2012-2015 Medicare Physician Payment Schedules. The RUC will continue to review the remaining five services after additional utilization data is collected.

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 48 services to include the appropriate family of services. The RUC recommended removing four services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred ten services to the CPT® Editorial Panel for revision and recommended review of seven services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted four codes and the RUC submitted recommendations for 23 services for the 2015 Medicare Physician Payment Schedule.

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

The RUC recommended removing 51 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 26 codes and will review another four services in the CPT® 2016 cycle. The RUC submitted 25 recommendations to CMS for the 2012-2015 Medicare Physician Payment Schedules. The RUC will review the remaining five services after additional utilization data is available.

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

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

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

currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

In April 2011, the RUC continued to identify Harvard valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT® Editorial Panel deleted 12 codes. The RUC submitted recommendations for 53 services for the 2013-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Medicare Allowed Charges >$10 million

In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > $10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately $1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 29 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC will review one remaining service after additional utilization data is available.

CMS/Other

Utilization over 500,000

In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The CPT® Editorial Panel deleted one service and will review two services for CPT® 2016. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service after additional utilization data is available.

Utilization over 250,000
In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 42 services to include the family of services. The RUC referred ten services to the CPT® Editorial Panel. The RUC submitted recommendations to CMS for 18 services for the 2015 Medicare Physician Payment Schedule and will submit recommendations for the remaining 14 services for the 2016 Medicare Physician Payment Schedule.

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

Reported 75% or More Together
In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar "groups" to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 33 individual component codes and replaced the component coding with 127 new and/or revised codes that described the bundles of services. The CPT® Editorial Panel and the RUC are currently working on one service and expect to complete this screen for final implementation in the 2016 Medicare Physician Payment Schedule.

Reported 75% or More Together – Part 2
In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 100 total codes under review, the CPT® Editorial Panel deleted 26 services and is scheduled to review 27 codes in the 2016 cycle. The RUC has submitted 47 code recommendations for the 2014-2015 Medicare Physician Payment Schedules.

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

In October 2010, the Workgroup reviewed 12 CMS identified services and determined that six of the codes were improperly identified as the services were either not reported in multiple units or were reported in a few units and that was considered in the original valuation. The RUC submitted

recommendations for the remaining six services for the 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

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

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

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

The RUC reviewed the 70 services identified and expanded the list to 128 services to include additional codes as part of the family. The CPT® Editorial Panel deleted eight codes and will review two codes for the 2016 cycle. The RUC submitted 115 recommendations to CMS for the 2013-2015 Medicare Physician Payment Schedules will review utilization data for three services in 2015.

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

Pre-Time Analysis
In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package. The RUC reviewed these services and referred four services to the CPT® Editorial Panel for revision and requested action plans from the specialty societies

on how to address the pre-service time for the remaining 15 services. The Relativity Assessment Workgroup will review action plans at the September 2014 RUC meeting.

Post-Operative Visits

010-Day Global Codes

In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services identified via this screen. The RUC submitted recommendations for two services for the 2015 Medicare Physician Payment Schedule, reaffirmed the post-operative visits for five services and specialty societies will survey the remaining 12 services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 18 to include additional codes as part of the family. The RUC submitted recommendations for one service for the 2015 Medicare Physician Payment Schedule, reaffirmed the post-operative visits for one service, referred two services to CPT® for deletion and specialty societies will survey the remaining 14 services for the RUC to review and submit recommendations to CMS for the 2016 Medicare Physician Payment Schedule.

Public Comment Requests

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

Final Rule for 2013

In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 38 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The RUC submitted recommendations for 20 services for the 2014 Medicare Physician Payment Schedule and eight recommendations for the 2015 cycle. The RUC will review two services in the 2016 cycle and will review two services after additional utilization data is available.

Final Rule for 2014

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. However, to broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 88 services, at the October 2013 RUC meeting and noted that two services identified were recently reviewed and recommendations were submitted for the 2014 Medicare Payment Schedule. The RUC referred ten services to the CPT® Editorial Panel, seven of which have been deleted and three are under consideration for deletion. The RUC submitted recommendations to CMS for 68 services for the 2015 Medicare Physician Payment Schedule and will review another eight services for the 2016 cycle.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**1,701**
Codes Completed	**1,542**
Work and PE Maintained	477
Work Increased	131
Work Decreased	567
Direct Practice Expense Revised (beyond work changes)	118
Deleted from CPT®	249
Codes Under Review	**159**
Referred to CPT® Editorial Panel	57
RUC to Review September 2014	28
RUC future review after additional data obtained	74

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

The RUC's efforts for 2009-2014 have resulted in $3 billion for redistribution within the Medicare Physician Payment Schedule.

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

CPT Code	Descriptor	RUC Recommend-ation	CMS Fastest Growing	CMS/Other Source - Utilization over 250,000	CMS Request for Final Rule	CMS Request - Practice Expense Review	CMS High Expediture Procedural Codes	Codes Reported Together	High Volume Growth	Low Value High Volume	MPC List	New Technology/ New Services
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	5.30							X			
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in a	2.65							X			
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	5.30							X			
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition t	2.65							X			
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	21.36			X							
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	24.16			X							
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	29.07			X							
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	32.06. Review action plan at RAW	X		X							X
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	12.29										X
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	14.16										X
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	14.39										X
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	15.60										X
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	13.36										X
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	15.00										X
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	17.71										X
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	20.79										X

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes

CPT Code	Descriptor	RUC Recommend-ation	CMS Fastest Growing	CMS/Other Source - Utilization over 250,000	CMS Request for Final Rule	CMS Request - Practice Expense Review	CMS High Expediture Procedural Codes	Codes Reported Together	High Volume Growth	Low Value High Volume	MPC List	New Technology/ New Services
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Survey for September 2014			X							
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Survey for September 2014			X							
64412	Injection, anesthetic agent; spinal accessory nerve	Refer to CPT, CPT Assistant and Review in 3 years (Sept 2017)							X			
70486	Computed tomography, maxillofacial area; without contrast material	0.85		X								
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.17		X								
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.30		X								
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	X						X			
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	X						X			
71100	Radiologic examination, ribs, unilateral; 2 views	Survey for September 2014		X								
72070	Radiologic examination, spine; thoracic, 2 views	Survey for September 2014		X								
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	1.22	X		X			X				
73060	Radiologic examination; humerus, minimum of 2 views	Survey for September 2014		X								
73565	Radiologic examination, knee; both knees, standing, anteroposterior	Survey for September 2014		X								
73590	Radiologic examination; tibia and fibula, 2 views	Survey for September 2014		X								
73600	Radiologic examination, ankle; 2 views	Survey for September 2014		X								
74160	Computed tomography, abdomen; with contrast material(s)	0.42			X			X			X	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	X		X							
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	Refer to CPT		X								

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes												
CPT Code	Descriptor	RUC Recommend-ation	CMS Fastest Growing	CMS/Other Source - Utilization over 250,000	CMS Request for Final Rule	CMS Request - Practice Expense Review	CMS High Expediture Procedural Codes	Codes Reported Together	High Volume Growth	Low Value High Volume	MPC List	New Technology/ New Services
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	0.67			X							
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	0.67			X							
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	Action plan. 2.00 (interim)			X							
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	0.67		X	X							
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	Action plan. 0.38 (interim)			X							
76950	Ultrasonic guidance for placement of radiation therapy fields	Deleted from CPT			X			X				
76965	Ultrasonic guidance for interstitial radioelement application	Action plan. 1.34 (interim)			X							
88356	Morphometric analysis; nerve	2.80							X			
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80			X		X	X				
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50			X		X					
93886	Transcranial Doppler study of the intracranial arteries; complete study	1.00			X			X				
93888	Transcranial Doppler study of the intracranial arteries; limited study	0.70			X			X				
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.80		X	X							
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60		X	X							
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80			X							
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50			X			X				
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70		X	X							
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45			X					X		
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30			X							
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	X		X							
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97		X	X							
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70		X	X							

RUC Recommendations for CMS Requests and Relativity Assessment Identified Codes												
CPT Code	**Descriptor**	**RUC Recommend-ation**	**CMS Fastest Growing**	**CMS/Other Source - Utilization over 250,000**	**CMS Request for Final Rule**	**CMS Request - Practice Expense Review**	**CMS High Expediture Procedural Codes**	**Codes Reported Together**	**High Volume Growth**	**Low Value High Volume**	**MPC List**	**New Technology/ New Services**
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	X						X			
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	Refer to CPT				X						

CPT 2015 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0073T	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☐	Category III	☐
0075T	XXX	R	Feb14	25	Transcatheter Placement of Carotid Stent		Apr14	12					☐	Category III	☐
0076T	XXX	R	Feb14	25	Transcatheter Placement of Carotid Stent		Apr14	12					☐	Category III	☐
0092T	XXX	R	Feb14	17	Total Disc Arthroplasty		Apr14	7					☐	Category III	☐
0226T	XXX	D	Feb14	33	High Resolution Anoscopy		Apr14	14					☐	Category III	☐
0227T	XXX	D	Feb14	33	High Resolution Anoscopy		Apr14	14					☐	Category III	☐
0245T	YYY	D	Oct13	07	Internal Fixation for Rib Fracture		Apr14	5					☐	Category III	☐
0246T	YYY	D	Oct13	07	Internal Fixation for Rib Fracture		Apr14	5					☐	Category III	☐
0247T	YYY	D	Oct13	07	Internal Fixation for Rib Fracture		Apr14	5					☐	Category III	☐
0248T	YYY	D	Oct13	07	Internal Fixation for Rib Fracture		Apr14	5					☐	Category III	☐
0319T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0320T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0321T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0322T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0323T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0324T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0325T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0326T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0327T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0328T	XXX	D	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9					☐	Category III	☐
0334T	YYY	D	Feb14	18	Sacroiliac Joint Fusion		Apr14	8					☐	Category III	☐
0343T	YYY	D	Feb14	22	Transcatheter Mitral Valve Repair		Apr14	10					☐	Category III	☐
0344T	YYY	D	Feb14	22	Transcatheter Mitral Valve Repair		Apr14	10					☐	Category III	☐
20600	000	R	Oct13	6	Arthrocentesis	I1	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh	0.66	0.66	Yes	☑	October 2010 RUC Recommendation Reaffirmed	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
20604	000	N	Oct13	6	Arthrocentesis	I2	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh, APMA	0.89	0.89		☑		☐
20605	000	R	Oct13	6	Arthrocentesis	I3	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh, APMA	0.68	0.68	Yes	☑	October 2010 RUC Recommendation Reaffirmed	☐
20606	000	N	Oct13	6	Arthrocentesis	I4	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh	1.00	1.00		☑		☐
20610	000	R	Oct13	6	Arthrocentesis	I5	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh	0.79	0.79	Yes	☑	October 2010 RUC Recommendation Reaffirmed	☐
20611	000	N	Oct13	6	Arthrocentesis	I6	Jan14	4	ASSH, ACR, AAFP, AAOS, ACRh	1.10	1.10		☑		☐
20982	000	R	Feb14	14	Cryoablation treatment of Bone Tumor	V1	Apr14	4	ACR,SIR	7.27	7.27	Yes	☑	Specialties did not survey due to low volume (204 claims in 2013)	☐
20983	000	N	Feb14	14	Cryoablation treatment of Bone Tumor	V2	Apr14	4	ACR,SIR	9.13	7.13		☑		☑
21800	090	D	Oct13	07	Internal Fixation for Rib Fracture	J1	Apr14	5	ACS, AAOS				☑	Code Deleted After Assisgnent of Tracking Number	☐
21805	090	F	Oct13	07	Internal Fixation for Rib Fracture	J2	Apr14	5	ACS, AAOS	8.99	8.99	Yes	☑	Specialties submitted a CCP for deletion in 2016	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
21810	090	D	Oct13	07	Internal Fixation for Rib Fracture		Apr14	5	ACS, AAOS				☑		☐
21811	090	N	Oct13	07	Internal Fixation for Rib Fracture	J3	Apr14	5	ACS, AAOS	19.55	19.55		☑		☑
21812	090	N	Oct13	07	Internal Fixation for Rib Fracture	J4	Apr14	5	ACS, AAOS	25.00	25.00		☑		☑
21813	090	N	Oct13	07	Internal Fixation for Rib Fracture	J5	Apr14	5	ACS, AAOS	35.00	35.00		☑		☑
21820	090	F	Oct13	07	Internal Fixation for Rib Fracture	J6	Apr14	5	STS	1.36	1.36	Yes	☑	Specialties indicated that this service is not part of the same family (different anatomy and specialty)	☐
21825	090	F	Oct13	07	Internal Fixation for Rib Fracture	J7	Apr14	5	STS	7.76	7.76	Yes	☑	Specialties indicated that this service is not part of the same family (different anatomy and specialty)	☐
22510	010	N	Feb14	16	Percutaneous Vertebroplasty	W1	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	8.15	8.15		☑		☐
22511	010	N	Feb14	16	Percutaneous Vertebroplasty	W2	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	8.05	8.05		☑		☐
22512	ZZZ	N	Feb14	16	Percutaneous Vertebroplasty	W3	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	4.00	4.00		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
22513	010	N	Feb14	16	Percutaneous Vertebroplasty	W4	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	8.90	8.90		☑		☐
22514	010	N	Feb14	16	Percutaneous Vertebroplasty	W5	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	8.24	8.24		☑		☐
22515	ZZZ	N	Feb14	16	Percutaneous Vertebroplasty	W6	Apr14	6	AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	4.00	4.00		☑		☐
22520	010	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22521	010	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22522	ZZZ	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22523	010	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22524	010	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22525	ZZZ	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
22856	090	R	Feb14	17	Total Disc Arthroplasty	X1	Apr14	7	AANS, CNS, AAOS, NASS	24.05	24.05	Yes	☑		☐
22858	ZZZ	N	Feb14	17	Total Disc Arthroplasty	X2	Apr14	7	AANS, CNS, AAOS, NASS	8.40	8.40		☑		☑
27279	090	N	Feb14	18	Sacroiliac Joint Fusion	Y1	Apr14	8	AANS,CNS, AAOS, NASS	9.03	9.03		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
27280	090	R	Feb14	18	Sacroiliac Joint Fusion	Y2	Apr14	8	AANS, CNS, AAOS, NASS	14.64	14.64	Yes	☑	Refer to CPT	☐
33215	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC,HRS	4.92	4.92	Yes	☑		☐
33216	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC,HRS	5.87	5.87	Yes	☑		☐
33217	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	5.84	5.84	Yes	☑		☐
33218	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	6.07	6.07	Yes	☑		☐
33220	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC,HRS	6.15	6.15	Yes	☑		☐
33223	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	6.55	6.55	Yes	☑		☐
33224	000	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	9.04	9.04	Yes	☑		☐
33225	ZZZ	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	8.33	8.33	Yes	☑		☐
33230	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	6.32	6.32	Yes	☑		☐
33231	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	6.59	6.59	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33240	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC. HRS	6.05	6.05	Yes	☑		☐
33241	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC. HRS	3.29	3.29	Yes	☑		☐
33243	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	23.57	23.57	Yes	☑		☐
33244	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	13.99	13.99	Yes	☑		☐
33249	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	15.17	15.17	Yes	☑		☐
33262	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC,HRS	6.06	6.06	Yes	☑		☐
33263	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	6.33	6.33	Yes	☑		☐
33264	090	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ASSH, ACR, AAFP, AAOS, ACRh, APMA	6.60	6.60	Yes	☑		☐
33270	090	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z1	Apr14	9	ACC,HRS	12.00	9.10		☑		☑
33271	090	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z2	Apr14	9	ACC,HRS	8.05	7.50		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33272	090	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z3	Apr14	9	ACC,HRS	6.05	5.42		☑		☑
33273	090	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z4	Apr14	9	ACC,HRS	5.40	6.50		☑		☑
33418	090	N	Feb14	22	Transcatheter Mitral Valve Repair	AA1	Apr14	10	ACC, SCAI	32.25	32.25		☑		☑
33419	ZZZ	N	Feb14	22	Transcatheter Mitral Valve Repair	AA2	Apr14	10	ACC, SCAI	7.93	7.93		☑		☑
33946	XXX	N	Feb14	23	ECMO-ECLS	BB1	Apr14	11	STS,AAP,ACC,SCAI,,ACCP	6.00	6.00		☑		☑
33947	XXX	N	Feb14	23	ECMO-ECLS	BB2	Apr14	11	STS,AAP,ACC,SCAI,,ACCP	6.63	6.63		☑		☑
33948	XXX	N	Feb14	23	ECMO-ECLS	BB3	Apr14	11	STS,AAP,ACC,SCAI,,ACCP	4.73	4.73		☑		☑
33949	XXX	N	Feb14	23	ECMO-ECLS	BB4	Apr14	11	STS,AAP,ACC,SCAI,,ACCP	4.60	4.60		☑		☑
33951	000	N	Feb14	23	ECMO-ECLS	BB5	Apr14	11	STS,AAP, ACC, SCAI	8.15	8.15		☑		☑
33952	000	N	Feb14	23	ECMO-ECLS	BB6	Apr14	11	STS,AAP, ACC, SCAI	8.43	8.43		☑		☑
33953	000	N	Feb14	23	ECMO-ECLS	BB7	Apr14	11	STS,AAP, ACC, SCAI	9.83	9.83		☑		☑
33954	000	N	Feb14	23	ECMO-ECLS	BB8	Apr14	11	STS,AAP, ACC, SCAI	9.43	9.43		☑		☑
33955	000	N	Feb14	23	ECMO-ECLS	BB9	Apr14	11	STS,AAP, ACC, SCAI	16.00	16.00		☑		☑
33956	000	N	Feb14	23	ECMO-ECLS	BB10	Apr14	11	STS,AAP, ACC, SCAI	16.00	16.00		☑		☑
33957	000	N	Feb14	23	ECMO-ECLS	BB11	Apr14	11	STS,AAP, ACC, SCAI	4.00	4.00		☑		☑
33958	000	N	Feb14	23	ECMO-ECLS	BB12	Apr14	11	STS,AAP, ACC, SCAI	4.05	4.05		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33959	000	N	Feb14	23	ECMO-ECLS	BB13	Apr14	11	STS,AAP, ACC, SCAI	4.69	4.69		☑		☑
33960	000	D	Feb14	23	ECMO-ECLS		Apr14	11	STS,AAP,A CC,SCAI				☑		☐
33961	XXX	D	Feb14	23	ECMO-ECLS		Apr14	11	STS,AAP,A CC,SCAI				☑		☐
33962	000	N	Feb14	23	ECMO-ECLS	BB14	Apr14	11	STS,AAP, ACC, SCAI	4.73	4.73		☑		☑
33963	000	N	Feb14	23	ECMO-ECLS	BB15	Apr14	11	STS,AAP, ACC, SCAI	9.00	9.00		☑		☑
33964	000	N	Feb14	23	ECMO-ECLS	BB16	Apr14	11	STS,AAP, ACC, SCAI	9.50	9.50		☑		☑
33965	000	N	Feb14	23	ECMO-ECLS	BB17	Apr14	11	STS,AAP, ACC, SCAI	3.51	3.51		☑		☑
33966	000	N	Feb14	23	ECMO-ECLS	BB18	Apr14	11	STS,AAP, ACC, SCAI	4.50	4.50		☑		☑
33969	000	N	Feb14	23	ECMO-ECLS	BB19	Apr14	11	STS,AAP, ACC, SCAI	6.00	6.00		☑		☑
33984	000	N	Feb14	23	ECMO-ECLS	BB20	Apr14	11	STS,AAP, ACC, SCAI	6.38	6.38		☑		☑
33985	000	N	Feb14	23	ECMO-ECLS	BB21	Apr14	11	STS,AAP, ACC, SCAI	9.89	9.89		☑		☑
33986	000	N	Feb14	23	ECMO-ECLS	BB22	Apr14	11	STS,AAP, ACC, SCAI	10.00	10.00		☑		☑
33987	ZZZ	N	Feb14	23	ECMO-ECLS	BB23	Apr14	11	STS,AAP, ACC, SCAI	4.04	4.04		☑		☑
33988	000	N	Feb14	23	ECMO-ECLS	BB24	Apr14	11	STS,AAP, ACC, SCAI	15.00	15.00		☑		☑
33989	000	N	Feb14	23	ECMO-ECLS	BB25	Apr14	11	STS,AAP, ACC, SCAI	9.50	9.50		☑		☑
34839	090	N	Oct13	11	FEVAR Endograft Palnning	K1	Jan14	6	SVS				☑	Contractor Priced	☐
34841	YYY	F	Oct13	11	FEVAR Endograft Palnning	K2	Jan14	6	SVS				☑	Contractor Priced	☐
34842	YYY	F	Oct13	11	FEVAR Endograft Palnning	K3	Jan14	6	SVS				☑	Contractor Priced	☐
34843	YYY	F	Oct13	11	FEVAR Endograft Palnning	K4	Jan14	6	SVS				☑	Contractor Priced	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
34844	YYY	F	Oct13	11	FEVAR Endograft Palnning	K5	Jan14	6	SVS				☑	Contractor Priced	☐
34845	YYY	F	Oct13	11	FEVAR Endograft Palnning	K6	Jan14	6	SVS				☑	Contractor Priced	☐
34846	YYY	F	Oct13	11	FEVAR Endograft Palnning	K7	Jan14	6	SVS				☑	Contractor Priced	☐
34847	YYY	F	Oct13	11	FEVAR Endograft Palnning	K8	Jan14	6	SVS				☑	Contractor Priced	☐
34848	YYY	F	Oct13	11	FEVAR Endograft Palnning	K9	Jan14	6	SVS				☑	Contractor Priced	☐
36822	090	D	Feb14	23	ECMO-ECLS		Apr14	11	STS,AAP, ACC, SCAI				☑		☐
37215	090	R	Feb14	25	Transcatheter Placement of Carotid Stents		Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	19.68	19.68	Yes	☑		☐
37216	090	R	Feb14	25	Transcatheter Placement of Carotid Stents		Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	18.95	18.95	Yes	☑		☐
37217	090	R	Feb14	25	Transcatheter Placement of Carotid Stents		Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	20.38	20.38	Yes	☑		☐
37218	090	N	Feb14	25	Transcatheter Placement of Carotid Stent	CC4	Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	18.50	15.00		☑		☑
37235	ZZZ	F	Feb14	25	Transcatheter Placement of Carotid Stent	CC5	Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	7.80	7.80	Yes	☑	Specialties indicate that this code is not part of family	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
37236	000	F	Feb14	25	Transcatheter Placement of Carotid Stent	CC6	Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	9.00	9.00	Yes	☑	Specialties indicate that this code is not part of family	☐
37237	ZZZ	F	Feb14	25	Transcatheter Placement of Carotid Stent	CC7	Apr14	12	AANS, CNS, SVS, ACC, ACR, SIR, ASNR, SCAI	4.25	4.25	Yes	☑	Specialties indicate that this code is not part of family	☐
43180	090	N	Oct13	15	Endoscopic Hypopharyngeal Diverticulomtomy	L1	Jan14	7	STS, AAOHNS	9.03	9.03		☑		☑
44380	000	R	May13	12	Ileoscopy	D1	Oct13	4	AGA, ASGE, ACG	0.97	0.97		☑		☐
44381	000	N	May13	12	Ileoscopy	D3	Oct13	4	AGA, ASGE, ACG	1.48	1.48		☑		☐
44382	000	F	May13	12	Ileoscopy	D2	Oct13	4	AGA, ASGE, ACG	1.27	1.27	Yes	☑		☐
44383	000	D	May13	12	Ileoscopy		Oct13	4	AGA, ASGE, ACG				☑		☐
44384	000	N	May13	12	Ileoscopy	D4	Oct13	4	AGA, ASGE, ACG	3.11	3.11		☑		☐
44385	000	R	May13	13	Pouchoscopy	E1	Oct13	5	AGA, ASGE, ACG, ASCRS, SAGES, ACS	1.30	1.30		☑		☐
44386	000	R	May13	13	Pouchoscopy	E2	Oct13	5	AGA, ASGE, ACG, ASCRS, SAGES, ACS	1.60	1.60		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
44388	000	R	Oct13	16-18	Colonoscopy through Stoma	M1	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	2.82	2.82	Yes	☑		☐
44389	000	F	Oct13	16-18	Colonoscopy through Stoma	M2	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.12	3.12		☑		☐
44390	000	R	Oct13	16-18	Colonoscopy through Stoma	M3	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.82	3.82	Yes	☑		☐
44391	000	R	Oct13	16-18	Colonoscopy through Stoma	M4	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.22	4.22		☑		☐
44392	000	R	Oct13	16-18	Colonoscopy through Stoma	M5	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.63	3.63		☑		☐
44393	000	D	Oct13	16-18	Colonoscopy through Stoma		Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG				☑		☐
44394	000	F	Oct13	16-18	Colonoscopy through Stoma	M7	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.13	4.13		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
44397	000	D	Oct13	16-18	Colonoscopy through Stoma		Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG				☑		☐
44401	000	N	Oct13	16-18	Colonoscopy through Stoma	M6	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.44	4.44		☑		☐
44402	000	N	Oct13	16-18	Colonoscopy through Stoma	M8	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.96	4.96		☑		☐
44403	000	N	Oct13	16-18	Colonoscopy through Stoma	M9	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	5.81	5.81		☑		☐
44404	000	N	Oct13	16-18	Colonoscopy through Stoma	M10	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.13	3.13		☑		☐
44405	000	N	Oct13	16-18	Colonoscopy through Stoma	M11	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.33	3.33		☑		☐
44406	000	N	Oct13	16-18	Colonoscopy through Stoma	M12	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.41	4.41		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
44407	000	N	Oct13	16-18	Colonoscopy through Stoma	M13	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	5.06	5.06		☑		☐
44408	000	N	Oct13	16-18	Colonoscopy through Stoma	M14	Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	4.24	4.24		☑		☐
45330	000	R	May13	11	Flexible Sigmoidoscopy	C1	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	0.84	0.84		☑		☐
45331	000	F	May13	11	Flexible Sigmoidoscopy	C2	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	1.14	1.14		☑		☐
45332	000	R	May13	11	Flexible Sigmoidoscopy	C3	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	1.85	1.85		☑		☐
45333	000	R	May13	11	Flexible Sigmoidoscopy	C4	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	1.65	1.65		☑		☐
45334	000	R	May13	11	Flexible Sigmoidoscopy	C5	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	2.10	2.10		☑		☐
45335	000	F	May13	11	Flexible Sigmoidoscopy	C6	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	1.15	1.15		☑		☐
45337	000	R	May13	11	Flexible Sigmoidoscopy	C7	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	2.20	2.20		☑		☐
45338	000	F	May13	11	Flexible Sigmoidoscopy	C8	Oct13	6	AGA,ASGE ,ACG,ASC RS,SAGES, ACS	2.15	2.15		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
45339	000	D	May13	11	Flexible Sigmoidoscopy		Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS,				☑		☐
45340	000	R	May13	11	Flexible Sigmoidoscopy	C10	Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS	1.35	1.35		☑		☐
45341	000	F	May13	11	Flexible Sigmoidoscopy	C11	Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS	2.43	2.43		☑		☐
45342	000	F	May13	11	Flexible Sigmoidoscopy	C12	Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS	3.08	3.08		☑		☐
45345	000	D	May13	11	Flexible Sigmoidoscopy		Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS,				☑		☐
45346	000	N	May13	11	Flexible Sigmoidoscopy	C9	Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS	2.97	2.97		☑		☐
45347	000	N	May13	11	Flexible Sigmoidoscopy	C13	Oct13	6	AGA,ASGE,ACG,ASCRS,SAGES,ACS	2.98	2.98		☑		☐
45349	000	N	May13	11	Flexible Sigmoidoscopy	C14	Apr14	13	AGA, ASGE, ACG, ASCRS, SAGES, ACS	3.83	3.83		☑		☐
45350	000	N	May13	11	Flexible Sigmoidoscopy	C15	Apr14	13	AGA, ASGE, ACG, ASCRS, SAGES, ACS	1.78	1.78		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
45355	000	D	Oct13	16-18	Colonoscopy		Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC				☑		☐
45378	000	R	Oct13	16-18	Colonoscopy	N1	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, ACG	3.51	3.36		☑		☐
45379	000	R	Oct13	16-18	Colonoscopy	N2	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	4.52	4.37		☑		☐
45380	000	F	Oct13	16-18	Colonoscopy	N3	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	3.81	3.66		☑		☐
45381	000	F	Oct13	16-18	Colonoscopy	N4	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	3.82	3.67		☑		☐
45382	000	R	Oct13	16-18	Colonoscopy	N5	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.50	4.76		☑		☐
45383	000	D	Oct13	16-18	Colonoscopy		Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC				☑		☐
45384	000	R	Oct13	16-18	Colonoscopy	N7	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	4.32	4.17		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
45385	000	F	Oct13	16-18	Colonoscopy	N8	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	4.82	4.67		☑		☐
45386	000	R	Oct13	16-18	Colonoscopy	N9	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	4.02	3.87		☑		☐
45387	000	D	Oct13	16-18	Colonoscopy		Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC				☑		☐
45388	000	N	Oct13	16-18	Colonoscopy	N6	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.64	4.98		☑		☐
45389	000	N	Oct13	16-18	Colonoscopy	N10	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.65	5.50		☑		☐
45390	000	N	Oct13	16-18	Colonoscopy	N13	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	6.50	6.35		☑		☐
45391	000	R	Oct13	16-18	Colonoscopy	N11	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.10	4.95		☑		☐
45392	000	R	Oct13	16-18	Colonoscopy	N12	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.75	5.60		☑		☐
45393	000	N	Oct13	16-18	Colonoscopy	N14	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	5.50	4.78		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
45398	000	N	Oct13	16-18	Colonoscopy	N15	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	4.30	4.30		☑		☐
45399	000	N	Oct13	16-18	Colonoscopy		Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC				☑	Contractor Priced - Unlisted	☐
46600	000	R	Feb14	33	High Resolution Anoscopy		Apr14	14	ASCRS	0.55	0.55	Yes	☑		☐
46601	000	N	Feb14	33	High Resolution Anoscopy	DD1	Apr14	14	ASCRS	1.60	1.60		☑		☑
46607	000	N	Feb14	33	High Resolution Anoscopy	DD2	Apr14	14	ASCRS	2.20	2.20		☑		☑
47383	010	N	Feb14	30	Cryoablation of Liver Tumor	EE1	Apr14	15	ACR, SIR	9.13	9.13		☑		☑
52441	000	N	Feb14	35	Cystourethroscopy Insertion Transprostaic Implant	FF1	Apr14	16	AUA	4.50	4.50		☑		☑
52442	ZZZ	N	Feb14	35	Cystourethroscopy Insertion Transprostaic Implant	FF2	Apr14	16	AUA	1.20	1.20		☑		☑
61055	000	R	Oct13	21	Myelography		Apr14	17	ACR, ASNR	2.10	2.10	Yes	☑		☐
62284	000	R	Oct13	21	Myelography	O5	Apr14	17	ACR, ASNR	1.54	1.54	Yes	☑		☐
62302	000	N	Oct13	21	Myelography	O1	Apr14	17	ACR, ASNR	2.29	2.29		☑		☐
62303	000	N	Oct13	21	Myelography	O2	Apr14	17	ACR, ASNR	2.29	2.29		☑		☐
62304	000	N	Oct13	21	Myelography	O3	Apr14	17	ACR, ASNR	2.25	2.25		☑		☐
62305	000	N	Oct13	21	Myelography	O4	Apr14	17	ACR, ASNR	2.35	2.35		☑		☐
64486	000	N	Feb14	39	Transversus Abdominis Plane (TAP) Anesthetic Block	GG1	Apr14	18	ASA	1.50	1.27		☑		☐

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64487	000	N	Feb14	39	Transversus Abdominis Plane (TAP) Anesthetic Block	GG2	Apr14	18	ASA	1.75	1.48		☑		☐
64488	000	N	Feb14	39	Transversus Abdominis Plane (TAP) Anesthetic Block	GG3	Apr14	18	ASA	2.20	1.60		☑		☐
64489	000	N	Feb14	39	Transversus Abdominis Plane (TAP) Anesthetic Block	GG4	Apr14	18	ASA	2.44	1.80		☑		☐
66179	090	N	Oct13	24	Aqueous Shunt	P1	Jan14	12	AAO	14.00	14.00		☑		☐
66180	090	R	Oct13	24	Aqueous Shunt	P2	Jan14	12	AAO	15.00	15.00	Yes	☑		☐
66183	090	F	Oct13	24	Aqueous Shunt	P3	Jan14	12	AAO	13.20	13.20	Yes	☑	April 2013 RUC recommendation of 13.20 Reaffirmed	☐
66184	090	N	Oct13	24	Aqueous Shunt	P4	Jan14	12	AAO	9.58	9.58		☑		☐
66185	090	R	Oct13	24	Aqueous Shunt	P5	Jan14	12	AAO	10.26	10.58		☑		☐
67255	090	F	Oct13	24	Aqueous Shunt	P6	Jan14	12	AAO	9.98	10.17	Yes	☑		☐
72240	XXX	R	Oct13	21	Myelography	O6	Apr14	17	ACR, ASNR	0.91	0.91	Yes	☑		☐
72255	XXX	R	Oct13	21	Myelography	O7	Apr14	17	ACR, ASNR	0.91	0.91	Yes	☑		☐
72265	XXX	R	Oct13	21	Myelography	O8	Apr14	17	ACR, ASNR	0.83	0.83	Yes	☑		☐
72270	XXX	R	Oct13	21	Myelography	O9	Apr14	17	ACR, ASNR	1.33	1.33	Yes	☑		☐
72291	XXX	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
72292	XXX	D	Feb14	16	Percutaneous Vertebroplasty		Apr14	6					☑		☐
74360	XXX	R	Oct13	16-18	Colonoscopy through Stoma		Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	0.54	0.54	Yes	☑		☐

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76376	XXX	R	Oct13	11	FEVAR Endograft Palnning		Apr14	6	SVS	0.20	0.20	Yes	☑		☐
76377	XXX	R	Oct13	11	FEVAR Endograft Palnning		Apr14	6	SVS	0.79	0.79	Yes	☑		☐
76641	XXX	N	Oct13	26	Breast Ultrasound	Q1	Jan14	13	ACR	0.73	0.73		☑		☐
76642	XXX	N	Oct13	26	Breast Ultrasound	Q2	Jan14	13	ACR	0.68	0.68		☑		☐
76645	XXX	D	Oct13	26	Breat Ultrasound		Jan14	13	ACR				☑		☐
76872	XXX	R	Oct13	16-18	Colonoscopy through Stoma		Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	0.69	0.69	Yes	☑		☐
76942	XXX	R	Oct13	06	Arthrocentesis		Jan14	04	ASSH, ACR, AAFP, AAOS, ACRh, APMA	0.76	0.67	Yes	☑		☐
76950	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
76975	XXX	R	Oct13	16-18	Colonoscopy through Stoma		Jan14	8	ASCRS, ACS, SAGES, AGA, ASGE, ACG	0.81	0.81	Yes	☑		☐
77014	XXX	F	Oct13	28	Radiation Treatment Delivery	R1	Jan14	14	ACRO, ASTRO	0.85	0.85	Yes	☑	Specialty: Maintain Current Value	☐
77055	XXX	F	Feb14	43	Breast Tomosynthesis	HH1	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐
77056	XXX	F	Feb14	43	Breast Tomosynthesis	HH2	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐
77057	XXX	F	Feb14	43	Breast Tomosynthesis	HH3	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐
77061	XXX	N	Feb14	43	Breast Tomosynthesis	HH4	Apr14	19	ACR	0.89	0.70		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77062	XXX	N	Feb14	43	Breast Tomosynthesis	HH5	Apr14	19	ACR	0.99	0.90		☑		☑
77063	ZZZ	N	Feb14	43	Breast Tomosynthesis	HH6	Apr14	19	ACR	0.90	0.60		☑		☑
77080	XXX	F	May13	14	Dual Energy X-Ray	F1	Oct13	7	AACE,SNMMI, ACNM, ACR, TES, ACRh	0.20	0.20	Yes	☑		☐
77081	XXX	F	May13	14	Dual Energy X-Ray	F2	Oct13	7	AACE,SNMMI, ACNM, ACR, TES, ACRh	0.22	0.22	Yes	☑	Specialty indicated that code is not part of DXA family	☐
77082	XXX	D	May13	14	Dual Energy X-Ray		Oct13	7	AACE, SNMMI ACNM,ACR, TES, ACRh				☑		☐
77085	XXX	N	May13	14	Dual Energy X-Ray	F3	Oct13	7	AACE,SNMMI, ACNM, ACR, TES, ACRh	0.30	0.30		☑		☐
77086	XXX	N	May13	14	Dual Energy X-Ray	F4	Oct13	7	AACE,SNMMI, ACNM, ACR, TES, ACRh	0.17	0.17		☑		☐
77300	XXX	R	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II1	Apr14	20	ASTRO	0.62	0.62	Yes	☑		☐
77305	XXX	D	Feb14	44	Isodose Calculation with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐
77306	XXX	N	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II2	Apr14	20	ASTRO	1.40	1.40		☑		☐
77307	XXX	N	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II3	Apr14	20	ASTRO	2.90	2.90		☑		☐
77310	XXX	D	Feb14	44	Isodose Calculation with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐
77315	XXX	D	Feb14	44	sodose Calculation with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77316	XXX	N	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II4	Apr14	20	ASTRO	1.50	1.50		☑		☐
77317	XXX	N	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II5	Apr14	20	ASTRO	1.83	1.83		☑		☐
77318	XXX	N	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle	II6	Apr14	20	ASTRO	3.30	2.90		☑		☐
77326	XXX	D	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐
77327	XXX	D	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐
77328	XXX	D	Feb14	44	Isodose Calcualtion with Isodose Planning Bundle		Apr14	20	ASTRO				☑		☐
77338	XXX	R	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO	4.29	4.29	Yes	☑		☐
77373	XXX	R	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77385	XXX	N	Oct13	28	Radiation Treatment Delivery	R5	Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77386	XXX	N	Oct13	28	Radiation Treatment Delivery	R6	Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77387	XXX	N	Oct13	28	Radiation Treatment Delivery	R7	Jan14	14	ACRO, ASTRO	0.58	0.58		☑		☐
77401	XXX	R	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77402	XXX	R	Oct13	28	Radiation Treatment Delivery	R2	Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77403	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77404	XXX	D	Oct13	28	Radiation Treatment Delievry		Jan14	14	ACRO, ASTRO				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77406	XXX	D	Oct13	28	Radiation Treatment Delievry		Jan14	14	ACRO, ASTRO				☑		☐
77407	XXX	R	Oct13	28	Radiation Treatment Delivery	R3	Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77408	XXX	D	Oct13	28	Radiation Treatment Deilvery		Jan14	14	ACRO, ASTRO				☑		☐
77409	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77411	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77412	XXX	R	Oct13	28	Radiation Treatment Delivery	R4	Jan14	14	ACRO, ASTRO				☑	PE Input Recommendation Only	☐
77413	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77414	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77416	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77418	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
77421	XXX	D	Oct13	28	Radiation Treatment Delivery		Jan14	14	ACRO, ASTRO				☑		☐
88341	ZZZ	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ2	Apr14	21	ASC, CAP, ASCP	0.65	0.65		☑		☐
88342	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ1	Apr14	21	ASC, CAP, ASCP	0.70	0.70		☑		☐
88343	ZZZ	D	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)		Apr14	21	ASC, CAP, ASCP				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
88344	XXX	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ3	Apr14	21	ASC, CAP, ASCP	0.77	0.77		☑		☐
88360	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)		Apr14	21	ASC, CAP, ASCP	1.10	1.10	Yes	☑		☐
88361	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)		Apr14	21	ASC, CAP, ASCP	1.18	1.18	Yes	☑		☐
88364	ZZZ	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ5	Apr14	21	ASC, CAP, ASCP	0.88	0.88		☑		☐
88365	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ4	Apr14	21	ASC, CAP, ASCP	0.88	0.88		☑		☐
88366	XXX	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ6	Apr14	21	ASC, CAP, ASCP	1.24	1.24		☑		☐
88367	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ7	Apr14	21	ASC, CAP, ASCP	0.86	0.86		☑	Interim - Will Resurvey for September 2014	☐
88368	XXX	R	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ10	Apr14	21	ASC, CAP, ASCP	0.88	0.88		☑	Interim - Will Resurvey for September 2014	☐
88369	XXX	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ11	Apr14	21	ASC, CAP, ASCP	0.88	0.88		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
88373	ZZZ	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ8	Apr14	21	ASC, CAP, ASCP	0.86	0.86		☑		☐
88374	XXX	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ9	Apr14	21	ASC, CAP, ASCP	1.04	1.04		☑		☐
88377	XXX	N	Feb14	81	Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	JJ12	Apr14	21	ASC, CAP, ASCP	1.40	1.40		☑		☐
91200	XXX	N	Feb14	85	Transient Elastography of Liver	KK1	Apr14	22	AGA,ACG, ASGE	1.00	0.30		☑		☑
92145	XXX	N	Feb14	86	Corneal Hysteresis Determination	LL2	Apr14	23	AAO,AOA	0.17	0.17		☑		☑
92270	XXX	R	Feb14	87	EOG-VNG		Apr14	24	AAN,AAOHNS,ASHA	0.81	0.81	Yes	☑		☐
92540	XXX	R	Feb14	87	EOG-VNG		Apr14	24	AAN, AAOHNS	1.50	1.50	Yes	☑		☐
92541	XXX	F	Feb14	87	EOG VNG	MM1	Apr14	24	AAN,AAO-HNS,AAA,ASHA	0.50	0.40	Yes	☑		☐
92542	XXX	F	Feb14	87	EOG VNG	MM2	Apr14	24	AAN,AAO-HNS,AAA,ASHA	0.61	0.48		☑		☐
92543	XXX	F	Feb14	87	EOG VNG	MM3	Apr14	24	AAN,AAO-HNS,AAA,ASHA	0.61	0.35		☑		☐
92544	XXX	F	Feb14	87	EOG VNG	MM4	Apr14	24	AAN,AAO-HNS,AAA,ASHA	0.35	0.27		☑		☐
92545	XXX	F	Feb14	87	EOG VNG	MM5	Apr14	24	AAN,AAO-HNS,AAA,ASHA	0.35	0.25		☑		☐
93260	XXX	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z5	Apr14	9	ACC,HRS	0.85	0.85		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93261	XXX	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z6	Apr14	9	ACC,HRS	0.91	0.74		☑		☑
93282	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	0.85	0.85	Yes	☑		☐
93283	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	1.15	1.15	Yes	☑		☐
93284	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	1.25	1.25	Yes	☑		☐
93287	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	0.45	0.45	Yes	☑		☐
93289	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	0.92	0.92	Yes	☑		☐
93295	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	1.29	1.29	Yes	☑		☐
93296	XXX	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS				☑	PE Input Recommendation Only	☐
93312	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN1	Apr14	25	ACC,ASA	3.40	3.18		☑		☐
93313	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN2	Apr14	25	ACC,ASA	1.00	1.00		☑		☐
93314	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN3	Apr14	25	ACC,ASA	2.80	2.80		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93315	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN4	Apr14	25	ACC,ASA	3.55	3.29		☑		☐
93316	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN5	Apr14	25	ACC,ASA	1.50	1.50		☑		☐
93317	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN6	Apr14	25	ACC,ASA	3.00	3.00		☑		☐
93318	XXX	F	Feb14	89	Interventional Transesophageal Echocardiography	NN7	Apr14	25	ACC,ASA	2.40	2.40		☑		☐
93355	XXX	N	Feb14	89	Interventional Transesophageal Echocardiography	NN8	Apr14	25	ACC,ASA	4.66	4.66		☑		☐
93642	000	R	Feb14	21	Subcutaneous Implantable Defibrillator Procedures		Apr14	9	ACC, HRS	4.88	4.88	Yes	☑		☐
93644	000	N	Feb14	21	Subcutaneous Implantable Defibrillator Procedures	Z7	Apr14	9	ACC,HRS	4.65	3.65		☑		☑
93702	XXX	N	Oct13	47	Bioimpedance Spectroscopy	S1	Jan14	15	ASBS				☑	PE Input Recommendation Only	☐
93895	XXX	N	Feb14	88	Carotid Intima-Media Thickness Ultrasound	OO1	Apr14	26	ACC, ACR, ASNR	0.55	0.55		☑		☐
96110	XXX	R	Oct13	48	Brief Behavioral Assessment - PE Only		Jan14	27	AAP,APA				☑	PE Input Recommendation Only	☐
96127	XXX	N	Oct13	48	Brief Behavioral Assessment - PE Only	T1	Jan14	27	AAP, APA				☑	PE Input Recommendation Only	☐
97605	XXX	R	May13	28	Negative Pressure Wound Therapy	A1	Jan14	17	APMA, ACS, AAOS, ASPS	0.55	0.55	Yes	☑		☑
97606	XXX	R	May13	28	Negative Pressure Wound Therapy	A2	Jan14	17	APMA, ACS, AAOS, ASPS	0.60	0.60	Yes	☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
97607	XXX	N	May13	28	Negative Pressure Wound Therapy	A3	Jan14	17	APMA, ACS, AAOS, ASPS	0.41	0.41		☑		☑
97608	XXX	N	May13	28	Negative Pressure Wound Therapy	A4	Jan14	17	APMA, ACS, AAOS, ASPS	0.46	0.46		☑		☑
97610	XXX	N	May13	28	Ultrasound Wound Treatment	B1	HCPAC	18	APMA, APTA	0.37	0.35		☑		☑
99184	XXX	N	Oct13	51	Selective Head and Total Body Hypothermia	U1	Jan14	18	AAP	4.50	4.50		☑		☐
99188	XXX	N	Feb14	96	Application of Topical Flouride Varnish	QQ1	Apr14	29	AAP	0.20	0.20		☑		☐
99481	ZZZ	D	Oct13		Selective Head and Total Body Hypothermia		Jan14	18	AAP				☑		☐
99482	ZZZ	D	Oct13		Selective Head and Total Body Hypothermia		Jan14	18	AAP				☑		☐
99487	XXX	R	Feb14	12	Chronic Care Management		Apr14	28	AGS,AAFP, ACP,AAN,A CCP,ATS,A OA,ASBMT ,AGA,ACG, ASGE	1.00	1.00	Yes	☑		☐
99488	XXX	D	Feb14	12	Chronic Care Management		Apr14	28	AGS,AAFP, ACP,AAN,A CCP,ATS,A OA,ASBMT ,AGA,ACG, ASGE				☑		☐
99489	ZZZ	R	Feb14	12	Chronic Care Management		Apr14	28	AGS,AAFP, ACP,AAN,A CCP,ATS,A OA,ASBMT ,AGA,ACG, ASGE	0.50	0.50	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99490	XXX	N	Feb14	12	Chronic Care Management	PP1	Apr14	28	AGS,AAFP, ACP,AAN,A CCP,ATS,A OA,ASBMT ,AGA,ACG, ASGE	1.00	1.00		☑		☑
99497	XXX	N	Oct13	5	Adavnce Care Planning	H1	Jan14	19	AGS, ATS, ACP, ACCP, AAN, AAFP	1.50	1.50		☑		☑
99498	ZZZ	N	Oct13	5	Advance Care Planning	H2	Jan14	19	AGS, ATS, ACP, ACCP, AAN, AAFP	1.40	1.40		☑		☑
G0104	000	F	May13	11	Flexible Sigmoidoscopy	C16	Apr14	13	AGA, ASGE, ACG, ASCRS, SAGES, ACS	0.84	0.84		☑	Specialty Societies recommend a direct crosswalk to CPT code 45330.	☐
G0105	000	F	Oct13	16-18	Colonoscopy	N16	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	3.36	3.36		☑	Specialties recommend a direct corsswalk to CPT Code 45378	☐
G0121	000	F	Oct13	16-18	Colonoscopy	N17	Jan14	10	ASCRS, ACS, SAGES, AGA, ASGE, AC	3.36	3.36		☑	Specialties recommend a direct corsswalk to CPT Code 45378	☐
G0202	XXX	F	Feb14	43	Breast Tomosynthesis	HH7	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐
G0204	XXX	F	Feb14	43	Breast Tomosynthesis	HH8	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐
G0206	XXX	F	Feb14	43	Breast Tomosynthesis	HH9	Apr14	19	ACR				☑	RUC requests Action Plan for September 2014	☐

CPT	Global Period	Coding Change	CPT Meeting Date	Main Tab	Issue	Tracking Number	RUC Meeting Date	RUC Agenda Tab	SS to Survey	SS Recommendation	RUC Recommendation	Same RVU as last year?	Comments
92506	XXX	D	Oct12	28	Speech Evaluation		HCPAC	32	ASHA				HCPAC
92521	XXX	N	Oct12	28	Speech Evaluation	M1	HCPAC	32	ASHA	1.75	1.75		HCPAC
92522	XXX	N	Oct12	28	Speech Evaluation	M2	HCPAC	32	ASHA	1.5	1.5		HCPAC
92523	XXX	N	Oct12	28	Speech Evaluation	M3	HCPAC	32	ASHA	3.72	3.36		HCPAC
92524	XXX	N	Oct12	28	Speech Evaluation	M4	HCPAC	32	ASHA	1.75	1.75		HCPAC

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 21,164

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0

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

Result: Remove from Screen

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

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACR, SIR, CAP, ACR, ASC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 187,971

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.48

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

Result: Remove from Screen

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 474,812

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2014 NF PE RVU:** 1.92
2007 Fac PE RVU 0.97 **2014 Fac PE RVU:** 1.39

RUC Recommendation: 1.50 **CPT Action (if applicable):**

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 177,459

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2014 NF PE RVU:** 3.04
2007 Fac PE RVU 1.51 **2014 Fac PE RVU:** 2.33

RUC Recommendation: 2.45 **CPT Action (if applicable):** **Result:** Maintain

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

100XX1

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

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2013 Est Medicare Utilization:** 41,296

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.89
2007 Fac PE RVU 0.97 **2014 Fac PE RVU:** 1.56

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2013 **2013 Est Medicare Utilization:** 12,289

2007 Work RVU: 2.30 **2014 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2014 NF PE RVU:** 4.18
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:** 2.32

RUC Recommendation: Remove from re-review **CPT Action (if applicable):** **Result:** Maintain

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

11040 **Deleted from CPT**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 0.56 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

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

11041 **Deleted from CPT**

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2014 Work RVU:**
2007 NF PE RVU: 0.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.30 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

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

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

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

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,393,190

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2014 NF PE RVU:** 2.14
2007 Fac PE RVU 0.39 **2014 Fac PE RVU:** 0.63

RUC Recommendation: 1.12 **CPT Action (if applicable):** October 2009 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 211,190

2007 Work RVU: 2.70 **2014 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2014 NF PE RVU:** 3.36
2007 Fac PE RVU 2.62 **2014 Fac PE RVU:** 1.37

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 55,668

2007 Work RVU: 4.10 **2014 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2014 NF PE RVU:** 4.21
2007 Fac PE RVU 3.73 **2014 Fac PE RVU:** 1.92

RUC Recommendation: 4.56 **CPT Action (if applicable):** October 2009 **Result:** Increase

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 230,179

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.59
2007 Fac PE RVU **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 96,495

2007 Work RVU: 1.03 **2014 Work RVU:** 1.03
2007 NF PE RVU: **2014 NF PE RVU:** 0.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.41

RUC Recommendation: 1.29 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2013 Est Medicare Utilization:** 21,618

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: **2014 NF PE RVU:** 1.43
2007 Fac PE RVU **2014 Fac PE RVU:** 0.76

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 871,019

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.96
2007 Fac PE RVU 0.16 **2014 Fac PE RVU:** 0.09

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,885,233

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2014 NF PE RVU:** 1.1
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.12

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 361,689

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU 0.28 **2014 Fac PE RVU:** 0.16

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 3,111,942

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 1.94
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.47

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** **Screen:** Low Value Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 1,361,678

2007 Work RVU: 0.41 **2014 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.45
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.24

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

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

Result: Maintain

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 91,612

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 2
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.60

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 180,468

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 2.29
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.51

RUC Recommendation: 0.90

CPT Action (if applicable):

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 110,173

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU 0.47 **2014 Fac PE RVU:** 0.6

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 15,729

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.7

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 110,600

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 1.88
2007 Fac PE RVU 0.26 **2014 Fac PE RVU:** 0.25

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 96,127

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2014 NF PE RVU:** 2.3
2007 Fac PE RVU 0.41 **2014 Fac PE RVU:** 0.41

RUC Recommendation: 1.18 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 52,223

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 2.64
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.56

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 13,465

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.6
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.51

RUC Recommendation: 1.46 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 81,377

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.44

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2013 Est Medicare Utilization:** 109,906

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 1.84
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.62

RUC Recommendation: 1.43 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 52,469

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2014 NF PE RVU:** 2.96
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:** 0.75

RUC Recommendation: 1.80

CPT Action (if applicable):

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

Result: Increase

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

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

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

First Identified: January 2012

2013 Est Medicare Utilization: 6,025

2007 Work RVU: 1.68 **2014 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2014 NF PE RVU:** 3.25
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 0.95

RUC Recommendation: 2.00

CPT Action (if applicable):

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

Result: Increase

11719 **Trimming of nondystrophic nails, any number**

Global: 000 **Issue:** Debridement of Nail **Screen:** Low Value-High Volume **Complete?** Yes

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

First Identified: October 2010

2013 Est Medicare Utilization: 1,328,623

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.21
2007 Fac PE RVU 0.07 **2014 Fac PE RVU:** 0.04

RUC Recommendation: 0.17

CPT Action (if applicable):

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

Result: Maintain

11720 **Debridement of nail(s) by any method(s); 1 to 5**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

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

First Identified:

2013 Est Medicare Utilization: 2,230,254

2007 Work RVU: 0.32 **2014 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2014 NF PE RVU:** 0.56
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** 0.08

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 7,289,624

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2014 NF PE RVU:** 0.68
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 (Interim) **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 220,223

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 2.37 **2014 NF PE RVU:** 3.59
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.23

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

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

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

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,694

2007 Work RVU: 3.63 **2014 Work RVU:** 3.63
2007 NF PE RVU: 3.28 **2014 NF PE RVU:** 5.06
2007 Fac PE RVU 2.95 **2014 Fac PE RVU:** 3.4

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** October 2009 **2013 Est Medicare Utilization:** 184,078

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2014 NF PE RVU:** 0.95
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

11901 **Injection, intralesional; more than 7 lesions**

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

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

First Identified: February 2010

2013 Est Medicare Utilization: 61,418

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU 0.37 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.80

CPT Action (if applicable):

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

Result: Maintain

11980 **Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)**

Global: 000 **Issue:** Hormone Pellet Implantation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 20 **Specialty Developing Recommendation:** AUA

First Identified: April 2013

2013 Est Medicare Utilization: 29,589

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 1.1 **2014 NF PE RVU:** 1.22
2007 Fac PE RVU 0.55 **2014 Fac PE RVU:** 0.59

RUC Recommendation: 1.10

CPT Action (if applicable):

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

Result: Decrease

11981 **Insertion, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AUA, AAOS

First Identified: June 2008

2013 Est Medicare Utilization: 12,669

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.62

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

11982 **Removal, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

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

First Identified: February 2008

2013 Est Medicare Utilization: 3,648

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU 0.81 **2014 Fac PE RVU:** 0.78

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

11983 **Removal with reinsertion, non-biodegradable drug delivery implant** **Global:** XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2013 Est Medicare Utilization:** 3,333

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 2.47
2007 Fac PE RVU 1.44 **2014 Fac PE RVU:** 1.22

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

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

12001 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 178,912

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2014 NF PE RVU:** 1.55
2007 Fac PE RVU 0.76 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.84 **CPT Action (if applicable):** **Result:** Decrease

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

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 138,829

2007 Work RVU: 1.14 **2014 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2014 NF PE RVU:** 1.74
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 0.38

RUC Recommendation: 1.14 **CPT Action (if applicable):** **Result:** Decrease

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

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 21,397

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2014 NF PE RVU:** 1.94
2007 Fac PE RVU 0.99 **2014 Fac PE RVU:** 0.45

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12005 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 5,702

2007 Work RVU: 1.97 **2014 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2014 NF PE RVU:** 2.41
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 0.58

RUC Recommendation: 1.97 **CPT Action (if applicable):** **Result:** Decrease

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

12006 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 1,063

2007 Work RVU: 2.39 **2014 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2014 NF PE RVU:** 2.87
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:** 0.7

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

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

12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 390

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2014 NF PE RVU:** 3.18
2007 Fac PE RVU 1.73 **2014 Fac PE RVU:** 0.94

RUC Recommendation: 2.90 **CPT Action (if applicable):** **Result:** Decrease

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

12011 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 85,866

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU 0.78 **2014 Fac PE RVU:** 0.36

RUC Recommendation: 1.07 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 49,502

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2014 NF PE RVU:** 1.96
2007 Fac PE RVU 0.92 **2014 Fac PE RVU:** 0.39

RUC Recommendation: 1.22 **CPT Action (if applicable):** **Result:** Decrease

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

12014 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 6,424

2007 Work RVU: 1.57 **2014 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** 0.47

RUC Recommendation: 1.57 **CPT Action (if applicable):** **Result:** Decrease

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

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 3,243

2007 Work RVU: 1.98 **2014 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU 1.22 **2014 Fac PE RVU:** 0.55

RUC Recommendation: 1.98 **CPT Action (if applicable):** **Result:** Decrease

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

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 469

2007 Work RVU: 2.68 **2014 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2014 NF PE RVU:** 2.89
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 0.75

RUC Recommendation: 2.68 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 59

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 0.71

RUC Recommendation: 3.18 **CPT Action (if applicable):** **Result:** Decrease

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

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2013 Est Medicare Utilization:** 37

2007 Work RVU: 3.61 **2014 Work RVU:** 3.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:** 0.79

RUC Recommendation: 3.61 **CPT Action (if applicable):** **Result:** Decrease

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

12031 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 56,516

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2014 NF PE RVU:** 4.29
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 2.03

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12032 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: October 2009 **2013 Est Medicare Utilization:** 221,237

2007 Work RVU: 2.52 **2014 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2014 NF PE RVU:** 5.53
2007 Fac PE RVU 1.92 **2014 Fac PE RVU:** 2.63

RUC Recommendation: 2.52

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

Result: Maintain

12034 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010 **2013 Est Medicare Utilization:** 21,833

2007 Work RVU: 2.97 **2014 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 2.43

RUC Recommendation: 2.97

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

Result: Maintain

12035 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010 **2013 Est Medicare Utilization:** 4,503

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2014 NF PE RVU:** 6.68
2007 Fac PE RVU 2.14 **2014 Fac PE RVU:** 2.79

RUC Recommendation: 3.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

12036 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 966

2007 Work RVU: 4.23 **2014 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2014 NF PE RVU:** 6.91
2007 Fac PE RVU 2.47 **2014 Fac PE RVU:** 3.02

RUC Recommendation: 4.50 **CPT Action (if applicable):** **Result:** Increase

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

12037 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 525

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2014 NF PE RVU:** 7.49
2007 Fac PE RVU 2.88 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Increase

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

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 18,794

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 4.32
2007 Fac PE RVU 1.29 **2014 Fac PE RVU:** 2.03

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12042 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 46,499

2007 Work RVU: 2.79 **2014 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2014 NF PE RVU:** 4.85
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:** 2.49

RUC Recommendation: 2.79 **CPT Action (if applicable):** **Result:** Maintain

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

12044 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,113

2007 Work RVU: 3.19 **2014 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2014 NF PE RVU:** 6.35
2007 Fac PE RVU 1.69 **2014 Fac PE RVU:** 2.45

RUC Recommendation: 3.19 **CPT Action (if applicable):** **Result:** Maintain

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

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 310

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2014 NF PE RVU:** 6.89
2007 Fac PE RVU 2.23 **2014 Fac PE RVU:** 3.34

RUC Recommendation: 3.90 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

12046 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 58

2007 Work RVU: 4.30 **2014 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 2.64 **2014 Fac PE RVU:** 3.64

RUC Recommendation: 4.60 **CPT Action (if applicable):** **Result:** Increase

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

12047 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30

2007 Work RVU: 4.95 **2014 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2014 NF PE RVU:** 8.85
2007 Fac PE RVU 2.95 **2014 Fac PE RVU:** 3.87

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase

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

12051 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 57,486

2007 Work RVU: 2.33 **2014 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 4.53
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 2.2

RUC Recommendation: 2.33 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12052 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 77,882

2007 Work RVU: 2.87 **2014 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2014 NF PE RVU:** 4.92
2007 Fac PE RVU 1.72 **2014 Fac PE RVU:** 2.5

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

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

12053 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,104

2007 Work RVU: 3.17 **2014 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2014 NF PE RVU:** 5.99
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:** 2.55

RUC Recommendation: 3.17 **CPT Action (if applicable):** **Result:** Maintain

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

12054 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,816

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2014 NF PE RVU:** 6.24
2007 Fac PE RVU 1.74 **2014 Fac PE RVU:** 2.47

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

12055 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 401

2007 Work RVU: 4.50 **2014 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2014 NF PE RVU:** 8.16
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 3.47

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Increase

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

12056 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 39

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2014 NF PE RVU:** 9.45
2007 Fac PE RVU 2.89 **2014 Fac PE RVU:** 4.83

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase

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

12057 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 36

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2014 NF PE RVU:** 9.02
2007 Fac PE RVU 3.53 **2014 Fac PE RVU:** 4.13

RUC Recommendation: 6.28 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 5,290

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2014 NF PE RVU:** 5.87
2007 Fac PE RVU 2.35 **2014 Fac PE RVU:** 2.41

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 70,858

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2014 NF PE RVU:** 7
2007 Fac PE RVU 2.77 **2014 Fac PE RVU:** 3.19

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 17,834

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2014 NF PE RVU:** 1.96
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.68

RUC Recommendation: 1.24 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 9,032

2007 Work RVU: 3.23 **2014 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2014 NF PE RVU:** 6.04
2007 Fac PE RVU 2.41 **2014 Fac PE RVU:** 3.01

RUC Recommendation: 3.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 124,183

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2014 NF PE RVU:** 7.31
2007 Fac PE RVU 3.02 **2014 Fac PE RVU:** 3.03

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,722

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 2.06
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 36,917

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2014 NF PE RVU:** 6.47
2007 Fac PE RVU 2.74 **2014 Fac PE RVU:** 2.86

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 222,483

2007 Work RVU: 4.78 **2014 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2014 NF PE RVU:** 7.81
2007 Fac PE RVU 4.38 **2014 Fac PE RVU:** 3.5

RUC Recommendation: 4.78 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13133 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 12,801

2007 Work RVU: 2.19 **2014 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2014 NF PE RVU:** 2.49
2007 Fac PE RVU 1.02 **2014 Fac PE RVU:** 1.24

RUC Recommendation: 2.19 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

13150 **Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,275

2007 Work RVU: 3.82 **2014 Work RVU:**
2007 NF PE RVU: 4.83 **2014 NF PE RVU:**
2007 Fac PE RVU 2.76 **2014 Fac PE RVU:**

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

13151 **Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 32,319

2007 Work RVU: 4.34 **2014 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2014 NF PE RVU:** 6.83
2007 Fac PE RVU 3.17 **2014 Fac PE RVU:** 3.23

RUC Recommendation: 4.34 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 46,612

2007 Work RVU: 5.34 **2014 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2014 NF PE RVU:** 8.03
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 3.82

RUC Recommendation: 5.34 **CPT Action (if applicable):** **Result:** Decrease

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2013 Est Medicare Utilization:** 1,017

2007 Work RVU: 2.38 **2014 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2014 NF PE RVU:** 2.72
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:** 1.33

RUC Recommendation: 2.38 **CPT Action (if applicable):** **Result:** Maintain

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 9,174

2007 Work RVU: 6.37 **2014 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2014 NF PE RVU:** 10.03
2007 Fac PE RVU 5.63 **2014 Fac PE RVU:** 6.85

RUC Recommendation: 6.19 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,899

2007 Work RVU: 8.78 **2014 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2014 NF PE RVU:** 12.18
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 8.34

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

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

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 20,992

2007 Work RVU: 7.22 **2014 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2014 NF PE RVU:** 11.21
2007 Fac PE RVU 6.64 **2014 Fac PE RVU:** 7.82

RUC Recommendation: 7.02 **CPT Action (if applicable):** **Result:** Decrease

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

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 18,544

2007 Work RVU: 9.72 **2014 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2014 NF PE RVU:** 13.25
2007 Fac PE RVU 8.41 **2014 Fac PE RVU:** 9.25

RUC Recommendation: 9.52 **CPT Action (if applicable):** **Result:** Decrease

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

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 76,543

2007 Work RVU: 8.60 **2014 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2014 NF PE RVU:** 11.58
2007 Fac PE RVU 7.17 **2014 Fac PE RVU:** 8.18

RUC Recommendation: 8.44 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 42,976

2007 Work RVU: 10.83 **2014 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2014 NF PE RVU:** 14.07
2007 Fac PE RVU 8.88 **2014 Fac PE RVU:** 9.74

RUC Recommendation: 10.63 **CPT Action (if applicable):** **Result:** Decrease

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

14060 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 94,401

2007 Work RVU: 9.23 **2014 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2014 NF PE RVU:** 11.31
2007 Fac PE RVU 7.39 **2014 Fac PE RVU:** 8.63

RUC Recommendation: 9.07 **CPT Action (if applicable):** **Result:** Maintain

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

14061 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 27,357

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2014 NF PE RVU:** 15.31
2007 Fac PE RVU 9.72 **2014 Fac PE RVU:** 10.54

RUC Recommendation: 11.25 **CPT Action (if applicable):** **Result:** Decrease

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

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 13.26 **2014 Work RVU:**
2007 NF PE RVU: 11.77 **2014 NF PE RVU:**
2007 Fac PE RVU 9.28 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

14301 **Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 27,340

2007 Work RVU: 12.65 **2014 Work RVU:** 12.65
2007 NF PE RVU: **2014 NF PE RVU:** 15.66
2007 Fac PE RVU **2014 Fac PE RVU:** 10.52

RUC Recommendation: 12.47 **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14302 **Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 20,450

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 2.04
2007 Fac PE RVU **2014 Fac PE RVU:** 2.04

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 18,696

2007 Work RVU: 3.65 **2014 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2014 NF PE RVU:** 5.52
2007 Fac PE RVU 1.65 **2014 Fac PE RVU:** 2.24

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

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2013 Est Medicare Utilization:** 22,435

2007 Work RVU: 4.58 **2014 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2014 NF PE RVU:** 6.14
2007 Fac PE RVU 1.97 **2014 Fac PE RVU:** 2.59

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

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 15,831

2007 Work RVU: 9.90 **2014 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2014 NF PE RVU:** 12.55
2007 Fac PE RVU 7.57 **2014 Fac PE RVU:** 8.74

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

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,581

2007 Work RVU: 10.15 **2014 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2014 NF PE RVU:** 12.33
2007 Fac PE RVU 7.71 **2014 Fac PE RVU:** 8.23

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

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.99 **2014 Work RVU:**
2007 NF PE RVU: 3.79 **2014 NF PE RVU:**
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:**

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

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

15171 **Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.55 **2014 Work RVU:**
2007 NF PE RVU: 0.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:**

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

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

15175 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 7.99 **2014 Work RVU:**
2007 NF PE RVU: 5.4 **2014 NF PE RVU:**
2007 Fac PE RVU 3.96 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15176 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.45 **2014 Work RVU:**
2007 NF PE RVU: 1.1 **2014 NF PE RVU:**
2007 Fac PE RVU 0.95 **2014 Fac PE RVU:**

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

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

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

Global: 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,125

2007 Work RVU: 8.09 **2014 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2014 NF PE RVU:** 12.28
2007 Fac PE RVU 6.69 **2014 Fac PE RVU:** 8.14

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2013 Est Medicare Utilization:** 12,771

2007 Work RVU: 10.41 **2014 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2014 NF PE RVU:** 14.25
2007 Fac PE RVU 8.2 **2014 Fac PE RVU:** 10.81

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 65,588

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.26
2007 Fac PE RVU **2014 Fac PE RVU:** 0.73

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 10,220

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: **2014 NF PE RVU:** 0.38
2007 Fac PE RVU **2014 Fac PE RVU:** 0.12

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,596

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: **2014 NF PE RVU:** 4.26
2007 Fac PE RVU **2014 Fac PE RVU:** 1.7

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 21,303

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: **2014 NF PE RVU:** 1.05
2007 Fac PE RVU **2014 Fac PE RVU:** 0.36

RUC Recommendation: 0.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 76,566

2007 Work RVU: 1.83 **2014 Work RVU:** 1.83
2007 NF PE RVU: **2014 NF PE RVU:** 2.19
2007 Fac PE RVU **2014 Fac PE RVU:** 0.74

RUC Recommendation: 1.83 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,962

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.41
2007 Fac PE RVU **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,476

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: **2014 NF PE RVU:** 4.37
2007 Fac PE RVU **2014 Fac PE RVU:** 1.76

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 2,265

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.21
2007 Fac PE RVU **2014 Fac PE RVU:** 0.45

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

Global: 090 **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.36 **2014 Work RVU:**
2007 NF PE RVU: 3.66 **2014 NF PE RVU:**
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

Global: ZZZ **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.50 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:**

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

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

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 3.18 **2014 NF PE RVU:**
2007 Fac PE RVU 2.15 **2014 Fac PE RVU:**

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

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.00 **2014 Work RVU:**
2007 NF PE RVU: 0.46 **2014 NF PE RVU:**
2007 Fac PE RVU 0.39 **2014 Fac PE RVU:**

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

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.50 **2014 Work RVU:**
2007 NF PE RVU: 3.46 **2014 NF PE RVU:**
2007 Fac PE RVU 2.35 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.43 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU 0.55 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.93 **2014 Work RVU:**
2007 NF PE RVU: 4.47 **2014 NF PE RVU:**
2007 Fac PE RVU 3.13 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.15 **2014 Work RVU:**
2007 NF PE RVU: 0.58 **2014 NF PE RVU:**
2007 Fac PE RVU 0.44 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.21 **2014 Work RVU:**
2007 NF PE RVU: 4.5 **2014 NF PE RVU:**
2007 Fac PE RVU 3.2 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.45 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.38 **2014 Work RVU:**
2007 NF PE RVU: 4.25 **2014 NF PE RVU:**
2007 Fac PE RVU 3.95 **2014 Fac PE RVU:**

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

15401 **Deleted from CPT** **Global:** ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.00 **2014 Work RVU:**
2007 NF PE RVU: 1.67 **2014 NF PE RVU:**
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:**

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

15420 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.89 **2014 Work RVU:**
2007 NF PE RVU: 4.86 **2014 NF PE RVU:**
2007 Fac PE RVU 3.83 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.50 **2014 Work RVU:**
2007 NF PE RVU: 1.29 **2014 NF PE RVU:**
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 430

2007 Work RVU: 10.21 **2014 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2014 NF PE RVU:** 13.71
2007 Fac PE RVU 6.71 **2014 Fac PE RVU:** 8.97

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 684

2007 Work RVU: 10.12 **2014 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2014 NF PE RVU:** 13.2
2007 Fac PE RVU 6.53 **2014 Fac PE RVU:** 9.45

RUC Recommendation: 9.94 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,138

2007 Work RVU: 10.70 **2014 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2014 NF PE RVU:** 13.46
2007 Fac PE RVU 7.6 **2014 Fac PE RVU:** 9.56

RUC Recommendation: 10.52 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,754

2007 Work RVU: 9.37 **2014 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2014 NF PE RVU:** 12.08
2007 Fac PE RVU 6.81 **2014 Fac PE RVU:** 8.48

RUC Recommendation: 9.24 **CPT Action (if applicable):** **Result:** Maintain

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

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle - Skin Graft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 16 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,211

2007 Work RVU: 16.38 **2014 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2014 NF PE RVU:** 17.86
2007 Fac PE RVU 12.01 **2014 Fac PE RVU:** 13.5

RUC Recommendation: 19.83 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,289

2007 Work RVU: 11.80 **2014 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2014 NF PE RVU:** 15.17
2007 Fac PE RVU 8.58 **2014 Fac PE RVU:** 10.82

RUC Recommendation: 11.57 **CPT Action (if applicable):** February 2009 & February 2012 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 9,373

2007 Work RVU: 3.65 **2014 Work RVU:** 3.65
2007 NF PE RVU: **2014 NF PE RVU:** 1.73
2007 Fac PE RVU **2014 Fac PE RVU:** 1.73

RUC Recommendation: 3.65 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2013 Est Medicare Utilization:** 102,235

2007 Work RVU: 6.81 **2014 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2014 NF PE RVU:** 9.79
2007 Fac PE RVU 6.41 **2014 Fac PE RVU:** 8.07

RUC Recommendation: 6.81 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 17,457

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.74

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 2,372

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2014 NF PE RVU:** 2.15
2007 Fac PE RVU 0.94 **2014 Fac PE RVU:** 1.19

RUC Recommendation: 1.85 **CPT Action (if applicable):** **Result:** Maintain

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

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,031

2007 Work RVU: 2.08 **2014 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.85
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:** 1.45

RUC Recommendation: CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 5,240,265

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2014 NF PE RVU:** 1.41
2007 Fac PE RVU 0.59 **2014 Fac PE RVU:** 0.8

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 16,599,152

2007 Work RVU: 0.04 **2014 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2014 NF PE RVU:** 0.23
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** 0.02

RUC Recommendation: 0.04

CPT Action (if applicable):

Result: Decrease

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

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: September 2011

2013 Est Medicare Utilization: 792,520

2007 Work RVU: 1.37 **2014 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.61
2007 Fac PE RVU 1.54 **2014 Fac PE RVU:** 1.26

RUC Recommendation: 1.37

CPT Action (if applicable):

Result: Decrease

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

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2013 Est Medicare Utilization: 2,584

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2014 NF PE RVU:** 5.26
2007 Fac PE RVU 3.33 **2014 Fac PE RVU:** 3.53

RUC Recommendation: 3.61

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,068

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2014 NF PE RVU:** 6.75
2007 Fac PE RVU 5.41 **2014 Fac PE RVU:** 4.44

RUC Recommendation: 4.68 **CPT Action (if applicable):** **Result:** Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,971

2007 Work RVU: 7.49 **2014 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2014 NF PE RVU:** 9.08
2007 Fac PE RVU 7.49 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 6.37 **CPT Action (if applicable):** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 1,762,974

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2014 NF PE RVU:** 2.27
2007 Fac PE RVU 0.74 **2014 Fac PE RVU:** 1.17

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

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 89,809

2007 Work RVU: 0.97 **2014 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.32

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

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

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 133,411

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU 0.90 **2014 Fac PE RVU:** 1.2

RUC Recommendation: 1.22 **CPT Action (if applicable):** **Result:** Maintain

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

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 231,383

2007 Work RVU: 1.63 **2014 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2014 NF PE RVU:** 3
2007 Fac PE RVU 1.09 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 1.63 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 56,248

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 2 **2014 NF PE RVU:** 2.78
2007 Fac PE RVU 1.05 **2014 Fac PE RVU:** 1.39

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 78,604

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2014 NF PE RVU:** 3.1
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.55

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Maintain

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

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 115,830

2007 Work RVU: 1.77 **2014 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2014 NF PE RVU:** 2.92
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:** 1.52

RUC Recommendation: 1.77 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 105,726

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2014 NF PE RVU:** 3.3
2007 Fac PE RVU 1.31 **2014 Fac PE RVU:** 1.71

RUC Recommendation: 2.09 **CPT Action (if applicable):** **Result:** Maintain

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

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 608,269

2007 Work RVU: 6.20 **2014 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2014 NF PE RVU:** 11.29
2007 Fac PE RVU 3.16 **2014 Fac PE RVU:** 3.69

RUC Recommendation: 6.20 **CPT Action (if applicable):** **Result:** Maintain

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

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 445,986

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2014 NF PE RVU:** 7.01
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:** 1.96

RUC Recommendation: 3.30 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: January 2012 **2013 Est Medicare Utilization:** 88,728

2007 Work RVU: 5.56 **2014 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2014 NF PE RVU:** 10.82
2007 Fac PE RVU 2.83 **2014 Fac PE RVU:** 3.31

RUC Recommendation: 5.56 **CPT Action (if applicable):** **Result:** Maintain

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

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: January 2012 **2013 Est Medicare Utilization:** 46,158

2007 Work RVU: 3.06 **2014 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2014 NF PE RVU:** 6.84
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.82

RUC Recommendation: 3.06 **CPT Action (if applicable):** **Result:** Maintain

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

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: January 2012 **2013 Est Medicare Utilization:** 21,925

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2014 NF PE RVU:** 1.23
2007 Fac PE RVU 0.44 **2014 Fac PE RVU:** 0.51

RUC Recommendation: 0.87 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

19020 **Mastotomy with exploration or drainage of abscess, deep** **Global:** 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,848

2007 Work RVU: 3.83 **2014 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2014 NF PE RVU:** 8.62
2007 Fac PE RVU 2.76 **2014 Fac PE RVU:** 4.04

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 59,268

2007 Work RVU: 2.00 **2014 Work RVU:**
2007 NF PE RVU: 3.68 **2014 NF PE RVU:**
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:**

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

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 121,826

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: 11.01 **2014 NF PE RVU:**
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

191XX1

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.29 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

191XX2

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.65 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

191XX3

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.10 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

191XX4

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.55

CPT Action (if applicable): October 2012 **Result:** Decrease

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

191XX5

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.64

CPT Action (if applicable): October 2012 **Result:** Decrease

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

191XX6

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.82

CPT Action (if applicable): October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 52,528

2007 Work RVU: 1.27 **2014 Work RVU:**
2007 NF PE RVU: 2.81 **2014 NF PE RVU:**
2007 Fac PE RVU 0.41 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 4,041

2007 Work RVU: 0.63 **2014 Work RVU:**
2007 NF PE RVU: 1.17 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: October 2008 **2013 Est Medicare Utilization:** 55,590

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 2.57 **2014 NF PE RVU:**
2007 Fac PE RVU 2.02 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

1929XX1

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00

CPT Action (if applicable): October 2012 **Result:** Decrease

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

1929XX2

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00

CPT Action (if applicable): October 2012 **Result:** Decrease

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

1929XX3

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00

CPT Action (if applicable): October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

1929XX4 **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

1929XX5 **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

1929XX6 **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

1929XX7

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.02

CPT Action (if applicable): October 2012 **Result:** Decrease

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

1929XX8

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.51

CPT Action (if applicable): October 2012 **Result:** Decrease

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

19318 Reduction mammaplasty

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 6,884

2007 Work RVU: 16.03 **2014 Work RVU:** 16.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2014 Fac PE RVU:** 12.82

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable): **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2013 Est Medicare Utilization:** 3,445

2007 Work RVU: 13.99 **2014 Work RVU:** 13.99
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2014 Fac PE RVU:** 12.33

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,956

2007 Work RVU: 18.50 **2014 Work RVU:** 18.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2014 Fac PE RVU:** 21.3

RUC Recommendation: 18.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

20000 **Deleted from CPT**

Global: 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.14 **2014 Work RVU:**
2007 NF PE RVU: 2.71 **2014 NF PE RVU:**
2007 Fac PE RVU 1.68 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,320

2007 Work RVU: 3.58 **2014 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2014 NF PE RVU:** 4.6
2007 Fac PE RVU 2.2 **2014 Fac PE RVU:** 2.54

RUC Recommendation: 3.55 **CPT Action (if applicable):** June 2009 **Result:** Maintain

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

20240 **Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 53 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:** 2,772

2007 Work RVU: 3.25 **2014 Work RVU:** 3.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2014 Fac PE RVU:** 2.5

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

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

20245 **Biopsy, bone, open; deep (eg, humerus, ischium, femur)**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 3,273

2007 Work RVU: 8.95 **2014 Work RVU:** 8.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2014 Fac PE RVU:** 7.22

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

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

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated**

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,949

2007 Work RVU: 3.54 **2014 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2014 NF PE RVU:** 9.36
2007 Fac PE RVU 2.52 **2014 Fac PE RVU:** 2.94

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")**

Global: 000 **Issue:** Tendon Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 779,359

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU 0.25 **2014 Fac PE RVU:** 0.36

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

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

20551 **Injection(s); single tendon origin/insertion**

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

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 151,231

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.39

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

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

20600 **Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 418,620

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.29

RUC Recommendation: 0.66 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2013 Est Medicare Utilization:** 518,121

2007 Work RVU: 0.68 **2014 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** 0.65
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

2060X1

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.89 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

2060X2

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

2060X3

Global: **Issue:** Arthrocentesis **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 6,818,209

2007 Work RVU: 0.79 **2014 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 0.8
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2013 Est Medicare Utilization:** 54,964

2007 Work RVU: 5.96 **2014 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 3.82 **2014 Fac PE RVU:** 5.18

RUC Recommendation: Review action plan at RAW **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 2,317

2007 Work RVU: 16.27 **2014 Work RVU:** 16.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2014 Fac PE RVU:** 13.01

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 5,202

2007 Work RVU: 4.28 **2014 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2014 NF PE RVU:** 7.01
2007 Fac PE RVU 3.92 **2014 Fac PE RVU:** 4.62

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

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

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,562

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2014 NF PE RVU:** 8.34
2007 Fac PE RVU 5.5 **2014 Fac PE RVU:** 1.95

RUC Recommendation: 3.00

CPT Action (if applicable):

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

Result: Decrease

20902 **Bone graft, any donor area; major or large**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: April 2008 **2013 Est Medicare Utilization:** 4,118

2007 Work RVU: 4.58 **2014 Work RVU:** 4.58
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2014 Fac PE RVU:** 2.81

RUC Recommendation: 4.58

CPT Action (if applicable):

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 12,165

2007 Work RVU: 5.79 **2014 Work RVU:** 5.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2014 Fac PE RVU:** 5.62

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,269

2007 Work RVU: 9.89 **2014 Work RVU:** 9.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2014 Fac PE RVU:** 8.68

RUC Recommendation: 9.71 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,494

2007 Work RVU: 10.03 **2014 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2014 NF PE RVU:** 14.11
2007 Fac PE RVU 9.21 **2014 Fac PE RVU:** 10.18

RUC Recommendation: 10.03 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 929

2007 Work RVU: 14.75 **2014 Work RVU:** 14.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2014 Fac PE RVU:** 10.07

RUC Recommendation: 14.57 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: July 2013

2013 Est Medicare Utilization: 37,365

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU 1.34 **2014 Fac PE RVU:** 2.11

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014

Result: Deleted from CPT

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

21805 **Open treatment of rib fracture without fixation, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2013 Est Medicare Utilization: 149

2007 Work RVU: 2.88 **2014 Work RVU:** 2.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.28 **2014 Fac PE RVU:** 4.29

RUC Recommendation: Referred to CPT for deletion

CPT Action (if applicable):

Result:

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

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2013 Est Medicare Utilization: 72

2007 Work RVU: 7.03 **2014 Work RVU:** 7.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.03 **2014 Fac PE RVU:** 6.05

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013

Result: Deleted from CPT

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

2181X1

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 19.55

CPT Action (if applicable): October 2013

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

2181X2

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 25.00

CPT Action (if applicable): October 2013 **Result:** Decrease

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

2181X3

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 35.00

CPT Action (if applicable): October 2013 **Result:** Decrease

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

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Est Medicare Utilization:** 259

2007 Work RVU: 1.36 **2014 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU 1.77 **2014 Fac PE RVU:** 2.54

RUC Recommendation: Unrealted to the family

CPT Action (if applicable): October 2013 **Result:** Remove from screen

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

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2013 Est Medicare Utilization:** 890

2007 Work RVU: 7.76 **2014 Work RVU:** 7.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2014 Fac PE RVU:** 6.2

RUC Recommendation: Unrelated to the family

CPT Action (if applicable): October 2013 **Result:** Remove from screen

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

Status Report: CMS Requests and Relativity Assessment Issues

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 616

2007 Work RVU: 15.72 **2014 Work RVU:** 15.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2014 Fac PE RVU:** 10.51

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,904

2007 Work RVU: 21.02 **2014 Work RVU:** 21.02
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2014 Fac PE RVU:** 16.48

RUC Recommendation: Review September 2014 **CPT Action (if applicable):** **Result:**

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 3,030

2007 Work RVU: 2.13 **2014 Work RVU:** 2.13
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU 1.89 **2014 Fac PE RVU:** 2.4

RUC Recommendation: Refer to CPT for deletion. **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22510X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511X **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.05 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512X **Global:** ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513X

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514X

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.24 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515X

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 6,587

2007 Work RVU: 9.22 **2014 Work RVU:** 9.22
2007 NF PE RVU: 56.83 **2014 NF PE RVU:** 53.14
2007 Fac PE RVU 4.84 **2014 Fac PE RVU:** 4.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,658

2007 Work RVU: 8.65 **2014 Work RVU:** 8.65
2007 NF PE RVU: 52.87 **2014 NF PE RVU:** 53.83
2007 Fac PE RVU 4.69 **2014 Fac PE RVU:** 4.3

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 2,971

2007 Work RVU: 4.30 **2014 Work RVU:** 4.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 1.66

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,553

2007 Work RVU: 9.04 **2014 Work RVU:** 9.04
2007 NF PE RVU: NA **2014 NF PE RVU:** 198.27
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 5.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 26,389

2007 Work RVU: 8.54 **2014 Work RVU:** 8.54
2007 NF PE RVU: NA **2014 NF PE RVU:** 196.99
2007 Fac PE RVU 5.4 **2014 Fac PE RVU:** 5.15

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 11,950

2007 Work RVU: 4.47 **2014 Work RVU:** 4.47
2007 NF PE RVU: NA **2014 NF PE RVU:** 121.29
2007 Fac PE RVU 2.12 **2014 Fac PE RVU:** 1.97

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,186

2007 Work RVU: 24.79 **2014 Work RVU:** 24.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2014 Fac PE RVU:** 17.1

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

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Est Medicare Utilization:** 34,495

2007 Work RVU: 25.00 **2014 Work RVU:** 25.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 16.85

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2013 Est Medicare Utilization:** 28,268

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.13

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 5,870

2007 Work RVU: 17.69 **2014 Work RVU:** 17.69
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2014 Fac PE RVU:** 13.43

RUC Recommendation: 4.04 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 12,306

2007 Work RVU: 23.53 **2014 Work RVU:** 23.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2014 Fac PE RVU:** 15.19

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

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

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 14,030

2007 Work RVU: 5.52 **2014 Work RVU:** 5.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2014 Fac PE RVU:** 2.59

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 42,668

2007 Work RVU: 23.53 **2014 Work RVU:** 23.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2014 Fac PE RVU:** 16.19

RUC Recommendation: Review action plan Sept 2014. Review utilization data October 2015. 23.53

CPT Action (if applicable): October 2010 **Result:** Maintain

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 97,637

2007 Work RVU: 6.43 **2014 Work RVU:** 6.43
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:** 3.13

RUC Recommendation: 6.43

CPT Action (if applicable): **Result:** Decrease

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 6,692

2007 Work RVU: 22.09 **2014 Work RVU:** 22.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2014 Fac PE RVU:** 16.28

RUC Recommendation: 22.09

CPT Action (if applicable): October 2010 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,634

2007 Work RVU: 5.22 **2014 Work RVU:** 5.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2014 Fac PE RVU:** 2.52

RUC Recommendation: 5.22 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30,228

2007 Work RVU: 27.75 **2014 Work RVU:** 27.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 18.08

RUC Recommendation: 27.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,350

2007 Work RVU: 8.16 **2014 Work RVU:** 8.16
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.96

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 5,403

2007 Work RVU: 13.44 **2014 Work RVU:** 13.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2014 Fac PE RVU:** 6.57

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

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** Spinal Fixation **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 4,194

2007 Work RVU: 19.17 **2014 Work RVU:** 19.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2014 Fac PE RVU:** 13.21

RUC Recommendation: Review September 2014 **CPT Action (if applicable):** June 2010 **Result:**

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

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

Global: ZZZ **Issue:** Intervertebral Device **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 112,257

2007 Work RVU: 6.70 **2014 Work RVU:** 6.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **2014 Fac PE RVU:** 3.24

RUC Recommendation: Review utilization October 2014. **CPT Action (if applicable):** October 2009 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 935

2007 Work RVU: 8.32 **2014 Work RVU:** 8.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2014 Fac PE RVU:** 6.03

RUC Recommendation: 8.21 **CPT Action (if applicable):** June 2008 **Result:** Increase

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

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

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 732

2007 Work RVU: 7.41 **2014 Work RVU:** 7.41
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2014 Fac PE RVU:** 6.47

RUC Recommendation: 7.28 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,888

2007 Work RVU: 7.39 **2014 Work RVU:** 7.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2014 Fac PE RVU:** 7.87

RUC Recommendation: 7.23 **CPT Action (if applicable):** **Result:** Maintain

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

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,285

2007 Work RVU: 7.77 **2014 Work RVU:** 7.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2014 Fac PE RVU:** 8.09

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 35,476

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Maintain

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

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,044

2007 Work RVU: 8.54 **2014 Work RVU:** 8.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2014 Fac PE RVU:** 7.8

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,559

2007 Work RVU: 11.39 **2014 Work RVU:** 11.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2014 Fac PE RVU:** 9.92

RUC Recommendation: 11.23 **CPT Action (if applicable):** **Result:** Decrease

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

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 19,286

2007 Work RVU: 11.93 **2014 Work RVU:** 11.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2014 Fac PE RVU:** 10.19

RUC Recommendation: Review action plan at RAW. 11.77 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 911

2007 Work RVU: 9.23 **2014 Work RVU:** 9.23
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2014 Fac PE RVU:** 8.86

RUC Recommendation: 9.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,861

2007 Work RVU: 13.54 **2014 Work RVU:** 13.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2014 Fac PE RVU:** 11.58

RUC Recommendation: 13.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,275

2007 Work RVU: 10.17 **2014 Work RVU:** 10.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2014 Fac PE RVU:** 9.28

RUC Recommendation: 10.17 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,995

2007 Work RVU: 10.64 **2014 Work RVU:** 10.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2014 Fac PE RVU:** 8.95

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 36,466

2007 Work RVU: 22.13 **2014 Work RVU:** 22.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2014 Fac PE RVU:** 15.59

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

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 36,659

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2014 NF PE RVU:** 5.67
2007 Fac PE RVU 3.58 **2014 Fac PE RVU:** 5.16

RUC Recommendation: 3.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 968

2007 Work RVU: 7.56 **2014 Work RVU:** 7.56
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2014 Fac PE RVU:** 8.17

RUC Recommendation: 7.56 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,206

2007 Work RVU: 6.12 **2014 Work RVU:** 6.12
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2014 Fac PE RVU:** 6.67

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,038

2007 Work RVU: 8.04 **2014 Work RVU:** 8.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.30 **2014 Fac PE RVU:** 8.45

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,304

2007 Work RVU: 7.39 **2014 Work RVU:** 7.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2014 Fac PE RVU:** 7.34

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Forearm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 7,209

2007 Work RVU: 8.08 **2014 Work RVU:** 8.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2014 Fac PE RVU:** 8.12

RUC Recommendation: 7.94 **CPT Action (if applicable):**

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2013 Est Medicare Utilization:** 13,188

2007 Work RVU: 14.38 **2014 Work RVU:** 14.38
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2014 Fac PE RVU:** 12.85

RUC Recommendation: Review action plan at RAW **CPT Action (if applicable):** **Result:**

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

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,726

2007 Work RVU: 4.47 **2014 Work RVU:** 4.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2014 Fac PE RVU:** 5.81

RUC Recommendation: Re-review October 2014. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Published Sept 201

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,155

2007 Work RVU: 10.62 **2014 Work RVU:** 10.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2014 Fac PE RVU:** 18.1

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: April 2014

2013 Est Medicare Utilization: 58

2007 Work RVU: 8.65 **2014 Work RVU:** 8.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2014 Fac PE RVU:** 13.93

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

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

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: April 2014

2013 Est Medicare Utilization: 41

2007 Work RVU: 9.22 **2014 Work RVU:** 9.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2014 Fac PE RVU:** 14.56

RUC Recommendation: Survey for January 2015

CPT Action (if applicable):

Result:

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

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

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

First Identified: October 2008

2013 Est Medicare Utilization: 7,349

2007 Work RVU: 6.90 **2014 Work RVU:** 6.90
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2014 Fac PE RVU:** 12.89

RUC Recommendation: 6.76

CPT Action (if applicable):

Result: Maintain

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

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

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

First Identified: September 2007

2013 Est Medicare Utilization: 482

2007 Work RVU: 8.85 **2014 Work RVU:** 8.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2014 Fac PE RVU:** 6.77

RUC Recommendation: 8.74

CPT Action (if applicable): June 2008

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,483

2007 Work RVU: 5.75 **2014 Work RVU:** 5.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 5.66 **CPT Action (if applicable):** **Result:** Maintain

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

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 368,611

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.83

RUC Recommendation: 1.48 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 129,737

2007 Work RVU: 20.72 **2014 Work RVU:** 20.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2014 Fac PE RVU:** 14.32

RUC Recommendation: 21.79 **CPT Action (if applicable):** **Result:** Decrease

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

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 11,102

2007 Work RVU: 30.28 **2014 Work RVU:** 30.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2014 Fac PE RVU:** 19.1

RUC Recommendation: Review action plan at RAW **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** No

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

First Identified: July 2013

2013 Est Medicare Utilization: 19,593

2007 Work RVU: 6.09 **2014 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2014 NF PE RVU:** 6.16
2007 Fac PE RVU 4.98 **2014 Fac PE RVU:** 6.34

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable):

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

Result:

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement**

Global: 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2011

2013 Est Medicare Utilization: 62,143

2007 Work RVU: 17.61 **2014 Work RVU:** 17.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2014 Fac PE RVU:** 13.33

RUC Recommendation: 17.61

CPT Action (if applicable):

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

Result: Maintain

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

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

First Identified: April 2008

2013 Est Medicare Utilization: 16,006

2007 Work RVU: 18.18 **2014 Work RVU:** 18.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2014 Fac PE RVU:** 13.63

RUC Recommendation: 18.00

CPT Action (if applicable):

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 76,258

2007 Work RVU: 18.18 **2014 Work RVU:** 18.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2014 Fac PE RVU:** 13.64

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Decrease

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

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,862

2007 Work RVU: 3.82 **2014 Work RVU:** 3.82
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2014 Fac PE RVU:** 0.8

RUC Recommendation: 3.82 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 801

2007 Work RVU: 5.04 **2014 Work RVU:** 5.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2014 Fac PE RVU:** 5.19

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection procedure for knee arthrography**

Global: 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 85,371

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2014 NF PE RVU:** 3.46
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.42

RUC Recommendation: Review claims data at RAW Sept 2017. Revised at CPT

CPT Action (if applicable): February 2014 **Result:** Maintain

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

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27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 13,872

2007 Work RVU: 17.48 **2014 Work RVU:** 17.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2014 Fac PE RVU:** 12.5

RUC Recommendation: 17.48

CPT Action (if applicable): **Result:** Increase

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

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 273,147

2007 Work RVU: 20.72 **2014 Work RVU:** 20.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2014 Fac PE RVU:** 14.31

RUC Recommendation: 19.60

CPT Action (if applicable): **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 505

2007 Work RVU: 15.72 **2014 Work RVU:** 15.72
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2014 Fac PE RVU:** 10.54

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 662

2007 Work RVU: 6.91 **2014 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2014 Fac PE RVU:** 5.4

RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,320

2007 Work RVU: 12.24 **2014 Work RVU:** 12.24
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2014 Fac PE RVU:** 9.49

RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 756

2007 Work RVU: 9.84 **2014 Work RVU:** 9.84
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2014 Fac PE RVU:** 7.7

RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,257

2007 Work RVU: 9.21 **2014 Work RVU:** 9.21
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 8.32

RUC Recommendation: 9.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,031

2007 Work RVU: 10.53 **2014 Work RVU:** 10.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2014 Fac PE RVU:** 8.3

RUC Recommendation: 10.32 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,794

2007 Work RVU: 6.69 **2014 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2014 NF PE RVU:** 11.42
2007 Fac PE RVU 5.26 **2014 Fac PE RVU:** 5.77

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,672

2007 Work RVU: 6.41 **2014 Work RVU:** 6.41
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2014 Fac PE RVU:** 5.65

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

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,688

2007 Work RVU: 9.17 **2014 Work RVU:** 9.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2014 Fac PE RVU:** 7.65

RUC Recommendation: 8.96 **CPT Action (if applicable):** **Result:** Maintain

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

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,712

2007 Work RVU: 10.49 **2014 Work RVU:** 10.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2014 Fac PE RVU:** 9.31

RUC Recommendation: 10.28 **CPT Action (if applicable):** **Result:** Maintain

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

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2013 Est Medicare Utilization:** 6,690

2007 Work RVU: 8.75 **2014 Work RVU:** 8.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2014 Fac PE RVU:** 8.32

RUC Recommendation: 9.71 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,495

2007 Work RVU: 10.62 **2014 Work RVU:** 10.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2014 Fac PE RVU:** 9.51

RUC Recommendation: Review action plan at RAW

CPT Action (if applicable):

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

Result:

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,313

2007 Work RVU: 5.69 **2014 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2014 NF PE RVU:** 7.09
2007 Fac PE RVU 5 **2014 Fac PE RVU:** 5.71

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 5,930

2007 Work RVU: 5.34 **2014 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 6.86
2007 Fac PE RVU 3.74 **2014 Fac PE RVU:** 3.33

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,066

2007 Work RVU: 5.15 **2014 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 8.52
2007 Fac PE RVU 3.58 **2014 Fac PE RVU:** 3.7

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

28118 **Ostectomy, calcaneus;**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,316

2007 Work RVU: 6.13 **2014 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2014 NF PE RVU:** 10.01
2007 Fac PE RVU 4.28 **2014 Fac PE RVU:** 4.9

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

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

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 4,685

2007 Work RVU: 7.31 **2014 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2014 NF PE RVU:** 11.18
2007 Fac PE RVU 4.31 **2014 Fac PE RVU:** 6.03

RUC Recommendation: 8.27 **CPT Action (if applicable):**

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 12,673

2007 Work RVU: 6.76 **2014 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2014 NF PE RVU:** 9.71
2007 Fac PE RVU 5.17 **2014 Fac PE RVU:** 5.18

RUC Recommendation: 7.72 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,157

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2014 NF PE RVU:** 8.25
2007 Fac PE RVU 3.62 **2014 Fac PE RVU:** 4.05

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

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

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

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 87,648

2007 Work RVU: 5.62 **2014 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2014 NF PE RVU:** 9.15
2007 Fac PE RVU 3.42 **2014 Fac PE RVU:** 4.66

RUC Recommendation: 5.62 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 3,661

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2014 NF PE RVU:** 17.56
2007 Fac PE RVU 6.34 **2014 Fac PE RVU:** 7.99

RUC Recommendation: Survey for January 2015 **CPT Action (if applicable):** **Result:**

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

28296 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)**

Global: 090 **Issue:** Hallus Valgus Correction **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 23 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 16,437

2007 Work RVU: 8.35 **2014 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2014 NF PE RVU:** 11.35
2007 Fac PE RVU 5.29 **2014 Fac PE RVU:** 5.85

RUC Recommendation: 8.16 **CPT Action (if applicable):** **Result:** Decrease

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

28298 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy**

Global: 090 **Issue:** Correction of Bunion **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,814

2007 Work RVU: 8.13 **2014 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2014 NF PE RVU:** 11.73
2007 Fac PE RVU 4.91 **2014 Fac PE RVU:** 5.54

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,375

2007 Work RVU: 9.73 **2014 Work RVU:** 9.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2014 Fac PE RVU:** 7.52

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,368

2007 Work RVU: 5.57 **2014 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 9.43
2007 Fac PE RVU 3.53 **2014 Fac PE RVU:** 4.09

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 38,070

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2014 NF PE RVU:** 3.93
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:** 3.52

RUC Recommendation: 2.03 **CPT Action (if applicable):**

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

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28725 **Arthrodesis; subtalar**

Global: 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,311

2007 Work RVU: 11.22 **2014 Work RVU:** 11.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2014 Fac PE RVU:** 9.28

RUC Recommendation: 12.18 **CPT Action (if applicable):**

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

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28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;**

Global: 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,510

2007 Work RVU: 10.70 **2014 Work RVU:** 10.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2014 Fac PE RVU:** 8.8

RUC Recommendation: 12.42 **CPT Action (if applicable):**

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

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Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint**

Global: 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,025

2007 Work RVU: 9.29 **2014 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2014 NF PE RVU:** 13.84
2007 Fac PE RVU 6.37 **2014 Fac PE RVU:** 7.42

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

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

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 11,820

2007 Work RVU: 5.37 **2014 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2014 NF PE RVU:** 9.48
2007 Fac PE RVU 3.4 **2014 Fac PE RVU:** 4.65

RUC Recommendation: 6.01 **CPT Action (if applicable):**

Result: Increase

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

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2013 Est Medicare Utilization:** 70,116

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU 0.68 **2014 Fac PE RVU:** 0.88

RUC Recommendation: 0.77 **CPT Action (if applicable):**

Result: Maintain

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

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 17,221

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 0.39 **CPT Action (if applicable):**

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29220 **Deleted from CPT** **Global:** 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.64 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT,

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29240 **Strapping; shoulder (eg, Velpeau)** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 27,081

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU 0.37 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2013 Est Medicare Utilization:** 6,459

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 0.72 **2014 NF PE RVU:** 0.84
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.45

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2013 Est Medicare Utilization:** 5,765

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 0.87
2007 Fac PE RVU 0.33 **2014 Fac PE RVU:** 0.47

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 16,050

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 0.81 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:** 0.41

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

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

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 37,800

2007 Work RVU: 0.57 **2014 Work RVU:** 0.57
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

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

29540 **Strapping; ankle and/or foot**

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

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 265,747

2007 Work RVU: 0.39 **2014 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

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

29550 **Strapping; toes**

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

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 74,883

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** 0.29

RUC Recommendation: 0.25 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

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

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2014 Work RVU:**
2007 NF PE RVU: 0.54 **2014 NF PE RVU:**
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 885

2007 Work RVU: 6.03 **2014 Work RVU:** 6.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2014 Fac PE RVU:** 6.28

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,758

2007 Work RVU: 7.60 **2014 Work RVU:** 7.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2014 Fac PE RVU:** 7.37

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

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

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 35,615

2007 Work RVU: 8.36 **2014 Work RVU:** 8.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2014 Fac PE RVU:** 7.98

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 39,883

2007 Work RVU: 8.98 **2014 Work RVU:** 8.98
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2014 Fac PE RVU:** 8.66

RUC Recommendation: 8.82. Re-review October 2015 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 76,336

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2014 Fac PE RVU:** 1.51

RUC Recommendation: 3.00. Re-review October 2015 **CPT Action (if applicable):** **Result:** Decrease

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

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 57,229

2007 Work RVU: 15.59 **2014 Work RVU:** 15.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2014 Fac PE RVU:** 12.2

RUC Recommendation: Review action plan at RAW in Sept 2014. 15.59. Re-review October 2015 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 10,733

2007 Work RVU: 13.16 **2014 Work RVU:** 13.16
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 10.79

RUC Recommendation: 13.16. Re-review October 2015 **CPT Action (if applicable):** **Result:** Maintain

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

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 167

2007 Work RVU: 5.88 **2014 Work RVU:** 5.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2014 Fac PE RVU:** 5.97

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 87

2007 Work RVU: 5.68 **2014 Work RVU:** 5.68
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2014 Fac PE RVU:** 6.11

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 1,501

2007 Work RVU: 5.19 **2014 Work RVU:** 5.19
2007 NF PE RVU: NA **2014 NF PE RVU:** 10.39
2007 Fac PE RVU 4.72 **2014 Fac PE RVU:** 5.59

RUC Recommendation: New PE non-facility inputs **CPT Action (if applicable):**

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

Result: PE Only

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,558

2007 Work RVU: 14.30 **2014 Work RVU:** 14.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2014 Fac PE RVU:** 11.31

RUC Recommendation: 14.14 **CPT Action (if applicable):**

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

Result: Maintain

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2013 Est Medicare Utilization:** 2

2007 Work RVU: 5.88 **2014 Work RVU:** 5.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 7.1

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):**

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

Result: PE Only

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,065

2007 Work RVU: 12.36 **2014 Work RVU:** 12.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2014 Fac PE RVU:** 14.07

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 107,367

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.47
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** 0.38

RUC Recommendation: 1.21 **CPT Action (if applicable):** **Result:** Maintain

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Diagnostic Nasal Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2013 Est Medicare Utilization:** 492,822

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2014 NF PE RVU:** 4.71
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.64

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain

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

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 101,225

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2014 NF PE RVU:** 4.43
2007 Fac PE RVU 1.72 **2014 Fac PE RVU:** 1.73

RUC Recommendation: 2.60 **CPT Action (if applicable):** **Result:** Decrease

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

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 26,771

2007 Work RVU: 2.74 **2014 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2014 NF PE RVU:** 4.25
2007 Fac PE RVU 1.90 **2014 Fac PE RVU:** 1.79

RUC Recommendation: 2.74 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 1,202

2007 Work RVU: 9.04 **2014 Work RVU:** 9.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2014 Fac PE RVU:** 7.66

RUC Recommendation: 9.04

CPT Action (if applicable):

Result: Decrease

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

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 4,163

2007 Work RVU: 2.61 **2014 Work RVU:** 2.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2014 Fac PE RVU:** 1.7

RUC Recommendation: 2.61

CPT Action (if applicable):

Result: Maintain

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

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2013 Est Medicare Utilization:** 4,546

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** 2.45

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

31575 **Laryngoscopy, flexible fiberoptic; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 621,540

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 2.03
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.97

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy**

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

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 62,877

2007 Work RVU: 2.26 **2014 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2014 NF PE RVU:** 3.51
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:** 1.54

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

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

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31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:** 21

2007 Work RVU: 22.87 **2014 Work RVU:** 23.22
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 24.48 **2014 Fac PE RVU:** 27.92

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):**

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

31584 **Laryngoplasty; with open reduction of fracture**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:** 11

2007 Work RVU: 20.35 **2014 Work RVU:** 20.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2014 Fac PE RVU:** 20.11

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):**

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

31587 **Laryngoplasty, cricoid split**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:** 17

2007 Work RVU: 15.12 **2014 Work RVU:** 15.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2014 Fac PE RVU:** 11.6

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):**

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

Status Report: CMS Requests and Relativity Assessment Issues

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014

2013 Est Medicare Utilization: 1,246

2007 Work RVU: 14.99 **2014 Work RVU:** 14.99
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.07 **2014 Fac PE RVU:** 15.8

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

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

Result:

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007

2013 Est Medicare Utilization: 858

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2014 Fac PE RVU:** 8.72

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial ultrasound (EBUS) **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 22 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: April 2013

2013 Est Medicare Utilization: 21,267

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 5.73 **2014 NF PE RVU:** 6.61
2007 Fac PE RVU 0.5 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.50 and Refer to CPT for clarification

CPT Action (if applicable):

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 306

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 20.21 **2014 NF PE RVU:**
2007 Fac PE RVU 1.26 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.18 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

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

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 562

2007 Work RVU: 27.28 **2014 Work RVU:** 27.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2014 Fac PE RVU:** 11.97

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

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

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

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

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 8,530

2007 Work RVU: 25.82 **2014 Work RVU:** 25.82
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2014 Fac PE RVU:** 11.2

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 606

2007 Work RVU: 27.44 **2014 Work RVU:** 27.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2014 Fac PE RVU:** 12.28

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

CPT Action (if applicable):

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 44

2007 Work RVU: 25.24 **2014 Work RVU:** 25.24
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2014 Fac PE RVU:** 11.7

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result:

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS

First Identified: April 2011 **2013 Est Medicare Utilization:** 39,649

2007 Work RVU: 3.29 **2014 Work RVU:** 3.29
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.14

RUC Recommendation: 3.50

CPT Action (if applicable): February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 25,861

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 3.63
2007 Fac PE RVU **2014 Fac PE RVU:** 0.62

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 183,743

2007 Work RVU: 2.27 **2014 Work RVU:** 2.27
2007 NF PE RVU: **2014 NF PE RVU:** 5.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.78

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 3,835

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 12.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.85

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2013 Est Medicare Utilization:** 32,030

2007 Work RVU: 3.12 **2014 Work RVU:** 3.12
2007 NF PE RVU: **2014 NF PE RVU:** 12.35
2007 Fac PE RVU **2014 Fac PE RVU:** 1.01

RUC Recommendation: 3.62 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 6,027

2007 Work RVU: 24.64 **2014 Work RVU:** 24.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2014 Fac PE RVU:** 10.41

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

CPT Action (if applicable):

Result: Remove from Screen

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

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 23,016

2007 Work RVU: 8.05 **2014 Work RVU:** 8.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 4.3

RUC Recommendation: 8.05

CPT Action (if applicable): February 2011

Result: Maintain

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

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 112,459

2007 Work RVU: 8.77 **2014 Work RVU:** 8.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 4.59

RUC Recommendation: 8.77

CPT Action (if applicable): February 2011

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 1,533

2007 Work RVU: 5.26 **2014 Work RVU:** 5.26
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2014 Fac PE RVU:** 3.16

RUC Recommendation: 5.26 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: October 2008 **2013 Est Medicare Utilization:** 4,719

2007 Work RVU: 5.53 **2014 Work RVU:** 5.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2014 Fac PE RVU:** 3.25

RUC Recommendation: 5.53 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: April 2011 **2013 Est Medicare Utilization:** 373

2007 Work RVU: 5.80 **2014 Work RVU:** 5.80
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.55

RUC Recommendation: 5.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: April 2011 **2013 Est Medicare Utilization:** 8,288

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.35

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: April 2011 **2013 Est Medicare Utilization:** 38,395

2007 Work RVU: 5.77 **2014 Work RVU:** 5.77
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.45

RUC Recommendation: 5.77 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: April 2011 **2013 Est Medicare Utilization:** 2,738

2007 Work RVU: 6.04 **2014 Work RVU:** 6.04
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.64

RUC Recommendation: 6.04 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 387

2007 Work RVU: 6.32 **2014 Work RVU:** 6.32
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.73

RUC Recommendation: 6.32 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 256

2007 Work RVU: 6.59 **2014 Work RVU:** 6.59
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.76

RUC Recommendation: 6.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,929

2007 Work RVU: 3.39 **2014 Work RVU:** 3.39
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.29 **2014 Fac PE RVU:** 2.79

RUC Recommendation: 3.39 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 1,235

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **2014 Fac PE RVU:** 3.49

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

33241 **Removal of pacing cardioverter-defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 8,988

2007 Work RVU: 3.29 **2014 Work RVU:** 3.29
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 2.51

RUC Recommendation: 3.29 **CPT Action (if applicable):** February 2011 **Result:** Maintain

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

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: February 2010 **2013 Est Medicare Utilization:** 50,493

2007 Work RVU: 15.17 **2014 Work RVU:** 15.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2014 Fac PE RVU:** 8.06

RUC Recommendation: 15.17 **CPT Action (if applicable):** February 2011 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,228

2007 Work RVU: 6.06 **2014 Work RVU:** 6.06
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.64

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 14,962

2007 Work RVU: 6.33 **2014 Work RVU:** 6.33
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.75

RUC Recommendation: 6.33 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2013 Est Medicare Utilization:** 16,708

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.9

RUC Recommendation: 6.60 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 10,027

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2014 Fac PE RVU:** 2.55

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,646

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.50 **2014 Fac PE RVU:** 2.37

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Est Medicare Utilization:** 31,680

2007 Work RVU: 41.32 **2014 Work RVU:** 41.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2014 Fac PE RVU:** 15.48

RUC Recommendation: 41.32 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2013 Est Medicare Utilization:** 8,024

2007 Work RVU: 50.93 **2014 Work RVU:** 50.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2014 Fac PE RVU:** 19.08

RUC Recommendation: 50.93

CPT Action (if applicable):

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

Result: Maintain

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

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2013 Est Medicare Utilization:** 64,363

2007 Work RVU: 33.75 **2014 Work RVU:** 33.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2014 Fac PE RVU:** 13.08

RUC Recommendation: 34.98

CPT Action (if applicable):

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

Result: Increase

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

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2013 Est Medicare Utilization:** 1,764

2007 Work RVU: 58.79 **2014 Work RVU:** 58.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2014 Fac PE RVU:** 19.76

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Est Medicare Utilization:** 410

2007 Work RVU: 19.33 **2014 Work RVU:** 19.33
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.09 **2014 Fac PE RVU:** 6.03

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,814

2007 Work RVU: 10.91 **2014 Work RVU:** 10.91
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.45 **2014 Fac PE RVU:** 3.7

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X10

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X11

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X12

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.05 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X13

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.69 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X14

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X15

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X16

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X17

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.51 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X18

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X19

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X20

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.38 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X21

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.89 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X22

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339X23

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.08 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339X24

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

339X25

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

339XX1

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

339XX2

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.63 **CPT Action (if applicable):** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

339XX3

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX4

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.60 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX5

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX6

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

339XX7

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.83 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX8

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

339XX9

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 12,305

2007 Work RVU: 23.79 **2014 Work RVU:** 23.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2014 Fac PE RVU:** 8.02

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 27,716

2007 Work RVU: 6.74 **2014 Work RVU:** 6.74
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2014 Fac PE RVU:** 1.74

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 11,766

2007 Work RVU: 12.80 **2014 Work RVU:** 12.80
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2014 Fac PE RVU:** 5.1

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2017 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 47,929

2007 Work RVU: 21.16 **2014 Work RVU:** 21.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2014 Fac PE RVU:** 7.64

RUC Recommendation: 21.16 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 7.34 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.64 **2014 Fac PE RVU:**

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

35459 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2014 Work RVU:**
2007 NF PE RVU: 81.78 **2014 NF PE RVU:**
2007 Fac PE RVU 3.37 **2014 Fac PE RVU:**

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

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

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 6,674

2007 Work RVU: 10.05 **2014 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2014 NF PE RVU:** 59.68
2007 Fac PE RVU 4.13 **2014 Fac PE RVU:** 3.35

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

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

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

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 644

2007 Work RVU: 6.90 **2014 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2014 NF PE RVU:** 43.91
2007 Fac PE RVU 2.75 **2014 Fac PE RVU:** 2.17

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

35473 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2014 Work RVU:**
2007 NF PE RVU: 56.4 **2014 NF PE RVU:**
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:**

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

35474 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 7.35 **2014 Work RVU:**
2007 NF PE RVU: 80.7 **2014 NF PE RVU:**
2007 Fac PE RVU 2.9 **2014 Fac PE RVU:**

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

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 52,976

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2014 NF PE RVU:** 37.34
2007 Fac PE RVU 3.48 **2014 Fac PE RVU:** 2.31

RUC Recommendation: 6.60 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 296,869

2007 Work RVU: 5.10 **2014 Work RVU:** 5.10
2007 NF PE RVU: 42.45 **2014 NF PE RVU:** 35.24
2007 Fac PE RVU 2.26 **2014 Fac PE RVU:** 2.12

RUC Recommendation: 5.10 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease

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

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.06 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.11 **2014 Fac PE RVU:**

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

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

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 7.60 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.46 **2014 Fac PE RVU:**

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

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

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 6.64 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.3 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35493 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.09 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.89 **2014 Fac PE RVU:**

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

35494 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 10.42 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.64 **2014 Fac PE RVU:**

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

35495 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 9.48 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.45 **2014 Fac PE RVU:**

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

36000 **Introduction of needle or intracatheter, vein** **Global:** XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 17,063

2007 Work RVU: 2.43 **2014 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2014 NF PE RVU:** 11.5
2007 Fac PE RVU 0.77 **2014 Fac PE RVU:** 0.76

RUC Recommendation: Remove from re-review. **CPT Action (if applicable):** February 2011 **Result:** Remove from screen

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

36140 **Introduction of needle or intracatheter; extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2013 Est Medicare Utilization:** 19,822

2007 Work RVU: 2.01 **2014 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2014 NF PE RVU:** 10.06
2007 Fac PE RVU 0.65 **2014 Fac PE RVU:** 0.61

RUC Recommendation: Remove from re-review **CPT Action (if applicable):** **Result:** Remove from screen

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

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2014 Work RVU:**
2007 NF PE RVU: 11.87 **2014 NF PE RVU:**
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 333,423

2007 Work RVU: 3.72 **2014 Work RVU:** 3.72
2007 NF PE RVU: **2014 NF PE RVU:** 19.61
2007 Fac PE RVU **2014 Fac PE RVU:** 1.23

RUC Recommendation: 3.72 **CPT Action (if applicable):** October 2008 **Result:** Decrease

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

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 68,311

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 6.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.31

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2008 **Result:** Decrease

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

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 44,623

2007 Work RVU: 4.67 **2014 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2014 NF PE RVU:** 25.83
2007 Fac PE RVU 1.65 **2014 Fac PE RVU:** 1.59

RUC Recommendation: Review in October 2015 **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,685

2007 Work RVU: 5.27 **2014 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2014 NF PE RVU:** 29.12
2007 Fac PE RVU 1.82 **2014 Fac PE RVU:** 1.88

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

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

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, AUR, ACR, ASNR, SIR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,617

2007 Work RVU: 6.29 **2014 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2014 NF PE RVU:** 53.34
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 2.34

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

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

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,571

2007 Work RVU: 4.17 **2014 Work RVU:** 4.17
2007 NF PE RVU: **2014 NF PE RVU:** 26.65
2007 Fac PE RVU **2014 Fac PE RVU:** 1.27

RUC Recommendation: 4.51 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 13,279

2007 Work RVU: 5.53 **2014 Work RVU:** 5.53
2007 NF PE RVU: **2014 NF PE RVU:** 33.52
2007 Fac PE RVU **2014 Fac PE RVU:** 2

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 35,402

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: **2014 NF PE RVU:** 36.54
2007 Fac PE RVU **2014 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 29,496

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 40.32
2007 Fac PE RVU **2014 Fac PE RVU:** 2.45

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 13,512

2007 Work RVU: 6.00 **2014 Work RVU:** 6.00
2007 NF PE RVU: **2014 NF PE RVU:** 36.12
2007 Fac PE RVU **2014 Fac PE RVU:** 2.1

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 28,041

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 41.28
2007 Fac PE RVU **2014 Fac PE RVU:** 2.48

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 8,351

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: **2014 NF PE RVU:** 4.64
2007 Fac PE RVU **2014 Fac PE RVU:** 0.77

RUC Recommendation: 2.32 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,361

2007 Work RVU: 4.25 **2014 Work RVU:** 4.25
2007 NF PE RVU: **2014 NF PE RVU:** 28.32
2007 Fac PE RVU **2014 Fac PE RVU:** 1.57

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 50,055

2007 Work RVU: 4.90 **2014 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2014 NF PE RVU:** 32.88
2007 Fac PE RVU 1.78 **2014 Fac PE RVU:** 1.67

RUC Recommendation: 4.90 **CPT Action (if applicable):** February 2010 and February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 37,851

2007 Work RVU: 5.27 **2014 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2014 NF PE RVU:** 19.1
2007 Fac PE RVU 1.84 **2014 Fac PE RVU:** 1.61

RUC Recommendation: 5.27 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 54,617

2007 Work RVU: 6.29 **2014 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2014 NF PE RVU:** 37.45
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 1.93

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Increase

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

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 18,186

2007 Work RVU: 1.01 **2014 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2014 NF PE RVU:** 3.21
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.33

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen

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

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 6,856

2007 Work RVU: 5.35 **2014 Work RVU:** 5.35
2007 NF PE RVU: **2014 NF PE RVU:** 33.77
2007 Fac PE RVU **2014 Fac PE RVU:** 1.84

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization: 20,470

2007 Work RVU: 6.99 **2014 Work RVU:** 6.99

2007 NF PE RVU: **2014 NF PE RVU:** 35.35

2007 Fac PE RVU **2014 Fac PE RVU:** 2.44

RUC Recommendation: 7.38

CPT Action (if applicable):

Result: Decrease

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

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization: 1,412

2007 Work RVU: 7.55 **2014 Work RVU:** 7.55

2007 NF PE RVU: **2014 NF PE RVU:** 55.5

2007 Fac PE RVU **2014 Fac PE RVU:** 2.53

RUC Recommendation: 7.55

CPT Action (if applicable):

Result: Decrease

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

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization: 473

2007 Work RVU: 8.15 **2014 Work RVU:** 8.15

2007 NF PE RVU: **2014 NF PE RVU:** 52.13

2007 Fac PE RVU **2014 Fac PE RVU:** 2.8

RUC Recommendation: 8.15

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 212,243

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

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

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 84,506

2007 Work RVU: 6.72 **2014 Work RVU:** 6.72
2007 NF PE RVU: 47.57 **2014 NF PE RVU:** 39.35
2007 Fac PE RVU 2.39 **2014 Fac PE RVU:** 2.27

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

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

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2013 Est Medicare Utilization:** 8,653

2007 Work RVU: 3.38 **2014 Work RVU:** 3.38
2007 NF PE RVU: 7.39 **2014 NF PE RVU:** 6.73
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:** 1.01

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 78,614

2007 Work RVU: 6.72 **2014 Work RVU:** 6.72
2007 NF PE RVU: 42.85 **2014 NF PE RVU:** 29.83
2007 Fac PE RVU 2.41 **2014 Fac PE RVU:** 2.27

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

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

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 12,855

2007 Work RVU: 3.38 **2014 Work RVU:** 3.38
2007 NF PE RVU: 7.59 **2014 NF PE RVU:** 7.05
2007 Fac PE RVU 1.1 **2014 Fac PE RVU:** 1.05

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

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

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 603

2007 Work RVU: 6.98 **2014 Work RVU:** 6.98
2007 NF PE RVU: NA **2014 NF PE RVU:** 50.05
2007 Fac PE RVU 2.46 **2014 Fac PE RVU:** 2.5

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,859

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2014 NF PE RVU:** 55.47
2007 Fac PE RVU 0.46 **2014 Fac PE RVU:** 0.49

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Est Medicare Utilization:** 7,352

2007 Work RVU: 11.89 **2014 Work RVU:** 11.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 5.22

RUC Recommendation: 13.00 **CPT Action (if applicable):**
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2013 Est Medicare Utilization:** 11,571

2007 Work RVU: 13.29 **2014 Work RVU:** 13.29
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2014 Fac PE RVU:** 5.43

RUC Recommendation: 15.00 **CPT Action (if applicable):**
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,206

2007 Work RVU: 14.47 **2014 Work RVU:** 14.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2014 Fac PE RVU:** 6.01

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 35,912

2007 Work RVU: 12.11 **2014 Work RVU:** 12.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2014 Fac PE RVU:** 5.6

RUC Recommendation: 11.90 **CPT Action (if applicable):** **Result:** Decrease

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

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2013 Est Medicare Utilization:** 732

2007 Work RVU: 5.57 **2014 Work RVU:** 5.57
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.23 **2014 Fac PE RVU:** 4.28

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,170

2007 Work RVU: 14.17 **2014 Work RVU:** 14.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2014 Fac PE RVU:** 6.12

RUC Recommendation: 15.93

CPT Action (if applicable):

Result: Increase

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

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2013 Est Medicare Utilization:** 21,825

2007 Work RVU: 12.03 **2014 Work RVU:** 12.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2014 Fac PE RVU:** 4.63

RUC Recommendation: 11.90

CPT Action (if applicable):

Result: Decrease

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

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.11 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.68 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Percutaneous Thrombectomy **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 58,611

2007 Work RVU: 5.20 **2014 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2014 NF PE RVU:** 46.25
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 2.89

RUC Recommendation: Refer to CPT. Reduced 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 757

2007 Work RVU: 7.99 **2014 Work RVU:** 7.99
2007 NF PE RVU: NA **2014 NF PE RVU:** 157.57
2007 Fac PE RVU 2.89 **2014 Fac PE RVU:** 2.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 52,401

2007 Work RVU: 4.71 **2014 Work RVU:** 4.71
2007 NF PE RVU: **2014 NF PE RVU:** 69.53
2007 Fac PE RVU **2014 Fac PE RVU:** 1.6

RUC Recommendation: 4.71 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 68

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 35.02
2007 Fac PE RVU **2014 Fac PE RVU:** 2.13

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 4,491

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 37.35
2007 Fac PE RVU **2014 Fac PE RVU:** 2.36

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.99 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.43 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.02 **2014 Work RVU:**
2007 NF PE RVU: 31.87 **2014 NF PE RVU:**
2007 Fac PE RVU 1.98 **2014 Fac PE RVU:**

RUC Recommendation: Maintain. Editorially revised.

CPT Action (if applicable): June 2011 **Result:** Maintain

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

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 36,279

2007 Work RVU: 18.11 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.75 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

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

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 51,411

2007 Work RVU: 8.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.77 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,556

2007 Work RVU: 4.12 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,363

2007 Work RVU: 8.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 2.98 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 205

2007 Work RVU: 4.12 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.30 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.27 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.72 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 280

2007 Work RVU: 10.60 **2014 Work RVU:**
2007 NF PE RVU: 46.03 **2014 NF PE RVU:**
2007 Fac PE RVU 3.13 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 10,019

2007 Work RVU: 8.00 **2014 Work RVU:** 8.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.37

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,715

2007 Work RVU: 7.06 **2014 Work RVU:** 7.06
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.09

RUC Recommendation: 7.06 **CPT Action (if applicable):** **Result:** Decrease

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

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,430

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.37

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease

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

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,382

2007 Work RVU: 2.74 **2014 Work RVU:** 2.74
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.05

RUC Recommendation: 3.04 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,420

2007 Work RVU: 8.15 **2014 Work RVU:** 8.15
2007 NF PE RVU: **2014 NF PE RVU:** 80.57
2007 Fac PE RVU **2014 Fac PE RVU:** 2.4

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 38,909

2007 Work RVU: 10.00 **2014 Work RVU:** 10.00
2007 NF PE RVU: **2014 NF PE RVU:** 120.79
2007 Fac PE RVU **2014 Fac PE RVU:** 3

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,040

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 20.98
2007 Fac PE RVU **2014 Fac PE RVU:** 1.01

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 5,488

2007 Work RVU: 4.25 **2014 Work RVU:** 4.25
2007 NF PE RVU: **2014 NF PE RVU:** 68.6
2007 Fac PE RVU **2014 Fac PE RVU:** 1.21

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 30,659

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: **2014 NF PE RVU:** 98.67
2007 Fac PE RVU **2014 Fac PE RVU:** 2.71

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 28,380

2007 Work RVU: 12.00 **2014 Work RVU:** 12.00
2007 NF PE RVU: **2014 NF PE RVU:** 297.95
2007 Fac PE RVU **2014 Fac PE RVU:** 3.72

RUC Recommendation: 12.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,787

2007 Work RVU: 10.49 **2014 Work RVU:** 10.49
2007 NF PE RVU: **2014 NF PE RVU:** 244.76
2007 Fac PE RVU **2014 Fac PE RVU:** 3.16

RUC Recommendation: 10.49 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 14,097

2007 Work RVU: 14.50 **2014 Work RVU:** 14.50
2007 NF PE RVU: **2014 NF PE RVU:** 403.11
2007 Fac PE RVU **2014 Fac PE RVU:** 4.42

RUC Recommendation: 14.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 25,559

2007 Work RVU: 11.00 **2014 Work RVU:** 11.00
2007 NF PE RVU: **2014 NF PE RVU:** 142.3
2007 Fac PE RVU **2014 Fac PE RVU:** 3.23

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

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 18,765

2007 Work RVU: 14.05 **2014 Work RVU:** 14.05
2007 NF PE RVU: **2014 NF PE RVU:** 290.75
2007 Fac PE RVU **2014 Fac PE RVU:** 4.3

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

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,451

2007 Work RVU: 13.80 **2014 Work RVU:** 13.80
2007 NF PE RVU: **2014 NF PE RVU:** 219.13
2007 Fac PE RVU **2014 Fac PE RVU:** 4.25

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

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,306

2007 Work RVU: 15.00 **2014 Work RVU:** 15.00
2007 NF PE RVU: **2014 NF PE RVU:** 358.11
2007 Fac PE RVU **2014 Fac PE RVU:** 4.79

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 8,545

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00
2007 NF PE RVU: **2014 NF PE RVU:** 29.77
2007 Fac PE RVU **2014 Fac PE RVU:** 1.16

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,250

2007 Work RVU: 6.50 **2014 Work RVU:** 6.50
2007 NF PE RVU: **2014 NF PE RVU:** 33.68
2007 Fac PE RVU **2014 Fac PE RVU:** 1.9

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 404

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** 103.31
2007 Fac PE RVU **2014 Fac PE RVU:** 1.69

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 121

2007 Work RVU: 7.80 **2014 Work RVU:** 7.80
2007 NF PE RVU: **2014 NF PE RVU:** 102.86
2007 Fac PE RVU **2014 Fac PE RVU:** 2.66

RUC Recommendation: 7.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

372XX1

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

372XX2

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 11.98 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

372XX3

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00

CPT Action (if applicable): February 2013 **Result:** Decrease

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

372XX4

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00

CPT Action (if applicable): February 2013 **Result:** Decrease

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

372XX5

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.00

CPT Action (if applicable): February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

372XX6

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25

CPT Action (if applicable): February 2013 **Result:** Decrease

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

372XX7

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.29

CPT Action (if applicable): February 2013 **Result:** Decrease

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

372XX8

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization:

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.34

CPT Action (if applicable): February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 17,344

2007 Work RVU: 3.05 **2014 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2014 NF PE RVU:** 5.22
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** **2013 Est Medicare Utilization:** 241

2007 Work RVU: 30.00 **2014 Work RVU:** 30.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 11.2

RUC Recommendation: 37.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

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

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 11.49 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.52 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 307

2007 Work RVU: 10.78 **2014 Work RVU:** 10.78
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2014 Fac PE RVU:** 5.01

RUC Recommendation: 10.69 **CPT Action (if applicable):** February 2009 **Result:** Maintain

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

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

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2013 Est Medicare Utilization:** 701

2007 Work RVU: 9.13 **2014 Work RVU:** 9.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 5.1

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Increase

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

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

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 15,517

2007 Work RVU: 7.71 **2014 Work RVU:** 7.71
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.66
2007 Fac PE RVU 4.36 **2014 Fac PE RVU:** 3.95

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only

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

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

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 11,144

2007 Work RVU: 9.66 **2014 Work RVU:** 9.66
2007 NF PE RVU: NA **2014 NF PE RVU:** 11.04
2007 Fac PE RVU 5.01 **2014 Fac PE RVU:** 4.61

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,415

2007 Work RVU: 3.93 **2014 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2014 NF PE RVU:** 5.46
2007 Fac PE RVU 2.69 **2014 Fac PE RVU:** 2.88
Result: PE Only

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

38542 **Dissection, deep jugular node(s)** **Global:** 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 835

2007 Work RVU: 7.95 **2014 Work RVU:** 7.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2014 Fac PE RVU:** 5.72
Result: Increase

RUC Recommendation: 7.85 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,488

2007 Work RVU: 9.34 **2014 Work RVU:** 9.34
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2014 Fac PE RVU:** 4.57
Result:

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

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy** **Global:** 010 **Issue:** Laparoscopic Pelvic Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 9,864

2007 Work RVU: 14.76 **2014 Work RVU:** 14.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2014 Fac PE RVU:** 6.32
Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 2,281

2007 Work RVU: 16.94 **2014 Work RVU:** 16.94
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2014 Fac PE RVU:** 8.16

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

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

Result:

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** STS

First Identified: January 2014 **2013 Est Medicare Utilization:** 8,907

2007 Work RVU: 8.05 **2014 Work RVU:** 8.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **2014 Fac PE RVU:** 4.79

RUC Recommendation: Refer to CPT

CPT Action (if applicable): 2016 CPT cycle

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

Result:

40490 **Biopsy of lip**

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

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD

First Identified: April 2011 **2013 Est Medicare Utilization:** 40,428

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.61 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 1.22

CPT Action (if applicable):

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

Result: Maintain

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 1,284

2007 Work RVU: 1.23 **2014 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU 1.8 **2014 Fac PE RVU:** 2.43

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 6,441

2007 Work RVU: 2.37 **2014 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2014 NF PE RVU:** 5.67
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:** 3.07

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 1,042

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2014 NF PE RVU:** 6.14
2007 Fac PE RVU 2.54 **2014 Fac PE RVU:** 3.49

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,321

2007 Work RVU: 9.78 **2014 Work RVU:** 9.78
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2014 Fac PE RVU:** 9.44

RUC Recommendation: 9.63 **CPT Action (if applicable):** **Result:** Maintain

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

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,072

2007 Work RVU: 17.16 **2014 Work RVU:** 17.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2014 Fac PE RVU:** 11.24

RUC Recommendation: 18.12 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,625

2007 Work RVU: 19.53 **2014 Work RVU:** 19.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2014 Fac PE RVU:** 12.29

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain

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

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,971

2007 Work RVU: 6.14 **2014 Work RVU:** 6.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2014 Fac PE RVU:** 5.02

RUC Recommendation: 7.13 **CPT Action (if applicable):** **Result:** Maintain

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

4319X1

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.78 **CPT Action (if applicable):** **Result:** Increase

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

4319X2

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

4319X3

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

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

4319X4

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.99 **CPT Action (if applicable):** **Result:** Increase

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

4319X5

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

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

4319X6

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

4319X7

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain

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

4319X8

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.89 **CPT Action (if applicable):** **Result:** Maintain

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

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 14,252

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.98 **2014 NF PE RVU:** 5.96
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** 1

RUC Recommendation: 1.59 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 462

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 4.86 **2014 NF PE RVU:** 5.77
2007 Fac PE RVU 1.12 **2014 Fac PE RVU:** 1.13

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,697

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 8.2
2007 Fac PE RVU 0.95 **2014 Fac PE RVU:** 1.12

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 24

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.89 **CPT Action (if applicable):** May 2012 **Result:** Decrease

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

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 210

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2014 Fac PE RVU:** 1.48

RUC Recommendation: 3.00 **CPT Action (if applicable):** May 2012 **Result:** Decrease

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

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** YYY **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 19

2007 Work RVU: 2.39 **2014 Work RVU:** 2.39
2007 NF PE RVU: **2014 NF PE RVU:** 6.69
2007 Fac PE RVU **2014 Fac PE RVU:** 1.43

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012
Tab 10
Specialty Developing Recommendation: AAO-HNS, AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 1,476

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.65
2007 Fac PE RVU 1.22 **2014 Fac PE RVU:** 1.4

RUC Recommendation: 2.60
CPT Action (if applicable): May 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012
Tab 10
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 58

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2014 NF PE RVU:** 9.18
2007 Fac PE RVU 1.10 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.40
CPT Action (if applicable): May 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012
Tab 10
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 178

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2014 NF PE RVU:** 9.36
2007 Fac PE RVU 1.25 **2014 Fac PE RVU:** 1.6

RUC Recommendation: 2.90
CPT Action (if applicable): May 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012
Tab 10
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: September 2011
2013 Est Medicare Utilization: 682

2007 Work RVU: 2.80 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:**

RUC Recommendation: 2.80
CPT Action (if applicable): May 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4321X1 **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

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

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,788

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: NA **2014 NF PE RVU:** 26.09
2007 Fac PE RVU 1.01 **2014 Fac PE RVU:** 1.26

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,488

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.15
2007 Fac PE RVU 1.10 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.34 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 491

2007 Work RVU: 2.99 **2014 Work RVU:** 2.99
2007 NF PE RVU: NA **2014 NF PE RVU:** 7.82
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.68

RUC Recommendation: 3.26 **CPT Action (if applicable):** May 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 5,301

2007 Work RVU: 3.76 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.63 **2014 Fac PE RVU:**

RUC Recommendation: 3.25 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 538

2007 Work RVU: 2.90 **2014 Work RVU:** 2.90
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.22
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.65

RUC Recommendation: 3.19 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 372

2007 Work RVU: 3.54 **2014 Work RVU:** 3.54
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.53
2007 Fac PE RVU 1.96 **2014 Fac PE RVU:** 1.85

RUC Recommendation: 3.83 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2014 Work RVU:**
2007 NF PE RVU: 5.23 **2014 NF PE RVU:**
2007 Fac PE RVU 0.91 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 375,022

2007 Work RVU: 2.17 **2014 Work RVU:** 2.17
2007 NF PE RVU: 5.19 **2014 NF PE RVU:** 6.37
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:** 1.3

RUC Recommendation: 2.26 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 15,813

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 6.47 **2014 NF PE RVU:** 8.25
2007 Fac PE RVU 1.33 **2014 Fac PE RVU:** 1.46

RUC Recommendation: 2.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun

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43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,059

2007 Work RVU: 3.57 **2014 Work RVU:** 3.57
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2014 Fac PE RVU:** 1.92

RUC Recommendation: 3.85 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 674

2007 Work RVU: 4.11 **2014 Work RVU:** 4.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2014 Fac PE RVU:** 2.17

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,456,215

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 5.79 **2014 NF PE RVU:** 8.51
2007 Fac PE RVU 1.29 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.56 **CPT Action (if applicable):** **Result:** Decrease

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

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 414

2007 Work RVU: 7.25 **2014 Work RVU:** 7.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2014 Fac PE RVU:** 3.65

RUC Recommendation: 7.25 **CPT Action (if applicable):** February 2013 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,552

2007 Work RVU: 2.59 **2014 Work RVU:** 2.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.44

RUC Recommendation: 2.59 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 30,824

2007 Work RVU: 4.68 **2014 Work RVU:** 4.68
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2014 Fac PE RVU:** 2.48

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,956

2007 Work RVU: 4.37 **2014 Work RVU:** 4.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:** 2.26

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 17,605

2007 Work RVU: 4.50 **2014 Work RVU:** 4.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2014 Fac PE RVU:** 2.39

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 13,146

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** 13.83
2007 Fac PE RVU 1.39 **2014 Fac PE RVU:** 1.72

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2012 **Result:** Maintain

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

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 105,733

2007 Work RVU: 3.66 **2014 Work RVU:** 3.66
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.80 **2014 Fac PE RVU:** 1.87

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2012 **Result:** Maintain

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

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 27,971

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: NA **2014 NF PE RVU:** 7.91
2007 Fac PE RVU 1.48 **2014 Fac PE RVU:** 1.74

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 105,227

2007 Work RVU: 3.01 **2014 Work RVU:** 3.01
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 1.43 **2014 Fac PE RVU:** 1.71

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

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 98,915

2007 Work RVU: 2.77 **2014 Work RVU:** 2.77
2007 NF PE RVU: NA **2014 NF PE RVU:** 26.63
2007 Fac PE RVU 1.32 **2014 Fac PE RVU:** 1.58

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

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 5,634

2007 Work RVU: 3.07 **2014 Work RVU:** 3.07
2007 NF PE RVU: NA **2014 NF PE RVU:** 9.45
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:** 1.66

RUC Recommendation: 3.07 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 28,469

2007 Work RVU: 3.57 **2014 Work RVU:** 3.57
2007 NF PE RVU: NA **2014 NF PE RVU:** 10.22
2007 Fac PE RVU 1.60 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 53,482

2007 Work RVU: 3.66 **2014 Work RVU:** 3.66
2007 NF PE RVU: NA **2014 NF PE RVU:** 8.14
2007 Fac PE RVU 2.05 **2014 Fac PE RVU:** 2

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,405

2007 Work RVU: 4.34 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.85 **2014 Fac PE RVU:**

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

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 104

2007 Work RVU: 4.11 **2014 Work RVU:** 4.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2014 Fac PE RVU:** 2.23

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 17,701

2007 Work RVU: 4.54 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.94 **2014 Fac PE RVU:**

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

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

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

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 40,903

2007 Work RVU: 4.14 **2014 Work RVU:** 4.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2014 Fac PE RVU:** 2.23

RUC Recommendation: 4.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

4325X3

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4325X4 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 8,649

2007 Work RVU: 5.95 **2014 Work RVU:** 5.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:** 3.06

RUC Recommendation: 5.95 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 8,236

2007 Work RVU: 6.25 **2014 Work RVU:** 6.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2014 Fac PE RVU:** 3.2

RUC Recommendation: 6.25 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 58,150

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 3.36

RUC Recommendation: 6.60 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 656

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2014 Fac PE RVU:** 3.36

RUC Recommendation: 7.28 **CPT Action (if applicable):** February 2013 **Result:** Maintain

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

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: April 2011 **2013 Est Medicare Utilization:** 48,187

2007 Work RVU: 6.73 **2014 Work RVU:** 6.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2014 Fac PE RVU:** 3.42

RUC Recommendation: 6.73 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 2,657

2007 Work RVU: 8.03 **2014 Work RVU:** 8.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 4.01

RUC Recommendation: 8.03 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 174

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

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

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: April 2011 **2013 Est Medicare Utilization:** 36,878

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

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

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 22,300

2007 Work RVU: 8.20 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.35 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

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

4326X7

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.45

CPT Action (if applicable): October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

4326X8 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.40 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4326X9 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.39 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 14,230

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 381

2007 Work RVU: 7.38 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.05 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 4,264

2007 Work RVU: 2.24 **2014 Work RVU:** 2.24
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.03

RUC Recommendation: 2.24 **CPT Action (if applicable):** February 2013 **Result:** Maintain

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

4327X4

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

4327X5

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.96 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

4327X6

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.10 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

4327X7 **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 7.11 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 78,070

2007 Work RVU: 1.38 **2014 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2014 NF PE RVU:** 4.46
2007 Fac PE RVU 0.75 **2014 Fac PE RVU:** 0.95

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

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

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,755

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2014 NF PE RVU:** 25.94
2007 Fac PE RVU 0.8 **2014 Fac PE RVU:** 1.01

RUC Recommendation: 1.51 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,294

2007 Work RVU: 2.57 **2014 Work RVU:**
2007 NF PE RVU: 13.55 **2014 NF PE RVU:**
2007 Fac PE RVU 1.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,298

2007 Work RVU: 3.06 **2014 Work RVU:**
2007 NF PE RVU: 6.72 **2014 NF PE RVU:**
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 10,405

2007 Work RVU: 22.95 **2014 Work RVU:** 22.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2014 Fac PE RVU:** 11.12

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

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

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,441

2007 Work RVU: 31.92 **2014 Work RVU:** 31.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2014 Fac PE RVU:** 14.61

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

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

44380 **Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,196

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:** 0.76

RUC Recommendation: 0.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,430

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** 0.88

RUC Recommendation: 1.27 **CPT Action (if applicable):** May 2013 **Result:** Maintain

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

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 242

2007 Work RVU: 2.94 **2014 Work RVU:** 2.94
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.36 **2014 Fac PE RVU:** 1.43

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT

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

44385 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,179

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: 3.73 **2014 NF PE RVU:** 5.38
2007 Fac PE RVU 0.79 **2014 Fac PE RVU:** 1.02

RUC Recommendation: 1.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

44386 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,037

2007 Work RVU: 2.12 **2014 Work RVU:** 2.12
2007 NF PE RVU: 6.66 **2014 NF PE RVU:** 7.54
2007 Fac PE RVU 0.93 **2014 Fac PE RVU:** 1.23

RUC Recommendation: 1.60 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,622

2007 Work RVU: 2.82 **2014 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2014 NF PE RVU:** 6.72
2007 Fac PE RVU 1.21 **2014 Fac PE RVU:** 1.52

RUC Recommendation: 2.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,149

2007 Work RVU: 3.13 **2014 Work RVU:** 3.13
2007 NF PE RVU: 6.73 **2014 NF PE RVU:** 7.61
2007 Fac PE RVU 1.35 **2014 Fac PE RVU:** 1.69

RUC Recommendation: 3.12 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4438X1

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.48 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4438X4

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.11 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44390 **Colonoscopy through stoma; with removal of foreign body**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 31

2007 Work RVU: 3.82 **2014 Work RVU:** 3.82
2007 NF PE RVU: 7.32 **2014 NF PE RVU:** 8.74
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 2.08

RUC Recommendation: 3.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44391 **Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 173

2007 Work RVU: 4.31 **2014 Work RVU:** 4.31
2007 NF PE RVU: 8.78 **2014 NF PE RVU:** 9.15
2007 Fac PE RVU 1.83 **2014 Fac PE RVU:** 2.25

RUC Recommendation: 4.22 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 569

2007 Work RVU: 3.81 **2014 Work RVU:** 3.81
2007 NF PE RVU: 6.78 **2014 NF PE RVU:** 8.05
2007 Fac PE RVU 1.55 **2014 Fac PE RVU:** 1.9

RUC Recommendation: 3.63 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 154

2007 Work RVU: 4.83 **2014 Work RVU:** 4.83
2007 NF PE RVU: 7.14 **2014 NF PE RVU:** 8.7
2007 Fac PE RVU 1.91 **2014 Fac PE RVU:** 2.37

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,430

2007 Work RVU: 4.42 **2014 Work RVU:** 4.42
2007 NF PE RVU: 7.97 **2014 NF PE RVU:** 8.98
2007 Fac PE RVU 1.81 **2014 Fac PE RVU:** 2.26

RUC Recommendation: 4.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 4.70 **2014 Work RVU:** 4.70
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.48

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X1

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X2

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.96 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X3

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.81 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X4

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X5

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.33 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X6

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.41 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4439X7

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.06 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4439X8

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.24

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 214

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 25.61 **2014 NF PE RVU:**
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2013 Est Medicare Utilization:** 18,229

2007 Work RVU: 9.45 **2014 Work RVU:** 9.45
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2014 Fac PE RVU:** 5.73

RUC Recommendation: Remove from screen

CPT Action (if applicable): **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45170 **Deleted from CPT** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 12.48 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.28 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,049

2007 Work RVU: 8.13 **2014 Work RVU:** 8.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.6

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,086

2007 Work RVU: 12.13 **2014 Work RVU:** 12.13
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.05

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45330 **Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 58,808

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.77
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 36,827

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 3.11 **2014 NF PE RVU:** 3.3
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.84

RUC Recommendation: 1.14 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 297

2007 Work RVU: 1.79 **2014 Work RVU:** 1.79
2007 NF PE RVU: 5.15 **2014 NF PE RVU:** 6.2
2007 Fac PE RVU 0.86 **2014 Fac PE RVU:** 1.12

RUC Recommendation: 1.85 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,461

2007 Work RVU: 1.79 **2014 Work RVU:** 1.79
2007 NF PE RVU: 5.06 **2014 NF PE RVU:** 6.34
2007 Fac PE RVU 0.85 **2014 Fac PE RVU:** 1.09

RUC Recommendation: 1.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,374

2007 Work RVU: 2.73 **2014 Work RVU:** 2.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **2014 Fac PE RVU:** 1.56

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,783

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 3.74 **2014 NF PE RVU:** 6.09
2007 Fac PE RVU 0.75 **2014 Fac PE RVU:** 0.96

RUC Recommendation: 1.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45337 **Sigmoidoscopy, flexible; with decompression of volvulus, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 961

2007 Work RVU: 2.36 **2014 Work RVU:** 2.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2014 Fac PE RVU:** 1.36

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 4,637

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: 5.37 **2014 NF PE RVU:** 6.35
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:** 1.37

RUC Recommendation: 2.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,695

2007 Work RVU: 3.14 **2014 Work RVU:** 3.14
2007 NF PE RVU: 4.03 **2014 NF PE RVU:** 6.09
2007 Fac PE RVU 1.38 **2014 Fac PE RVU:** 1.73

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45340 **Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,181

2007 Work RVU: 1.89 **2014 Work RVU:** 1.89
2007 NF PE RVU: 7.18 **2014 NF PE RVU:** 11.61
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.14

RUC Recommendation: 1.35 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,659

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 1.51

RUC Recommendation: 2.43 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 368

2007 Work RVU: 4.05 **2014 Work RVU:** 4.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2014 Fac PE RVU:** 2.18

RUC Recommendation: 3.08 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 444

2007 Work RVU: 2.92 **2014 Work RVU:** 2.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.26 **2014 Fac PE RVU:** 1.64

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X3 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.83 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X4 **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4534X6

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4534X7

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.98 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 510

2007 Work RVU: 3.51 **2014 Work RVU:** 3.51
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2014 Fac PE RVU:** 1.82

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45378 **Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 544,537

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 833

2007 Work RVU: 4.68 **2014 Work RVU:** 4.68
2007 NF PE RVU: 7.78 **2014 NF PE RVU:** 8.8
2007 Fac PE RVU 1.92 **2014 Fac PE RVU:** 2.4

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 923,800

2007 Work RVU: 4.43 **2014 Work RVU:** 4.43
2007 NF PE RVU: 7.33 **2014 NF PE RVU:** 8.06
2007 Fac PE RVU 1.87 **2014 Fac PE RVU:** 2.32

RUC Recommendation: 3.66 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45381 **Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2013 Est Medicare Utilization:** 71,760

2007 Work RVU: 4.19 **2014 Work RVU:** 4.19
2007 NF PE RVU: 7.26 **2014 NF PE RVU:** 8.39
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.22

RUC Recommendation: 3.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

45382 **Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,204

2007 Work RVU: 5.68 **2014 Work RVU:** 5.68
2007 NF PE RVU: 10.04 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 2.37 **2014 Fac PE RVU:** 2.91

RUC Recommendation: 4.76 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 52,858

2007 Work RVU: 5.86 **2014 Work RVU:** 5.86
2007 NF PE RVU: 8.08 **2014 NF PE RVU:** 9.23
2007 Fac PE RVU 2.34 **2014 Fac PE RVU:** 2.89

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45384 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 143,137

2007 Work RVU: 4.69 **2014 Work RVU:** 4.69
2007 NF PE RVU: 6.9 **2014 NF PE RVU:** 7.75
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 2.35

RUC Recommendation: 4.17 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2013 Est Medicare Utilization:** 713,554

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: 7.94 **2014 NF PE RVU:** 8.75
2007 Fac PE RVU 2.18 **2014 Fac PE RVU:** 2.71

RUC Recommendation: 4.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,117

2007 Work RVU: 4.57 **2014 Work RVU:** 4.57
2007 NF PE RVU: 12.37 **2014 NF PE RVU:** 13.61
2007 Fac PE RVU 1.89 **2014 Fac PE RVU:** 2.34

RUC Recommendation: 3.87 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 600

2007 Work RVU: 5.90 **2014 Work RVU:** 5.90
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2014 Fac PE RVU:** 3.13

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X1 **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.98 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X2 **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4538X3

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 6.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X4

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

4538X5

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.30 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45391 **Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 867

2007 Work RVU: 5.09 **2014 Work RVU:** 5.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 2.62

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 126

2007 Work RVU: 6.54 **2014 Work RVU:** 6.54
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2014 Fac PE RVU:** 3.3

RUC Recommendation: 5.60 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,456

2007 Work RVU: 3.59 **2014 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2014 NF PE RVU:** 8.32
2007 Fac PE RVU 3.08 **2014 Fac PE RVU:** 5.04

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

Status Report: CMS Requests and Relativity Assessment Issues

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 12,637

2007 Work RVU: 1.69 **2014 Work RVU:** 1.69
2007 NF PE RVU: 2.48 **2014 NF PE RVU:** 4.79
2007 Fac PE RVU 1.18 **2014 Fac PE RVU:** 1.75

RUC Recommendation: Survey September 2014

CPT Action (if applicable):

Result:

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

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012 **2013 Est Medicare Utilization:** 3,418

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Result: Deleted from CPT

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

47135 **Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 1,150

2007 Work RVU: 83.64 **2014 Work RVU:** 83.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2014 Fac PE RVU:** 38.69

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: April 2014

2013 Est Medicare Utilization: 7

2007 Work RVU: 70.39 **2014 Work RVU:** 70.74

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 26.2 **2014 Fac PE RVU:** 34.14

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable):

Result:

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

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2013 Est Medicare Utilization: 1,936

2007 Work RVU: 15.22 **2014 Work RVU:** 15.22

2007 NF PE RVU: NA **2014 NF PE RVU:** 124.56

2007 Fac PE RVU 5.83 **2014 Fac PE RVU:** 5.84

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

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

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2013 Est Medicare Utilization: 8,869

2007 Work RVU: 4.76 **2014 Work RVU:** 4.76

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 5.32 **2014 Fac PE RVU:** 4.39

RUC Recommendation: 4.76

CPT Action (if applicable): June 2009

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

47500 **Injection procedure for percutaneous transhepatic cholangiography** **Global:** 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 5,034

2007 Work RVU: 1.96 **2014 Work RVU:** 1.96
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.62 **2014 Fac PE RVU:** 0.66

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)** **Global:** 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 15,965

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:** 0.26

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage** **Global:** 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 1,974

2007 Work RVU: 8.03 **2014 Work RVU:** 8.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2014 Fac PE RVU:** 4.8

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 4,954

2007 Work RVU: 10.77 **2014 Work RVU:** 10.77
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2014 Fac PE RVU:** 4.94

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**

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

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Change Biliary Drainage Catheter **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 11,174

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 14.8 **2014 NF PE RVU:** 12.89
2007 Fac PE RVU 2.67 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.54

CPT Action (if applicable): **Result:** Decrease

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

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 48

2007 Work RVU: 4.88 **2014 Work RVU:** 4.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.75

RUC Recommendation: No further action

CPT Action (if applicable): **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 112,894

2007 Work RVU: 10.47 **2014 Work RVU:** 10.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2014 Fac PE RVU:** 6.11

RUC Recommendation: Review Action plan at Sept 2014.

CPT Action (if applicable):

Result: Maintain

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

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 51,961

2007 Work RVU: 11.47 **2014 Work RVU:** 11.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2014 Fac PE RVU:** 6.52

RUC Recommendation: No further action. 12.11

CPT Action (if applicable):

Result: Maintain

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

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 12,907

2007 Work RVU: 17.48 **2014 Work RVU:** 17.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2014 Fac PE RVU:** 9.38

RUC Recommendation: 20.00

CPT Action (if applicable):

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,780

2007 Work RVU: 18.48 **2014 Work RVU:** 18.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2014 Fac PE RVU:** 9.75

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Increase

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

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,797

2007 Work RVU: 4.70 **2014 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2014 NF PE RVU:** 9.95
2007 Fac PE RVU 1.85 **2014 Fac PE RVU:** 1.9

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

48511 **External drainage, pseudocyst of pancreas; percutaneous**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 347

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 20.43 **2014 NF PE RVU:**
2007 Fac PE RVU 1.27 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

4900X2

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

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

4900X3

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

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

4900X4

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

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

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 22,829

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 20.43 **2014 NF PE RVU:**
2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 1,069

2007 Work RVU: 3.99 **2014 Work RVU:**
2007 NF PE RVU: 19.33 **2014 NF PE RVU:**
2007 Fac PE RVU 1.27 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

49061 **Drainage of retroperitoneal abscess; percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2013 Est Medicare Utilization:** 7,493

2007 Work RVU: 3.69 **2014 Work RVU:**
2007 NF PE RVU: 19.38 **2014 NF PE RVU:**
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

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

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.35 **2014 Work RVU:**
2007 NF PE RVU: 3.63 **2014 NF PE RVU:**
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:**

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

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

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

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.26 **2014 Work RVU:**
2007 NF PE RVU: 2.65 **2014 NF PE RVU:**
2007 Fac PE RVU 0.43 **2014 Fac PE RVU:**

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

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 14,319

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24
2007 NF PE RVU: **2014 NF PE RVU:** 4.04
2007 Fac PE RVU **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 187,739

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 6.2
2007 Fac PE RVU **2014 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49084 **Peritoneal lavage, including imaging guidance, when performed**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,170

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 0.73

RUC Recommendation: 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase

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

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 3,976

2007 Work RVU: 4.21 **2014 Work RVU:** 4.21
2007 NF PE RVU: **2014 NF PE RVU:** 35.74
2007 Fac PE RVU **2014 Fac PE RVU:** 1.71

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease

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

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.22 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.11 **2014 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open** **Global:** 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,745

2007 Work RVU: 4.21 **2014 Work RVU:** 4.21
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2014 Fac PE RVU:** 1.56

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49505 **Repair initial inguinal hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 73,853

2007 Work RVU: 7.96 **2014 Work RVU:** 7.96
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2014 Fac PE RVU:** 5.22

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

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 12,092

2007 Work RVU: 9.09 **2014 Work RVU:** 9.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 5.7

RUC Recommendation: 10.05 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,569

2007 Work RVU: 11.48 **2014 Work RVU:** 11.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2014 Fac PE RVU:** 6.54

RUC Recommendation: 12.44 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 9,528

2007 Work RVU: 7.08 **2014 Work RVU:** 7.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2014 Fac PE RVU:** 5

RUC Recommendation: 8.04 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Est Medicare Utilization:** 7,311

2007 Work RVU: 11.92 **2014 Work RVU:** 11.92
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 6.83

RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Est Medicare Utilization:** 3,649

2007 Work RVU: 14.94 **2014 Work RVU:** 14.94
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 8.45

RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2013 Est Medicare Utilization:** 6,725

2007 Work RVU: 13.76 **2014 Work RVU:** 13.76
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.51

RUC Recommendation: 15.03 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS

First Identified: June 2010

2013 Est Medicare Utilization: 3,437

2007 Work RVU: 16.84 **2014 Work RVU:** 16.84

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 9.13

RUC Recommendation: 18.11

CPT Action (if applicable):

Result: Maintain

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

50021 **Drainage of perirenal or renal abscess; percutaneous**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012

2013 Est Medicare Utilization: 864

2007 Work RVU: 3.37 **2014 Work RVU:**

2007 NF PE RVU: 21.23 **2014 NF PE RVU:**

2007 Fac PE RVU 1.07 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Result: Deleted from CPT

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

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2013 Est Medicare Utilization: 32,037

2007 Work RVU: 2.63 **2014 Work RVU:** 2.63

2007 NF PE RVU: NA **2014 NF PE RVU:** 13.64

2007 Fac PE RVU 1.24 **2014 Fac PE RVU:** 1.22

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 9,632

2007 Work RVU: 39.88 **2014 Work RVU:** 39.88
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2014 Fac PE RVU:** 21.03

RUC Recommendation: 40.90 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 20,817

2007 Work RVU: 3.37 **2014 Work RVU:** 3.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **2014 Fac PE RVU:** 1.5

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 12,018

2007 Work RVU: 4.15 **2014 Work RVU:** 4.15
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2014 Fac PE RVU:** 1.76

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 24,652

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 2.45 **2014 NF PE RVU:** 2.05
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.61

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

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

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 32,550

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 15.06 **2014 NF PE RVU:** 12.46
2007 Fac PE RVU 0.51 **2014 Fac PE RVU:** 0.53

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

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

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 367

2007 Work RVU: 21.36 **2014 Work RVU:** 21.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2014 Fac PE RVU:** 9.72

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

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

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2013 Est Medicare Utilization:** 1,851

2007 Work RVU: 25.36 **2014 Work RVU:** 25.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2014 Fac PE RVU:** 10.5

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

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

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2013 Est Medicare Utilization:** 58,240

2007 Work RVU: 9.77 **2014 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2014 NF PE RVU:** 9.55
2007 Fac PE RVU 4.65 **2014 Fac PE RVU:** 5.41

RUC Recommendation: 9.77

CPT Action (if applicable):

Result: Maintain

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

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2013 Est Medicare Utilization:** 3,098

2007 Work RVU: 16.79 **2014 Work RVU:** 16.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2014 Fac PE RVU:** 8.4

RUC Recommendation: Review September 2014. CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 6,050

2007 Work RVU: 4.49 **2014 Work RVU:** 4.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:** 3.26

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

51102 **Aspiration of bladder; with insertion of suprapubic catheter** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,698

2007 Work RVU: 2.70 **2014 Work RVU:** 2.70
2007 NF PE RVU: **2014 NF PE RVU:** 3.43
2007 Fac PE RVU **2014 Fac PE RVU:** 1.18
Result: Decrease

RUC Recommendation: 2.70 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2013 Est Medicare Utilization:** 10,746

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2014 NF PE RVU:** 5.48
2007 Fac PE RVU 7.41 **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.71 **CPT Action (if applicable):** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2013 Est Medicare Utilization:** 3,648

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11
2007 NF PE RVU: **2014 NF PE RVU:** 6.43
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 2.11 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2013 Est Medicare Utilization:** 72,456

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11
2007 NF PE RVU: **2014 NF PE RVU:** 6.49
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 2.11 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2013 Est Medicare Utilization:** 87,231

2007 Work RVU: 2.51 **2014 Work RVU:** 2.51
2007 NF PE RVU: **2014 NF PE RVU:** 6.78
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.51 **CPT Action (if applicable):** **Result:** Decrease

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

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 11,888

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

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

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 588,606

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.25
2007 Fac PE RVU 0.91 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

51772 **Deleted from CPT**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.61 **2014 Work RVU:**
2007 NF PE RVU: 5.44 **2014 NF PE RVU:**
2007 Fac PE RVU 5.44 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2013 Est Medicare Utilization:** 179,445

2007 Work RVU: 1.53 **2014 Work RVU:** 1.53
2007 NF PE RVU: 3.95 **2014 NF PE RVU:** 3.71
2007 Fac PE RVU 3.95 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete. **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2013 Est Medicare Utilization:** 19,403

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2014 NF PE RVU:** 4.67
2007 Fac PE RVU 5.74 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete. **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Status Report: CMS Requests and Relativity Assessment Issues

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

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

First Identified: February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.53 **2014 Work RVU:**
2007 NF PE RVU: 7.15 **2014 NF PE RVU:**
2007 Fac PE RVU 7.15 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009 **Result:** Deleted from CPT

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

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

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

First Identified: February 2008 **2013 Est Medicare Utilization:** 142,411

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2014 NF PE RVU:** 2.25
2007 Fac PE RVU 5.55 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009 **Result:** Maintain

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

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 929,434

2007 Work RVU: 2.23 **2014 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2014 NF PE RVU:** 3.22
2007 Fac PE RVU 0.91 **2014 Fac PE RVU:** 1.14

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

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

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing** AUA **Recommendation:**

First Identified: June 2008 **2013 Est Medicare Utilization:** 20,650

2007 Work RVU: 3.50 **2014 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2014 NF PE RVU:** 14.45
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 1.19

RUC Recommendation: 3.50. CPT Assistant article published.

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 48,926

2007 Work RVU: 4.05 **2014 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2014 NF PE RVU:** 14.71
2007 Fac PE RVU 1.28 **2014 Fac PE RVU:** 1.38
Result: Increase

RUC Recommendation: 4.05. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 26,672

2007 Work RVU: 4.62 **2014 Work RVU:** 4.62
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2014 Fac PE RVU:** 1.94
Result: Maintain

RUC Recommendation: 4.62

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

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 31,721

2007 Work RVU: 5.44 **2014 Work RVU:** 5.44
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2014 Fac PE RVU:** 2.25
Result: Maintain

RUC Recommendation: 5.44

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

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 22,925

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2014 Fac PE RVU:** 2.95
Result: Decrease

RUC Recommendation: 8.75

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

Status Report: CMS Requests and Relativity Assessment Issues

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

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

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 93,929

2007 Work RVU: 2.75 **2014 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2014 NF PE RVU:** 4.54
2007 Fac PE RVU 1.21 **2014 Fac PE RVU:** 1.32

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

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

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 166,775

2007 Work RVU: 2.82 **2014 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2014 NF PE RVU:** 10.49
2007 Fac PE RVU 1.19 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.82 **CPT Action (if applicable):** February 2013 **Result:** Maintain

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

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 2,418

2007 Work RVU: 5.35 **2014 Work RVU:** 5.35
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2014 Fac PE RVU:** 2.22

RUC Recommendation: 5.35 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 291

2007 Work RVU: 5.85 **2014 Work RVU:** 5.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2014 Fac PE RVU:** 2.39

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 30

2007 Work RVU: 6.55 **2014 Work RVU:** 6.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2014 Fac PE RVU:** 2.63

RUC Recommendation: 6.55 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,984

2007 Work RVU: 7.05 **2014 Work RVU:** 7.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2014 Fac PE RVU:** 2.8

RUC Recommendation: 7.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 584

2007 Work RVU: 7.55 **2014 Work RVU:** 7.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2014 Fac PE RVU:** 2.97

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

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

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2013 Est Medicare Utilization:** 240

2007 Work RVU: 8.58 **2014 Work RVU:** 8.58
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2014 Fac PE RVU:** 3.33

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

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

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 20,500

2007 Work RVU: 5.75 **2014 Work RVU:** 5.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** 2.32

RUC Recommendation: 5.75 **CPT Action (if applicable):** **Result:** Decrease

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

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 19,892

2007 Work RVU: 6.75 **2014 Work RVU:** 6.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2014 Fac PE RVU:** 2.7

RUC Recommendation: 6.75 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 48,928

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2014 Fac PE RVU:** 2.95

RUC Recommendation: 7.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 7,553

2007 Work RVU: 8.00 **2014 Work RVU:** 8.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2014 Fac PE RVU:** 3.12

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Increase

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

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

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

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,035

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Est Medicare Utilization:** 384

2007 Work RVU: 8.69 **2014 Work RVU:** 8.69
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2014 Fac PE RVU:** 4.07

RUC Recommendation: 8.69

CPT Action (if applicable):

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

Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Est Medicare Utilization:** 4,285

2007 Work RVU: 8.14 **2014 Work RVU:** 8.14
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2014 Fac PE RVU:** 4.93

RUC Recommendation: 8.14

CPT Action (if applicable):

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

Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,756

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2014 Fac PE RVU:** 3.68

RUC Recommendation: 4.79

CPT Action (if applicable):

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

Result: Decrease

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

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

First Identified: February 2008 **2013 Est Medicare Utilization:** 25,850

2007 Work RVU: 12.15 **2014 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2014 NF PE RVU:** 37.62
2007 Fac PE RVU 5.44 **2014 Fac PE RVU:** 6.28

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

53256X **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

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

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,995

2007 Work RVU: 13.00 **2014 Work RVU:** 13.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2014 Fac PE RVU:** 7.12

RUC Recommendation: 13.00 **CPT Action (if applicable):** **Result:** Decrease

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

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy** **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 10,508

2007 Work RVU: 10.08 **2014 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2014 NF PE RVU:** 46.56
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 6.16

RUC Recommendation: 10.08 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,355

2007 Work RVU: 14.52 **2014 Work RVU:** 14.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2014 Fac PE RVU:** 7.05

RUC Recommendation: 14.39 **CPT Action (if applicable):** **Result:** Maintain

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

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,334

2007 Work RVU: 15.18 **2014 Work RVU:** 15.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2014 Fac PE RVU:** 7.77

RUC Recommendation: 15.18 **CPT Action (if applicable):** **Result:** Decrease

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

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,205

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 3.38

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

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

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,272

2007 Work RVU: 8.46 **2014 Work RVU:** 8.46
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2014 Fac PE RVU:** 5.05

RUC Recommendation: 8.46 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 1,345

2007 Work RVU: 6.28 **2014 Work RVU:** 6.28
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.71

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2013 Est Medicare Utilization:** 1,850

2007 Work RVU: 24.63 **2014 Work RVU:** 24.63
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2014 Fac PE RVU:** 11.02

RUC Recommendation: 21.36 **CPT Action (if applicable):** **Result:** Decrease

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

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2013 Est Medicare Utilization:** 294

2007 Work RVU: 26.49 **2014 Work RVU:** 26.49
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2014 Fac PE RVU:** 11.67

RUC Recommendation: 24.16 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2013 Est Medicare Utilization:** 2,227

2007 Work RVU: 30.67 **2014 Work RVU:** 30.67
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2014 Fac PE RVU:** 12.84

RUC Recommendation: 29.07 **CPT Action (if applicable):** **Result:** Decrease

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

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Lap Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 13,464

2007 Work RVU: 32.06 **2014 Work RVU:** 32.06
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2014 Fac PE RVU:** 14.18

RUC Recommendation: Review action plan at RAW. 32.06 **CPT Action (if applicable):** **Result:** Decrease

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

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,034

2007 Work RVU: 13.60 **2014 Work RVU:** 13.60
2007 NF PE RVU: NA **2014 NF PE RVU:** 175.77
2007 Fac PE RVU 9.59 **2014 Fac PE RVU:** 6.81

RUC Recommendation: 13.45 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,824

2007 Work RVU: 3.08 **2014 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.88
2007 Fac PE RVU 1.79 **2014 Fac PE RVU:** 2.2

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,605

2007 Work RVU: 7.53 **2014 Work RVU:** 7.53
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2014 Fac PE RVU:** 5.96

RUC Recommendation: 7.35

CPT Action (if applicable):

Result: Decrease

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

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2013 Est Medicare Utilization:** 3,334

2007 Work RVU: 5.40 **2014 Work RVU:** 5.40
2007 NF PE RVU: NA **2014 NF PE RVU:** 6.16
2007 Fac PE RVU 4.3 **2014 Fac PE RVU:** 2.35

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

CPT Action (if applicable): October 2009

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,363

2007 Work RVU: 2.69 **2014 Work RVU:** 2.69
2007 NF PE RVU: **2014 NF PE RVU:** 2.63
2007 Fac PE RVU **2014 Fac PE RVU:** 1.25

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 2.69 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 2,827

2007 Work RVU: 11.15 **2014 Work RVU:** 11.15
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 6.87

RUC Recommendation: 10.97 **CPT Action (if applicable):** **Result:** Decrease

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

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 30,126

2007 Work RVU: 12.13 **2014 Work RVU:** 12.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2014 Fac PE RVU:** 6.79

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

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

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 1,699

2007 Work RVU: 3.33 **2014 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 4.76
2007 Fac PE RVU 1.47 **2014 Fac PE RVU:** 1.66

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 41,896

2007 Work RVU: 4.74 **2014 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 5.8
2007 Fac PE RVU 2.05 **2014 Fac PE RVU:** 2.24

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 208

2007 Work RVU: 5.20 **2014 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2014 NF PE RVU:** 5.69
2007 Fac PE RVU 2.21 **2014 Fac PE RVU:** 2.39

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2013 Est Medicare Utilization:** 5,176

2007 Work RVU: 6.16 **2014 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2014 NF PE RVU:** 39.35
2007 Fac PE RVU 2.58 **2014 Fac PE RVU:** 2.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,578

2007 Work RVU: 11.59 **2014 Work RVU:** 11.59
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2014 Fac PE RVU:** 5.96

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2013 Est Medicare Utilization:** 11,050

2007 Work RVU: 11.35 **2014 Work RVU:** 11.35
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2014 Fac PE RVU:** 5.51

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 287

2007 Work RVU: 3.37 **2014 Work RVU:**
2007 NF PE RVU: 20.75 **2014 NF PE RVU:**
2007 Fac PE RVU 1.08 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 4,296

2007 Work RVU: 32.16 **2014 Work RVU:** 32.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2014 Fac PE RVU:** 20.23

RUC Recommendation: 32.69 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,854

2007 Work RVU: 14.37 **2014 Work RVU:** 14.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2014 Fac PE RVU:** 5.78

RUC Recommendation: 14.37 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,315

2007 Work RVU: 18.01 **2014 Work RVU:** 18.01
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2014 Fac PE RVU:** 7.73

RUC Recommendation: 18.54 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 29

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2014 Fac PE RVU:** 0.85

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 59

2007 Work RVU: 1.61 **2014 Work RVU:** 1.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2014 Fac PE RVU:** 0.64

RUC Recommendation: 1.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 1,014

2007 Work RVU: 6.31 **2014 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2014 NF PE RVU:** 5.24
2007 Fac PE RVU 1.81 **2014 Fac PE RVU:** 2.51

RUC Recommendation: 6.31 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 860

2007 Work RVU: 11.16 **2014 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2014 NF PE RVU:** 9.59
2007 Fac PE RVU 3.17 **2014 Fac PE RVU:** 4.45

RUC Recommendation: 11.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 1,512

2007 Work RVU: 2.47 **2014 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 0.88 **2014 Fac PE RVU:** 0.98

RUC Recommendation: 2.47 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 3,454

2007 Work RVU: 35.64 **2014 Work RVU:** 35.64
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2014 Fac PE RVU:** 22.06

RUC Recommendation: 36.17 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2013 Est Medicare Utilization:** 1,515

2007 Work RVU: 16.13 **2014 Work RVU:** 16.13
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2014 Fac PE RVU:** 6.45

RUC Recommendation: 16.13 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 1,244

2007 Work RVU: 21.47 **2014 Work RVU:** 21.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2014 Fac PE RVU:** 9.65

RUC Recommendation: 22.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 86

2007 Work RVU: 33.87 **2014 Work RVU:** 33.87
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2014 Fac PE RVU:** 20.73

RUC Recommendation: 34.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 47

2007 Work RVU: 16.09 **2014 Work RVU:** 16.09
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2014 Fac PE RVU:** 6.38

RUC Recommendation: 16.09 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 42

2007 Work RVU: 19.73 **2014 Work RVU:** 19.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2014 Fac PE RVU:** 8.28

RUC Recommendation: 20.26 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 23

2007 Work RVU: 36.16 **2014 Work RVU:** 36.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2014 Fac PE RVU:** 22.22

RUC Recommendation: 36.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 16.66 **2014 Work RVU:** 16.66
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 16.66 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2013 Est Medicare Utilization:** 14

2007 Work RVU: 22.00 **2014 Work RVU:** 22.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2014 Fac PE RVU:** 9.9

RUC Recommendation: 22.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 8,419

2007 Work RVU: 11.19 **2014 Work RVU:** 11.19
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2014 Fac PE RVU:** 7.28

RUC Recommendation: 12.29 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 552

2007 Work RVU: 14.79 **2014 Work RVU:** 14.79
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2014 Fac PE RVU:** 9.35

RUC Recommendation: 14.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 333

2007 Work RVU: 17.16 **2014 Work RVU:** 17.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2014 Fac PE RVU:** 9.28

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2013 Est Medicare Utilization:** 359

2007 Work RVU: 19.18 **2014 Work RVU:** 19.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2014 Fac PE RVU:** 8.98

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2013 Est Medicare Utilization:** 124

2007 Work RVU: 23.48 **2014 Work RVU:** 23.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2014 Fac PE RVU:** 10.66

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 661

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2014 Fac PE RVU:** 1.01

RUC Recommendation: Editorial change

CPT Action (if applicable): October 2013

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: **2013 Est Medicare Utilization:** 11,726

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.76

RUC Recommendation: 3.75

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** **2013 Est Medicare Utilization:** 10,556

2007 Work RVU: 3.18 **2014 Work RVU:** 3.18
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.49

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 4,293

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.78

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 17.75 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 10.08 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.03 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.87 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 5,393

2007 Work RVU: 13.93 **2014 Work RVU:** 13.93
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 10.31

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 4,553

2007 Work RVU: 3.48 **2014 Work RVU:** 3.48
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.65

RUC Recommendation: 3.48 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 3,587

2007 Work RVU: 19.85 **2014 Work RVU:** 19.85
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 13.02

RUC Recommendation: 19.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Est Medicare Utilization: 793

2007 Work RVU: 4.81 **2014 Work RVU:** 4.81
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 2.27

RUC Recommendation: 4.81

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified:

2013 Est Medicare Utilization: 5,698

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 1.41

RUC Recommendation: 2.25

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2013 Est Medicare Utilization: 5,691

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2014 Fac PE RVU:** 6.75

RUC Recommendation: 6.44

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 642

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2014 NF PE RVU:** 14.19
2007 Fac PE RVU 3.11 **2014 Fac PE RVU:** 4.69

RUC Recommendation: 6.54 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 545

2007 Work RVU: 2.66 **2014 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2014 NF PE RVU:** 3.99
2007 Fac PE RVU 0.89 **2014 Fac PE RVU:** 1.67

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 55,854

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2014 NF PE RVU:** 3.77
2007 Fac PE RVU 0.67 **2014 Fac PE RVU:** 0.78

RUC Recommendation: 1.54 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2013 Est Medicare Utilization:** 345

2007 Work RVU: 9.03 **2014 Work RVU:** 9.03
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2014 Fac PE RVU:** 6.34

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X1

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.29

CPT Action (if applicable): October 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X2

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.29

CPT Action (if applicable): October 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

6228X3

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.25 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

6228X4

Global: **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 12,887

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2014 NF PE RVU:** 6.22
2007 Fac PE RVU 1.31 **2014 Fac PE RVU:** 1.72

RUC Recommendation: 3.00, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 216,170

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 4.35 **2014 NF PE RVU:** 1.81
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.79

RUC Recommendation: 1.68 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 898,527

2007 Work RVU: 1.17 **2014 Work RVU:** 1.17
2007 NF PE RVU: 4.35 **2014 NF PE RVU:** 1.78
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 35,288

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 5.09 **2014 NF PE RVU:** 1.46
2007 Fac PE RVU 0.61 **2014 Fac PE RVU:** 0.57

RUC Recommendation: 2.04 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2013 Est Medicare Utilization:** 23,520

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 4.45 **2014 NF PE RVU:** 1.59
2007 Fac PE RVU 0.58 **2014 Fac PE RVU:** 0.65

RUC Recommendation: 1.87 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,405

2007 Work RVU: 6.05 **2014 Work RVU:** 6.05
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4 **2014 Fac PE RVU:** 4.49

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62355 **Removal of previously implanted intrathecal or epidural catheter** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,245

2007 Work RVU: 3.55 **2014 Work RVU:** 3.55
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2014 Fac PE RVU:** 3.5

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 514

2007 Work RVU: 4.33 **2014 Work RVU:** 4.33
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2014 Fac PE RVU:** 3.79

RUC Recommendation: 4.33 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 87

2007 Work RVU: 5.00 **2014 Work RVU:** 5.00
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2014 Fac PE RVU:** 4.08

RUC Recommendation: 5.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 7,704

2007 Work RVU: 5.60 **2014 Work RVU:** 5.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2014 Fac PE RVU:** 4.41

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,174

2007 Work RVU: 3.93 **2014 Work RVU:** 3.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2014 Fac PE RVU:** 3.74

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 7,463

2007 Work RVU: 0.48 **2014 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.65
2007 Fac PE RVU 0.10 **2014 Fac PE RVU:** 0.2

RUC Recommendation: 0.48 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 51,723

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.17 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Est Medicare Utilization:** 43,946

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: **2014 NF PE RVU:** 2.68
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2013 Est Medicare Utilization:** 80,615

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 2.61
2007 Fac PE RVU **2014 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 38,420

2007 Work RVU: 13.18 **2014 Work RVU:** 13.18
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2014 Fac PE RVU:** 10.92

RUC Recommendation: Review action plan at RAW **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 18,669

2007 Work RVU: 18.76 **2014 Work RVU:** 18.76
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2014 Fac PE RVU:** 13.56

RUC Recommendation: Review action plan at RAW **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2013 Est Medicare Utilization:** 8,182

2007 Work RVU: 17.95 **2014 Work RVU:** 17.95
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2014 Fac PE RVU:** 13.02

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 32 **Specialty Developing Recommendation:**

First Identified: November 2013

2013 Est Medicare Utilization: 2,901

2007 Work RVU: 17.25 **2014 Work RVU:** 17.25
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2014 Fac PE RVU:** 12.54

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: September 2011

2013 Est Medicare Utilization: 94,982

2007 Work RVU: 15.37 **2014 Work RVU:** 15.37
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2014 Fac PE RVU:** 12.01

RUC Recommendation: 15.37

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: January 2012

2013 Est Medicare Utilization: 127,403

2007 Work RVU: 3.47 **2014 Work RVU:** 3.47
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2014 Fac PE RVU:** 1.69

RUC Recommendation: 3.47

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 7,856

2007 Work RVU: 21.86 **2014 Work RVU:** 21.86
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2014 Fac PE RVU:** 14.68

RUC Recommendation: Review in October 2014. **CPT Action (if applicable):** February 2010 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,261

2007 Work RVU: 19.60 **2014 Work RVU:** 19.60
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2014 Fac PE RVU:** 13.75

RUC Recommendation: 17.69 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 743

2007 Work RVU: 4.04 **2014 Work RVU:** 4.04
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:** 1.92

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Est Medicare Utilization: 421

2007 Work RVU: 15.60 **2014 Work RVU:** 15.60

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 11.06

RUC Recommendation: 15.50

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2013 Est Medicare Utilization: 97

2007 Work RVU: 4.00 **2014 Work RVU:** 4.00

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 1.89

RUC Recommendation: 4.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2013 Est Medicare Utilization: 48,777

2007 Work RVU: 7.15 **2014 Work RVU:** 7.15

2007 NF PE RVU: NA **2014 NF PE RVU:** 29.91

2007 Fac PE RVU 3.11 **2014 Fac PE RVU:** 4.17

RUC Recommendation: 7.20. New PE Inputs

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 6,797

2007 Work RVU: 10.92 **2014 Work RVU:** 10.92
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2014 Fac PE RVU:** 9.46

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 6.87 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 3.54 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 3,544

2007 Work RVU: 5.08 **2014 Work RVU:** 5.08
2007 NF PE RVU: **2014 NF PE RVU:** 10.55
2007 Fac PE RVU **2014 Fac PE RVU:** 3.44

RUC Recommendation: 5.02 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 1,701

2007 Work RVU: 11.00 **2014 Work RVU:** 11.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.62

RUC Recommendation: 10.84 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 1,025

2007 Work RVU: 7.75 **2014 Work RVU:** 7.75
2007 NF PE RVU: **2014 NF PE RVU:** 13.86
2007 Fac PE RVU **2014 Fac PE RVU:** 4.45

RUC Recommendation: 7.68 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2013 Est Medicare Utilization:** 690

2007 Work RVU: 11.52 **2014 Work RVU:** 11.52
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 9.82

RUC Recommendation: 11.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 14,860

2007 Work RVU: 5.19 **2014 Work RVU:** 5.19
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2014 Fac PE RVU:** 4.33

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 6,103

2007 Work RVU: 5.30 **2014 Work RVU:** 5.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2014 Fac PE RVU:** 4.26

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** NO INTEREST **First Identified:** April 2013 **2013 Est Medicare Utilization:** 5,807

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU 0.46 **2014 Fac PE RVU:** 0.72

RUC Recommendation: Refer to CPT, CPT Assistant and Review in 3 years (Sept 2017) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 138,374

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2014 NF PE RVU:** 1.76
2007 Fac PE RVU 0.43 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.48, Review in October 2014 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 17,458

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2014 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen. 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 118,130

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2014 NF PE RVU:** 2.19
2007 Fac PE RVU 0.51 **2014 Fac PE RVU:** 0.44

RUC Recommendation: 1.48, Review in October 2014. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,193

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.90 **2014 Fac PE RVU:** 0.33

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection, anesthetic agent; femoral nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 135,840

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: NA **2014 NF PE RVU:** 1.74
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.50, Review October 2014.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 67,449

2007 Work RVU: 1.63 **2014 Work RVU:** 1.63
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 0.29

RUC Recommendation: Remove from screen. 1.63

CPT Action (if applicable): February 2008
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 5,337

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection, anesthetic agent; other peripheral nerve or branch** **Global:** 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 907,648

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2014 NF PE RVU:** 1.45
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.5

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64470 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.85 **2014 Work RVU:**
2007 NF PE RVU: 6.37 **2014 NF PE RVU:**
2007 Fac PE RVU 0.71 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.29 **2014 Work RVU:**
2007 NF PE RVU: 2.05 **2014 NF PE RVU:**
2007 Fac PE RVU 0.34 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.41 **2014 Work RVU:**
2007 NF PE RVU: 6.07 **2014 NF PE RVU:**
2007 Fac PE RVU 0.62 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.98 **2014 Work RVU:**
2007 NF PE RVU: 1.86 **2014 NF PE RVU:**
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 39,640

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 4.27
2007 Fac PE RVU 0.87 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 23,339

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 1.9
2007 Fac PE RVU 0.45 **2014 Fac PE RVU:** 0.52

RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 873,545

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2014 NF PE RVU:** 4.24
2007 Fac PE RVU 0.81 **2014 Fac PE RVU:** 1.2

RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 431,111

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2014 NF PE RVU:** 1.42
2007 Fac PE RVU 0.36 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 189,135

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 3.47
2007 Fac PE RVU **2014 Fac PE RVU:** 1.11

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 169,143

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: **2014 NF PE RVU:** 1.42
2007 Fac PE RVU **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 123,095

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: **2014 NF PE RVU:** 1.44
2007 Fac PE RVU **2014 Fac PE RVU:** 0.51

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 650,651

2007 Work RVU: 1.52 **2014 Work RVU:** 1.52
2007 NF PE RVU: **2014 NF PE RVU:** 3.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.99

RUC Recommendation: 1.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 580,325

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2013 Est Medicare Utilization:** 365,809

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.4
2007 Fac PE RVU **2014 Fac PE RVU:** 0.44

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2013 Est Medicare Utilization:** 7,608

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2014 NF PE RVU:** 2.28
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.8

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2013 Est Medicare Utilization:** 22,544

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2014 NF PE RVU:** 3.78
2007 Fac PE RVU 0.54 **2014 Fac PE RVU:** 0.85

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Neurostimulators **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ASA, AAPM, ASIPP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 13,245

2007 Work RVU: 2.32 **2014 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2014 NF PE RVU:** 3.17
2007 Fac PE RVU 1.23 **2014 Fac PE RVU:** 1.72

RUC Recommendation: Review September 2014. CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous Implantation of Neuroelectrodes **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 25 **Specialty Developing Recommendation:** ACOG, AUA, NASS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 16,690

2007 Work RVU: 7.15 **2014 Work RVU:** 7.15
2007 NF PE RVU: 27.51 **2014 NF PE RVU:** 14.66
2007 Fac PE RVU 3.05 **2014 Fac PE RVU:** 3.48

RUC Recommendation: 5.44

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 97,940

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: **2014 NF PE RVU:** 2.72
2007 Fac PE RVU **2014 Fac PE RVU:** 0.21

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2013 Est Medicare Utilization:** 759

2007 Work RVU: 9.00 **2014 Work RVU:** 9.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.33

RUC Recommendation: 11.19 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 8.15 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.31 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 17 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 10,178

2007 Work RVU: 12.20 **2014 Work RVU:** 12.20
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2014 Fac PE RVU:** 5.39

RUC Recommendation: 12.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 10,471

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2014 NF PE RVU:** 4.7
2007 Fac PE RVU 2.33 **2014 Fac PE RVU:** 1.83

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.02 **2014 Work RVU:**
2007 NF PE RVU: 6.82 **2014 NF PE RVU:**
2007 Fac PE RVU 1.34 **2014 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2014 Work RVU:**
2007 NF PE RVU: 2.62 **2014 NF PE RVU:**
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:**

RUC Recommendation: 0.99 **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.82 **2014 Work RVU:**
2007 NF PE RVU: 6.99 **2014 NF PE RVU:**
2007 Fac PE RVU 1.93 **2014 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.16 **2014 Work RVU:**
2007 NF PE RVU: 3.98 **2014 NF PE RVU:**
2007 Fac PE RVU 0.26 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64640 **Destruction by neurolytic agent; other peripheral nerve or branch**

Global: 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2013 Est Medicare Utilization:** 68,488

2007 Work RVU: 1.23 **2014 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU 1.75 **2014 Fac PE RVU:** 1.34

RUC Recommendation: 1.23. Remove 99238. **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified**

Global: 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 3,226

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2014 Fac PE RVU:** 6.64

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 682

2007 Work RVU: 8.07 **2014 Work RVU:** 8.07
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2014 Fac PE RVU:** 6.71

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2013 Est Medicare Utilization:** 959

2007 Work RVU: 9.16 **2014 Work RVU:** 9.16
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7 **2014 Fac PE RVU:** 8.8

RUC Recommendation: 9.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65105 **Enucleation of eye; with implant, muscles attached to implant** **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 947

2007 Work RVU: 9.93 **2014 Work RVU:** 9.93
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2014 Fac PE RVU:** 13.32

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

65222 **Removal of foreign body, external eye; corneal, with slit lamp** **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Est Medicare Utilization:** 30,837

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2014 NF PE RVU:** 1
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.6

RUC Recommendation: 0.93 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 886

2007 Work RVU: 15.36 **2014 Work RVU:** 15.36
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2014 Fac PE RVU:** 14.97

RUC Recommendation: 16.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2013 Est Medicare Utilization:** 2,202

2007 Work RVU: 10.73 **2014 Work RVU:** 10.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2014 Fac PE RVU:** 13.66

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2013 Est Medicare Utilization:** 47,949

2007 Work RVU: 1.53 **2014 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2014 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:** 0.97

RUC Recommendation: 1.53 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.91 **2014 Work RVU:**
2007 NF PE RVU: 2.07 **2014 NF PE RVU:**
2007 Fac PE RVU 1.16 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

65855 **Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 143,957

2007 Work RVU: 3.99 **2014 Work RVU:** 3.99
2007 NF PE RVU: 4.14 **2014 NF PE RVU:** 5.27
2007 Fac PE RVU 3.01 **2014 Fac PE RVU:** 4.16

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 11,967

2007 Work RVU: 15.02 **2014 Work RVU:** 15.02
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2014 Fac PE RVU:** 17.88

RUC Recommendation: Survey April 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 6,110

2007 Work RVU: 18.86 **2014 Work RVU:** 18.86
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **2014 Fac PE RVU:** 22.64

RUC Recommendation: Survey April 2015

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

66179X1

Global: **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 14.00

CPT Action (if applicable): October 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 12,732

2007 Work RVU: 16.30 **2014 Work RVU:** 16.30
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2014 Fac PE RVU:** 15.56

RUC Recommendation: 15.00

CPT Action (if applicable): October 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: 13.20 **2014 Work RVU:** 13.20

2007 NF PE RVU: **2014 NF PE RVU:** NA

2007 Fac PE RVU **2014 Fac PE RVU:** 15.01

RUC Recommendation: 13.20 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

56184X1

Global: **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 9.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular reservoir**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 1,925

2007 Work RVU: 9.58 **2014 Work RVU:** 9.58

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 7.37 **2014 Fac PE RVU:** 10.97

RUC Recommendation: 10.58 **CPT Action (if applicable):** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 79,278

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2014 NF PE RVU:** 5.14
2007 Fac PE RVU 4.32 **2014 Fac PE RVU:** 3.46

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 620,137

2007 Work RVU: 3.42 **2014 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2014 NF PE RVU:** 5.63
2007 Fac PE RVU 3.6 **2014 Fac PE RVU:** 5.13

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 172,147

2007 Work RVU: 11.08 **2014 Work RVU:** 11.08
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2014 Fac PE RVU:** 10.67

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 1,666,089

2007 Work RVU: 8.52 **2014 Work RVU:** 8.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2014 Fac PE RVU:** 8.99

RUC Recommendation: 8.52 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: Jan11, Oct09 **Tab** 30 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 2,551,549

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2014 NF PE RVU:** 1.34
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.3

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2013 Est Medicare Utilization:** 14,681

2007 Work RVU: 13.32 **2014 Work RVU:** 13.32
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2014 Fac PE RVU:** 12.9

RUC Recommendation: 12.13 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:**

2007 Work RVU: 23.30 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 15.16 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2007 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,333

2007 Work RVU: 16.74 **2014 Work RVU:** 16.74
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2014 Fac PE RVU:** 17.01

RUC Recommendation: 13.20

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 10,825

2007 Work RVU: 19.61 **2014 Work RVU:** 19.61
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2014 Fac PE RVU:** 19.2

RUC Recommendation: 14.50

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 15,237

2007 Work RVU: 19.25 **2014 Work RVU:** 19.25
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 16.94

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 24,620

2007 Work RVU: 22.38 **2014 Work RVU:** 22.38
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 18.92

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,208

2007 Work RVU: 23.24 **2014 Work RVU:** 23.24
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 20.22

RUC Recommendation: 17.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 1,115

2007 Work RVU: 16.71 **2014 Work RVU:** 16.71
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2014 Fac PE RVU:** 16.53

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

67108 **Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 13,674

2007 Work RVU: 22.89 **2014 Work RVU:** 22.89
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2014 Fac PE RVU:** 20.97

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,780

2007 Work RVU: 10.25 **2014 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2014 NF PE RVU:** 13.56
2007 Fac PE RVU 7.37 **2014 Fac PE RVU:** 10.97

RUC Recommendation: Remove 99238

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: April 2014 **2013 Est Medicare Utilization:** 506

2007 Work RVU: 18.45 **2014 Work RVU:** 18.75
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 11.71 **2014 Fac PE RVU:** 17.5

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable): Oct 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,461

2007 Work RVU: 25.35 **2014 Work RVU:** 25.35
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 22.31

RUC Recommendation: Survey for September 2014

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 84,909

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2014 NF PE RVU:** 7.84
2007 Fac PE RVU 5.84 **2014 Fac PE RVU:** 7.35

RUC Recommendation: 6.36

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,350

2007 Work RVU: 6.36 **2014 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2014 NF PE RVU:** 8.29
2007 Fac PE RVU 8.9 **2014 Fac PE RVU:** 7.35

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 269

2007 Work RVU: 0.47 **2014 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2014 NF PE RVU:** 0.34
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.47 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2013 Est Medicare Utilization:** 78,660

2007 Work RVU: 13.82 **2014 Work RVU:** 13.82
2007 NF PE RVU: 11.2 **2014 NF PE RVU:** 13.52
2007 Fac PE RVU 8.43 **2014 Fac PE RVU:** 12.07

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2013 Est Medicare Utilization:** 11,345

2007 Work RVU: 10.17 **2014 Work RVU:** 10.17
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **2014 Fac PE RVU:** 12.9

RUC Recommendation: 10.17

CPT Action (if applicable): October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,082

2007 Work RVU: 3.75 **2014 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2014 NF PE RVU:** 9.14
2007 Fac PE RVU 2.99 **2014 Fac PE RVU:** 5.22

RUC Recommendation: 3.75

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 471

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2014 NF PE RVU:** 6.02
2007 Fac PE RVU 2.75 **2014 Fac PE RVU:** 3.41

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,788

2007 Work RVU: 5.48 **2014 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2014 NF PE RVU:** 10.74
2007 Fac PE RVU 4.65 **2014 Fac PE RVU:** 6.3

RUC Recommendation: 5.48

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 28,367

2007 Work RVU: 5.93 **2014 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU 4.95 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 5.93

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,552

2007 Work RVU: 3.47 **2014 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2014 NF PE RVU:** 9.19
2007 Fac PE RVU 2.84 **2014 Fac PE RVU:** 5.06

RUC Recommendation: 3.47

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 144

2007 Work RVU: 2.03 **2014 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2014 NF PE RVU:** 5.96
2007 Fac PE RVU 2.7 **2014 Fac PE RVU:** 3.41

RUC Recommendation: 2.03 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 2,149

2007 Work RVU: 5.48 **2014 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2014 NF PE RVU:** 10.75
2007 Fac PE RVU 4.86 **2014 Fac PE RVU:** 6.31

RUC Recommendation: 5.48 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 12,847

2007 Work RVU: 5.93 **2014 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2014 NF PE RVU:** 11.36
2007 Fac PE RVU 4.57 **2014 Fac PE RVU:** 6.6

RUC Recommendation: 5.93 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2013 Est Medicare Utilization:** 4,119

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU 0.42 **2014 Fac PE RVU:** 0.58

RUC Recommendation: Revised parenthetical

CPT Action (if applicable): February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2013 Est Medicare Utilization:** 21,764

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.46

RUC Recommendation: 0.49

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 43,863

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 1.91 **2014 NF PE RVU:** 2.43
2007 Fac PE RVU 1.48 **2014 Fac PE RVU:** 1.96

RUC Recommendation: Survey January 2015

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** RAW **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 29,630

2007 Work RVU: 2.15 **2014 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2014 NF PE RVU:** 4.5
2007 Fac PE RVU 2.7 **2014 Fac PE RVU:** 2.99

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2013 Est Medicare Utilization:** 8,200

2007 Work RVU: 3.30 **2014 Work RVU:** 3.30
2007 NF PE RVU: 7.82 **2014 NF PE RVU:** 9.04
2007 Fac PE RVU 2.74 **2014 Fac PE RVU:** 3.75

RUC Recommendation: Survey January 2015 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2013 Est Medicare Utilization:** 119,035

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 1.87
2007 Fac PE RVU 0.40 **2014 Fac PE RVU:** 0.48

RUC Recommendation: 0.81 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 42,915

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2014 NF PE RVU:** 2.63
2007 Fac PE RVU 0.56 **2014 Fac PE RVU:** 0.8

RUC Recommendation: 0.77 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral** **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 13 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,589,429

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.58. Re-review bilateral data January 2015.

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2013 Est Medicare Utilization:** 454

2007 Work RVU: 0.83 **2014 Work RVU:** 0.83
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 3.31
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.86

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization** **Global:** 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 10,481

2007 Work RVU: 0.63 **2014 Work RVU:** 0.63
2007 NF PE RVU: 1.3 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:** 0.74

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic** **Global:** 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2013 Est Medicare Utilization:** 34

2007 Work RVU: 2.68 **2014 Work RVU:** 2.68
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 4.5
2007 Fac PE RVU 2.19 **2014 Fac PE RVU:** 2.53

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 47,869

2007 Work RVU: 1.57 **2014 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2014 NF PE RVU:** 4.04
2007 Fac PE RVU 1.60 **2014 Fac PE RVU:** 2.05

RUC Recommendation: 1.57 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2013 Est Medicare Utilization:** 16,085

2007 Work RVU: 2.06 **2014 Work RVU:** 2.06
2007 NF PE RVU: NA **2014 NF PE RVU:** 3.31
2007 Fac PE RVU 9.31 **2014 Fac PE RVU:** 1.32

RUC Recommendation: 2.06 **CPT Action (if applicable):** Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 13.39 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 11.91 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2013 Est Medicare Utilization:** 2,704

2007 Work RVU: 17.73 **2014 Work RVU:** 17.73
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2014 Fac PE RVU:** 15.42

RUC Recommendation: 17.60

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 20,017

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporitn of this servie with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70310 **Radiologic examination, teeth; partial examination, less than full mouth**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 1,171

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporitn of this servie with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2013 Est Medicare Utilization:** 10,576

2007 Work RVU: 0.84 **2014 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2014 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70373 **Laryngography, contrast, radiological supervision and interpretation** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2013 Est Medicare Utilization:** 4,314

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70450 **Computed tomography, head or brain; without contrast material** **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 5,285,226

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 35,330

2007 Work RVU: 1.13 **2014 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2014 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.13 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2013 Est Medicare Utilization:** 154,761

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family). **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 454,808

2007 Work RVU: 1.14 **2014 Work RVU:** 1.14
2007 NF PE RVU: 5.42 **2014 NF PE RVU:** 4.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70487 **Computed tomography, maxillofacial area; with contrast material(s)** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Est Medicare Utilization:** 18,653

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 6.55 **2014 NF PE RVU:** 5.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.17 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2013 Est Medicare Utilization:** 3,859

2007 Work RVU: 1.42 **2014 Work RVU:** 1.42
2007 NF PE RVU: 8.11 **2014 NF PE RVU:** 6.94
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 175,660

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2014 NF PE RVU:** 10.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 203,100

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2014 NF PE RVU:** 11.21
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 901,306

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2014 NF PE RVU:** 5.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2013 Est Medicare Utilization:** 24,547

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2014 NF PE RVU:** 7.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 954,685

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2014 NF PE RVU:** 8.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 2.36 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 18,094,245

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2014 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.18 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 12,386,780

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: XXX **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2013 Est Medicare Utilization:** 236,531

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Est Medicare Utilization:** 1,530,208

2007 Work RVU: 1.02 **2014 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 781,381

2007 Work RVU: 1.92 **2014 Work RVU:** 1.92
2007 NF PE RVU: 12.53 **2014 NF PE RVU:** 8.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-ray of Cervical Spine **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 596,825

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 406,378

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 1 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2013 Est Medicare Utilization:** 108,371

2007 Work RVU: 0.36 **2014 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2014 NF PE RVU:** 1.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.36 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 317,101

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,841,033

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 887,136

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2014 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 88,080

2007 Work RVU: 0.32 **2014 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2014 NF PE RVU:** 1.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.32 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 35,922

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 0.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 847,407

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 19,959

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,964

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2014 NF PE RVU:** 6.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 117,462

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 14,325

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,212

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2014 NF PE RVU:** 6.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 367,304

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2014 NF PE RVU:** 4.32
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 55,211

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2014 NF PE RVU:** 5.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 4,356

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2014 NF PE RVU:** 6.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 519,728

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.48 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 4,267

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2014 NF PE RVU:** 7.54
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 183,757

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.48 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 3,504

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2014 NF PE RVU:** 7.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,186,417

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 6,931

2007 Work RVU: 1.78 **2014 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2014 NF PE RVU:** 7.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 105,074

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2014 NF PE RVU:** 8.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 78,619

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2014 NF PE RVU:** 8.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 261,257

2007 Work RVU: 2.29 **2014 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2014 NF PE RVU:** 8.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 25 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010

2013 Est Medicare Utilization: 1,791,060

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle 73700 and 72170.

CPT Action (if applicable): February 2015

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,847

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2014 NF PE RVU:** 9.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.81 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 135,818

2007 Work RVU: 1.09 **2014 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2014 NF PE RVU:** 3.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 33,947

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2014 NF PE RVU:** 5.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 6,158

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2014 NF PE RVU:** 6.47
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.22 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 8,036

2007 Work RVU: 0.91 **2014 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2013 Est Medicare Utilization:** 824

2007 Work RVU: 0.91 **2014 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2014 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 35,016

2007 Work RVU: 0.83 **2014 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2014 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.83 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 9,517

2007 Work RVU: 1.33 **2014 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2014 NF PE RVU:** 4.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.33 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 89,439

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2014 NF PE RVU:** 2.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 60,073

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 881

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2013 Est Medicare Utilization:** 2,332,544

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 340,571

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2009 **2013 Est Medicare Utilization:** 322,648

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 926,845

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73130 **Radiologic examination, hand; minimum of 3 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,012,793

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2014 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2013 Est Medicare Utilization: 79,511

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2013 Est Medicare Utilization: 13,061

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2014 NF PE RVU:** 5.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2013 Est Medicare Utilization: 1,780

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2014 NF PE RVU:** 7.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: May 2013

2013 Est Medicare Utilization: 3,328

2007 Work RVU: 1.81 **2014 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2014 NF PE RVU:** 7.55
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Est Medicare Utilization:** 28,971

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2014 NF PE RVU:** 8.93
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2013 Est Medicare Utilization:** 414,158

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2014 NF PE RVU:** 5.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.35

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

7327X8

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 8.08

CPT Action (if applicable): February 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 505,615

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,439,668

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 364,362

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with future bundle CCP **CPT Action (if applicable):** February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR

First Identified: October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2014 Work RVU:**
2007 NF PE RVU: 1.98 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2013 Est Medicare Utilization:** 542,173

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): February 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 2,041,304

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 2,048,148

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 1,196,398

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2014 NF PE RVU:** 0.98
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013

2013 Est Medicare Utilization: 331,782

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAOS

First Identified: February 2008

2013 Est Medicare Utilization: 32,204

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant Article published June 2012.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013

2013 Est Medicare Utilization: 470,238

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 42 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 249,100

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,185,120

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 753,750

2007 Work RVU: 0.16 **2014 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2014 NF PE RVU:** 0.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 2,385,136

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2014 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 212,178

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 29,992

2007 Work RVU: 1.16 **2014 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2014 NF PE RVU:** 5.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2013 Est Medicare Utilization:** 4,233

2007 Work RVU: 1.22 **2014 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2014 NF PE RVU:** 7.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 13,179

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2014 NF PE RVU:** 8.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 610,083

2007 Work RVU: 1.35 **2014 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2014 NF PE RVU:** 5.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,091,648

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2014 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 103,919

2007 Work RVU: 1.19 **2014 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review PE. 0.35 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - NPRM for 2012 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 141,828

2007 Work RVU: 1.27 **2014 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2014 NF PE RVU:** 5.42
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.42 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 114,377

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2014 NF PE RVU:** 6.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 145,657

2007 Work RVU: 2.20 **2014 Work RVU:** 2.20
2007 NF PE RVU: **2014 NF PE RVU:** 12.97
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 2.20 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 52,058

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: 12.39 **2014 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 2,000,713

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: **2014 NF PE RVU:** 4.26
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 2,344,664

2007 Work RVU: 1.82 **2014 Work RVU:** 1.82
2007 NF PE RVU: **2014 NF PE RVU:** 7.21
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2013 Est Medicare Utilization:** 590,203

2007 Work RVU: 2.01 **2014 Work RVU:** 2.01
2007 NF PE RVU: **2014 NF PE RVU:** 8.51
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.01 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** Swallowing Function **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 28 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 376,060

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2014 NF PE RVU:** 2.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 26,526

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2014 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 19,378

2007 Work RVU: 0.99 **2014 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 16,804

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 5,515

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3 **2014 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 18,020

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: 2 **2014 NF PE RVU:** 2.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 38,674

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 22,393

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2014 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 13,466

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2014 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2013 Est Medicare Utilization:** 39,243

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: **2014 NF PE RVU:** 9.34
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 89,046

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2014 NF PE RVU:** 9.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: CMS added to survey for October 2013. Remove from Screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2014 Work RVU:**
2007 NF PE RVU: 10.66 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2014 Work RVU:**
2007 NF PE RVU: 11.08 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2014 Work RVU:**
2007 NF PE RVU: 10.96 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.14 **2014 Work RVU:**
2007 NF PE RVU: 10.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2014 Work RVU:**
2007 NF PE RVU: 11.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.84 **2014 Work RVU:**
2007 NF PE RVU: 2.2 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** **2013 Est Medicare Utilization:** 17,994

2007 Work RVU: 1.71 **2014 Work RVU:** 1.71
2007 NF PE RVU: **2014 NF PE RVU:** 7.43
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 369

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2014 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2013 Est Medicare Utilization:** 371

2007 Work RVU: 1.44 **2014 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2014 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 16 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 41,669

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 4,356

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price. Refer to CPT **CPT Action (if applicable):** February 2014 **Result:** Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: February 2010 **2013 Est Medicare Utilization:** 34,409

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price. Refer to CPT

CPT Action (if applicable): February 2014 **Result:** Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

First Identified: **2013 Est Medicare Utilization:** 54,963

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.24 **2014 Work RVU:**
2007 NF PE RVU: 9.99 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 54,239

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2014 NF PE RVU:** 3.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2013 Est Medicare Utilization:** 2,408

2007 Work RVU: 0.36 **2014 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2014 NF PE RVU:** 2.23
2007 Fac PE RVU 6.96 **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Transluminal Balloon Angioplasty **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 43 **Specialty Developing Recommendation:** ACR, RPA, SCAI, SIR, SVS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 297,644

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 12.72 **2014 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 1,883

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2013 Est Medicare Utilization:** 5,132

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2013 Est Medicare Utilization:** 59,182

2007 Work RVU: 0.72 **2014 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75992 **Deleted from CPT**

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT**

Global: ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III**

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Remove from screen

CPT Action (if applicable): February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75995 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)** **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 133,876

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2014 NF PE RVU:** 1.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 5,351

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 361

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2014 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2013 Est Medicare Utilization:** 939

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2014 NF PE RVU:** 5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2013 Est Medicare Utilization:** 20,034

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2014 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.66 and CPT Assistant article published **CPT Action (if applicable):** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 738,817

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 2.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2013 Est Medicare Utilization:** 893,375

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 2.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

7664X1

Global: **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.73

CPT Action (if applicable): October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

7664X2

Global: **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.68

CPT Action (if applicable): October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2013 Est Medicare Utilization:** 1,022,879

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2014 NF PE RVU:** 3.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.81

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 976,237

2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2014 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,189,915

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 725,939

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2014 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.58 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 12,406

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 470,648

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 2.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2013 Est Medicare Utilization:** 520,567

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 2.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2013 Est Medicare Utilization:** 251,237

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 1.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 214,591

2007 Work RVU: 0.69 **2014 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76880 **Deleted from CPT** **Global:** XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2014 Work RVU:**
2007 NF PE RVU: 1.97 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Est Medicare Utilization:** 144,625

2007 Work RVU: 0.63 **2014 Work RVU:** 0.63
2007 NF PE RVU: **2014 NF PE RVU:** 2.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.72 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific** **Global:** XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2013 Est Medicare Utilization:** 210,651

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: **2014 NF PE RVU:** 0.47
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

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76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation** **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,915

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 1.85 **2014 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,053

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,433

2007 Work RVU: 1.99 **2014 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2014 NF PE RVU:** 5.46
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2013 Est Medicare Utilization:** 1,274

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Action plan. 2.00 (interim) **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,902,741

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2014 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** NO INTEREST **First Identified:** July 2013 **2013 Est Medicare Utilization:** 13

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Action plan. 0.38 (interim) **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2013 Est Medicare Utilization:** 27,431

2007 Work RVU: 0.58 **2014 Work RVU:** 0.58
2007 NF PE RVU: 1.43 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2013 Est Medicare Utilization:** 7,854

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2014 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Action plan. 1.34 (interim)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2013 Est Medicare Utilization:** 20,076

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 439,441

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2014 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.38

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: January 2012

2013 Est Medicare Utilization: 337,919

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 2.3
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 27 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, NASS, SIR

First Identified: October 2010

2013 Est Medicare Utilization: 1,050,516

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2014 NF PE RVU:** 1.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified:

2013 Est Medicare Utilization: 4,671

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2014 NF PE RVU:** 5.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77014 **Computed tomography guidance for placement of radiation therapy fields** **Global:** XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,275,530

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review Sept 2017.Maintain current value **CPT Action (if applicable):** October 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation** **Global:** XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 65,339

2007 Work RVU: 1.59 **2014 Work RVU:**
2007 NF PE RVU: 6.19 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation** **Global:** XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2013 Est Medicare Utilization:** 34,584

2007 Work RVU: 0.56 **2014 Work RVU:**
2007 NF PE RVU: 1.26 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 5,455,606

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.21
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: January 2014

2013 Est Medicare Utilization: 47,740

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2014 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

77056 **Mammography; bilateral**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: January 2014

2013 Est Medicare Utilization: 37,665

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2014 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77057 **Screening mammography, bilateral (2-view film study of each breast)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 23014 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: January 2014 **2013 Est Medicare Utilization:** 304,308

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.43 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review at RAW

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP

First Identified: October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2014 Work RVU:**
2007 NF PE RVU: 2.45 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011 **2013 Est Medicare Utilization:** 2,300,025

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2014 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.20

CPT Action (if applicable): May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 146,004

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.71 **2014 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.20 **2014 Work RVU:**
2007 NF PE RVU: 0.71 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

7708X1

Global: **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7708X2 **Global:** **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.17 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77280 **Therapeutic radiology simulation-aided field setting; simple** **Global:** XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2013 Est Medicare Utilization:** 282,303

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2014 NF PE RVU:** 6.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77285 **Therapeutic radiology simulation-aided field setting; intermediate** **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2013 Est Medicare Utilization:** 3,692

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2014 NF PE RVU:** 10.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 321,897

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2014 NF PE RVU:** 12.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.56 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2013 Est Medicare Utilization:** 137,889

2007 Work RVU: 4.29 **2014 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2014 NF PE RVU:** 9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 4.29 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

772X1X

Global: **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,678,584

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2014 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.62 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2013 Est Medicare Utilization:** 95,984

2007 Work RVU: 7.99 **2014 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2014 NF PE RVU:** 46.12
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 4,447

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 1.79 **2014 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77306X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**

2007 NF PE RVU: **2014 NF PE RVU:**

2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2013 Est Medicare Utilization:** 1,567

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05

2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 1.3

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2013 Est Medicare Utilization:** 71,476

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 2.9 **2014 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77317X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77318X

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 2.90

CPT Action (if applicable): February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2013 Est Medicare Utilization:** 4,994

2007 Work RVU: 0.93 **2014 Work RVU:** 0.93
2007 NF PE RVU: 2.75 **2014 NF PE RVU:** 3.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2013 Est Medicare Utilization:** 2,570

2007 Work RVU: 1.39 **2014 Work RVU:** 1.39
2007 NF PE RVU: 3.97 **2014 NF PE RVU:** 4.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012

2013 Est Medicare Utilization: 12,148

2007 Work RVU: 2.09 **2014 Work RVU:** 2.09
2007 NF PE RVU: 5.54 **2014 NF PE RVU:** 5.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2013 Est Medicare Utilization: 844,359

2007 Work RVU: 1.24 **2014 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012

2013 Est Medicare Utilization: 477,138

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2014 NF PE RVU:** 2.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 116,089

2007 Work RVU: 4.29 **2014 Work RVU:** 4.29
2007 NF PE RVU: **2014 NF PE RVU:** 9.46
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2013 Est Medicare Utilization:** 44

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 776

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2014 NF PE RVU:** 29.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** 29.13
Result: PE Only

RUC Recommendation: New PE Inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2013 Est Medicare Utilization:** 16,311

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2014 NF PE RVU:** 34.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 16,511

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2014 NF PE RVU:** 3.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 and Feburary 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 8,964

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.27 **2014 NF PE RVU:** 3.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 4,826

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 3.85
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 728

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.38 **2014 NF PE RVU:** 3.83
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 10,768

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2014 NF PE RVU:** 7.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 3,199

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,151

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.02 **2014 NF PE RVU:** 5.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 175

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.01 **2014 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77412 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 5,896

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 6.73
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 514,504

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 6.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 376,717

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.68 **2014 NF PE RVU:** 7.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 45,059

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.68 **2014 NF PE RVU:** 7.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,355,676

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 16.8 **2014 NF PE RVU:** 11.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A

7741X1

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

7741X2

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

7741X3

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,389,838

2007 Work RVU: 0.39 **2014 Work RVU:** 0.39
2007 NF PE RVU: 3.11 **2014 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,100,282

2007 Work RVU: 3.37 **2014 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2014 NF PE RVU:** 1.57
2007 Fac PE RVU 1.15 **2014 Fac PE RVU:** 1.57

RUC Recommendation: 3.45 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2013 Est Medicare Utilization:** 1,750

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2014 NF PE RVU:** 9.45
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application; complex**

Global: 090 **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 6,335

2007 Work RVU: 11.32 **2014 Work RVU:** 11.32
2007 NF PE RVU: 9.38 **2014 NF PE RVU:** 12.36
2007 Fac PE RVU 9.38 **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2015 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77781 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.21 **2014 Work RVU:**
2007 NF PE RVU: 16.73 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.04 **2014 Work RVU:**
2007 NF PE RVU: 18.94 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT** **Global:** XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 5.15 **2014 Work RVU:**
2007 NF PE RVU: 28.04 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** High Dose Rate Brachytherapy-PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:** 21,081

2007 Work RVU: 1.42 **2014 Work RVU:** 1.42
2007 NF PE RVU: **2014 NF PE RVU:** 5.11
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.42 and new PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** High Dose Rate Brachytherapy-PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:** 32,110

2007 Work RVU: 3.25 **2014 Work RVU:** 3.25
2007 NF PE RVU: **2014 NF PE RVU:** 10.08
2007 Fac PE RVU **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 3.25 and new PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** High Dose Rate Brachytherapy-PE Only **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2013 **Tab** 32 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2013 Est Medicare Utilization:** 6,198

2007 Work RVU: 4.89 **2014 Work RVU:** 4.89
2007 NF PE RVU: **2014 NF PE RVU:** 16.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. New PE Inputs **CPT Action (if applicable):** CPT 2015 cycle **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2013 Est Medicare Utilization:** 7,666

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: 1 **2014 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2015 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.19 **2014 Work RVU:**
2007 NF PE RVU: 1.21 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 1.59 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.33 **2014 Work RVU:**
2007 NF PE RVU: 1.26 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.38 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 2.76 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.39 **2014 Work RVU:**
2007 NF PE RVU: 2.45 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 2.99 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 4,845

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 1.98
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 3,519

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: **2014 NF PE RVU:** 5.11
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2013 Est Medicare Utilization:** 32,335

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 6.13
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 18,147

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2014 NF PE RVU:** 7.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 8,348

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: **2014 NF PE RVU:** 8.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: YYY **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,797

2007 Work RVU: 1.60 **2014 Work RVU:** 1.60
2007 NF PE RVU: **2014 NF PE RVU:** 10.79
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.84 **2014 Work RVU:**
2007 NF PE RVU: 4.95 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Est Medicare Utilization:** 59,517

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: **2014 NF PE RVU:** 8.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2013 Est Medicare Utilization:** 103,436

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 11.82
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 35,494

2007 Work RVU: 0.99 **2014 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2014 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 44,108

2007 Work RVU: 1.38 **2014 Work RVU:** 1.38
2007 NF PE RVU: **2014 NF PE RVU:** 8.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 2,129,246

2007 Work RVU: 1.62 **2014 Work RVU:** 1.62
2007 NF PE RVU: **2014 NF PE RVU:** 11.87
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 1,588

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 7.66
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2013 Est Medicare Utilization:** 12,616

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: **2014 NF PE RVU:** 11.01
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2014 Work RVU:**
2007 NF PE RVU: 3.1 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.23 **2014 Work RVU:**
2007 NF PE RVU: 4.81 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 7.03 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.46 **2014 Work RVU:**
2007 NF PE RVU: 12.08 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2013 Est Medicare Utilization:** 33,590

2007 Work RVU: 0.98 **2014 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2014 NF PE RVU:** 5.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2014 Work RVU:**
2007 NF PE RVU: 1.54 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.30 **2014 Work RVU:**
2007 NF PE RVU: 1.51 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 1,634

2007 Work RVU: 0.49 **2014 Work RVU:** 0.49
2007 NF PE RVU: **2014 NF PE RVU:** 4.78
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 18,094

2007 Work RVU: 0.74 **2014 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2014 NF PE RVU:** 6.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 229,271

2007 Work RVU: 1.07 **2014 Work RVU:** 1.07
2007 NF PE RVU: **2014 NF PE RVU:** 8.42
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.07 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2014 Work RVU:**
2007 NF PE RVU: 3.34 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 6.53 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2014 Work RVU:**
2007 NF PE RVU: 3.02 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.51 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2014 Work RVU:**
2007 NF PE RVU: 4.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2014 Work RVU:**
2007 NF PE RVU: 3.21 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2014 Work RVU:**
2007 NF PE RVU: 3.84 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.53 **2014 Work RVU:**
2007 NF PE RVU: 5.12 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2014 Work RVU:**
2007 NF PE RVU: 7.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 1,758

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: **2014 NF PE RVU:** 4.97
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2013 Est Medicare Utilization:** 4,737

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: **2014 NF PE RVU:** 7.85
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2013 Est Medicare Utilization:** 525,792

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2013 Est Medicare Utilization:** 2,806

2007 Work RVU: 1.96 **2014 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2014 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 93,385

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 7,084

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2014 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2014 Work RVU:**
2007 NF PE RVU: 1.66 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 245,826

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2014 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,017,348

2007 Work RVU: 0.56 **2014 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2014 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2013 Est Medicare Utilization:** 72,856

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: **2014 NF PE RVU:** 16.01
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2013 Est Medicare Utilization:** 53,721

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 13.9
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009 **2013 Est Medicare Utilization:** 214,085

2007 Work RVU: 0.08 **2014 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009 **2013 Est Medicare Utilization:** 98,801

2007 Work RVU: 0.13 **2014 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2014 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,059,273

2007 Work RVU: 0.22 **2014 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2014 NF PE RVU:** 0.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2013 Est Medicare Utilization:** 16,810,487

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2014 NF PE RVU:** 1.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Est Medicare Utilization:** 886,836

2007 Work RVU: 1.59 **2014 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 6.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2013 Est Medicare Utilization:** 152,968

2007 Work RVU: 2.80 **2014 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2014 NF PE RVU:** 9.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,440,888

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2014 NF PE RVU:** 2.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,514,537

2007 Work RVU: 0.24 **2014 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2014 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.24 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2013 Est Medicare Utilization:** 21,684

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2014 NF PE RVU:** 1.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2014 Work RVU:**
2007 NF PE RVU: 1.98 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2013 Est Medicare Utilization:** 15,534

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2014 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,280

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.89
2007 Fac PE RVU 0.27 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 536,808

2007 Work RVU: 1.19 **2014 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2014 NF PE RVU:** 1.55
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2013 Est Medicare Utilization:** 175,259

2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88342 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2013 Est Medicare Utilization:** 4,091,745

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescent study, each antibody; direct method**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 241,916

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86

2007 NF PE RVU: 1.67 **2014 NF PE RVU:** 2.09

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: October 2013

2013 Est Medicare Utilization: 12,813

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86

2007 NF PE RVU: 1.28 **2014 NF PE RVU:** 1.6

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy; diagnostic**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP

First Identified: October 2012

2013 Est Medicare Utilization: 13,084

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51

2007 NF PE RVU: 11.48 **2014 NF PE RVU:** 17.98

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP

First Identified: October 2012 **2013 Est Medicare Utilization:** 43

2007 Work RVU: 0.76 **2014 Work RVU:** 0.76
2007 NF PE RVU: 4.88 **2014 NF PE RVU:** 10.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

8834X1

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.77

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8834X2

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.65

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

8834XX

Global: **Issue:** Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 12 **Specialty Developing Recommendation:** CAP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.24 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2013 Est Medicare Utilization:** 17,089

2007 Work RVU: 3.02 **2014 Work RVU:** 3.02
2007 NF PE RVU: 4.79 **2014 NF PE RVU:** 4.62
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), each probe**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 50,467

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 2.32 **2014 NF PE RVU:** 3.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

Status Report: CMS Requests and Relativity Assessment Issues

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 138,785

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 4.31 **2014 NF PE RVU:** 5.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.86 (Interim) **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 234,290

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 2.96 **2014 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.88 (Interim) **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2

8836X1

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.04 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

8836X2

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X3

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.86 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X4

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

8836X6

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.24 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836X9

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

8836XX

Global: ZZZ **Issue:** In Situ Hybridization **Screen:** CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 08 **Specialty Developing Recommendation:** CAP **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.35 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.17 **2014 NF PE RVU:**
2007 Fac PE RVU 0.09 **2014 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 437,475

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 26,394

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:** 57

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2013 Est Medicare Utilization:** 4

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 177,124

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: **2014 NF PE RVU:** 0.06
2007 Fac PE RVU **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.33 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 910,584

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.63
2007 Fac PE RVU **2014 Fac PE RVU:** 0.51

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 531,212

2007 Work RVU: 3.25 **2014 Work RVU:** 3.25
2007 NF PE RVU: **2014 NF PE RVU:** 0.67
2007 Fac PE RVU **2014 Fac PE RVU:** 0.55

RUC Recommendation: 3.25 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2014 Work RVU:**
2007 NF PE RVU: 1.25 **2014 NF PE RVU:**
2007 Fac PE RVU 0.85 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.37 **2014 Work RVU:**
2007 NF PE RVU: 0.53 **2014 NF PE RVU:**
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.86 **2014 Work RVU:**
2007 NF PE RVU: 0.66 **2014 NF PE RVU:**
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.79 **2014 Work RVU:**
2007 NF PE RVU: 0.94 **2014 NF PE RVU:**
2007 Fac PE RVU 0.8 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.89 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0.63 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 **Psychotherapy, 30 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Est Medicare Utilization:** 2,391,155

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.25
2007 Fac PE RVU **2014 Fac PE RVU:** 0.23

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: **2013 Est Medicare Utilization:** 1,254,717

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.29
2007 Fac PE RVU **2014 Fac PE RVU:** 0.28

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 6,015,990

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.32
2007 Fac PE RVU **2014 Fac PE RVU:** 0.31

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 548,502

2007 Work RVU: 1.90 **2014 Work RVU:** 1.90
2007 NF PE RVU: **2014 NF PE RVU:** 0.37
2007 Fac PE RVU **2014 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 3,139,347

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.48
2007 Fac PE RVU **2014 Fac PE RVU:** 0.46

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 82,180

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.49
2007 Fac PE RVU **2014 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 11,428

2007 Work RVU: 3.13 **2014 Work RVU:** 3.13
2007 NF PE RVU: **2014 NF PE RVU:** 0.51
2007 Fac PE RVU **2014 Fac PE RVU:** 0.48

RUC Recommendation: 3.13 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 2,232

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.24
2007 Fac PE RVU **2014 Fac PE RVU:** 0.23

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 4,911

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 0.41
2007 Fac PE RVU 0.49 **2014 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 20,642

2007 Work RVU: 2.40 **2014 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2014 NF PE RVU:** 0.42
2007 Fac PE RVU 0.60 **2014 Fac PE RVU:** 0.4

RUC Recommendation: 2.40 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 232,012

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2014 NF PE RVU:** 0.41
2007 Fac PE RVU 0.69 **2014 Fac PE RVU:** 0.39

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2013 Est Medicare Utilization:** 1,174,183

2007 Work RVU: 0.59 **2014 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2014 NF PE RVU:** 0.12
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.1

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.95 **2014 Work RVU:**
2007 NF PE RVU: 0.46 **2014 NF PE RVU:**
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 140,558

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2014 NF PE RVU:** 2.37
2007 Fac PE RVU 0.54 **2014 Fac PE RVU:** 0.53

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,279,218

2007 Work RVU: 1.48 **2014 Work RVU:** 1.48
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 74,988

2007 Work RVU: 2.11 **2014 Work RVU:** 2.11
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 145,994

2007 Work RVU: 1.56 **2014 Work RVU:** 1.56
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2014 Fac PE RVU:** 0.78

RUC Recommendation: 1.56 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 15,314

2007 Work RVU: 2.52 **2014 Work RVU:** 2.52
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2014 Fac PE RVU:** 0.85

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 43

2007 Work RVU: 18.46 **2014 Work RVU:** 18.46
2007 NF PE RVU: **2014 NF PE RVU:** 6.88
2007 Fac PE RVU **2014 Fac PE RVU:** 6.88

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 5

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 12

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 644

2007 Work RVU: 15.98 **2014 Work RVU:** 15.98
2007 NF PE RVU: **2014 NF PE RVU:** 6
2007 Fac PE RVU **2014 Fac PE RVU:** 6

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 119

2007 Work RVU: 8.79 **2014 Work RVU:** 8.79
2007 NF PE RVU: **2014 NF PE RVU:** 3.62
2007 Fac PE RVU **2014 Fac PE RVU:** 3.62

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 130

2007 Work RVU: 5.95 **2014 Work RVU:** 5.95
2007 NF PE RVU: **2014 NF PE RVU:** 2.69
2007 Fac PE RVU **2014 Fac PE RVU:** 2.69

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 2,583

2007 Work RVU: 12.52 **2014 Work RVU:** 12.52
2007 NF PE RVU: **2014 NF PE RVU:** 4.96
2007 Fac PE RVU **2014 Fac PE RVU:** 4.96

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 793

2007 Work RVU: 8.34 **2014 Work RVU:** 8.34
2007 NF PE RVU: **2014 NF PE RVU:** 3.49
2007 Fac PE RVU **2014 Fac PE RVU:** 3.49

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 596

2007 Work RVU: 5.50 **2014 Work RVU:** 5.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.52
2007 Fac PE RVU **2014 Fac PE RVU:** 2.52

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 2,231,047

2007 Work RVU: 5.18 **2014 Work RVU:** 5.18
2007 NF PE RVU: **2014 NF PE RVU:** 2.53
2007 Fac PE RVU **2014 Fac PE RVU:** 2.53

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 659,857

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26
2007 NF PE RVU: **2014 NF PE RVU:** 2.23
2007 Fac PE RVU **2014 Fac PE RVU:** 2.23

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 185,438

2007 Work RVU: 3.15 **2014 Work RVU:** 3.15
2007 NF PE RVU: **2014 NF PE RVU:** 1.86
2007 Fac PE RVU **2014 Fac PE RVU:** 1.86
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 237

2007 Work RVU: 10.56 **2014 Work RVU:** 10.56
2007 NF PE RVU: **2014 NF PE RVU:** 4.27
2007 Fac PE RVU **2014 Fac PE RVU:** 4.27
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,066

2007 Work RVU: 9.14 **2014 Work RVU:** 9.14
2007 NF PE RVU: **2014 NF PE RVU:** 3.78
2007 Fac PE RVU **2014 Fac PE RVU:** 3.78
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,786

2007 Work RVU: 8.69 **2014 Work RVU:** 8.69
2007 NF PE RVU: **2014 NF PE RVU:** 3.57
2007 Fac PE RVU **2014 Fac PE RVU:** 3.57

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2013 Est Medicare Utilization:** 280,249

2007 Work RVU: 4.26 **2014 Work RVU:** 4.26
2007 NF PE RVU: **2014 NF PE RVU:** 2.22
2007 Fac PE RVU **2014 Fac PE RVU:** 2.22

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2013 Est Medicare Utilization:** 3,177

2007 Work RVU: 1.10 **2014 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 11.57
2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2013 Est Medicare Utilization:** 43

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0 **2014 NF PE RVU:** 3.75
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2013 Est Medicare Utilization:** 100

2007 Work RVU: 0.66 **2014 Work RVU:** 0.66
2007 NF PE RVU: 0 **2014 NF PE RVU:** 4.33
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Est Medicare Utilization:** 109,733

2007 Work RVU: 0.30 **2014 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2014 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2013 Est Medicare Utilization:** 172,664

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2014 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,759,321

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2014 NF PE RVU:** 1.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Est Medicare Utilization:** 40,567

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2014 NF PE RVU:** 1.62
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: **2013 Est Medicare Utilization:** 2,304,204

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.72
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2008 **2013 Est Medicare Utilization:** 4,997,010

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: **2014 NF PE RVU:** 0.75
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.35 **2014 Work RVU:**
2007 NF PE RVU: 0.79 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO, AOA, ASCRS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,442,386

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2014 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** Fluorescein Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 26 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,363,636

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2014 NF PE RVU:** 2.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2,768,176

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 28,174

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2014 NF PE RVU:** 1.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT. CPT Assistant article published.

CPT Action (if applicable): February 2014 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 326,795

2007 Work RVU: 0.05 **2014 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2013 Est Medicare Utilization:** 146,135

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40

CPT Action (if applicable): October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** **2013 Est Medicare Utilization:** 3,725

2007 Work RVU: 0.81 **2014 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2014 NF PE RVU:** 3.02
2007 Fac PE RVU 0.31 **2014 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 212,357

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU 0.08 **2014 Fac PE RVU:** 0.08

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 20,473

2007 Work RVU: 0.86 **2014 Work RVU:**
2007 NF PE RVU: 2.76 **2014 NF PE RVU:**
2007 Fac PE RVU 0.36 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT. **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 110,401

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2014 NF PE RVU:** 0.88
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.30 work RVU and clinical staff time removed

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 1,666

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.32
2007 Fac PE RVU 0.11 **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.43 work RVU and clinical staff time removed

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 32,272

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2014 NF PE RVU:** 1.04
2007 Fac PE RVU 0.19 **2014 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2013 Est Medicare Utilization:** 95,219

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 1.31
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 28,465

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 46,943

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 1.16 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 360,062

2007 Work RVU: 0.10 **2014 Work RVU:** 0.10
2007 NF PE RVU: 0.59 **2014 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. 0.35 (Interim) **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 7,664

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: 0.93 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.27 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 17,755

2007 Work RVU: 0.23 **2014 Work RVU:** 0.23
2007 NF PE RVU: 0.85 **2014 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92546 **Sinusoidal vertical axis rotational testing** **Global:** XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2013 Est Medicare Utilization:** 105,282

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2014 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2013 Est Medicare Utilization:** 219,806

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU 0.09 **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92548 **Computerized dynamic posturography** **Global:** XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2013 Est Medicare Utilization:** 26,956

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2014 NF PE RVU:** 2.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Editorial change only **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2013 Est Medicare Utilization:** 284,813

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: **2014 NF PE RVU:** 0.23
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,147,493

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.29

RUC Recommendation: 0.60 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 294

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 0.17 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 748,690

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.1

RUC Recommendation: 0.20 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:** 18,825

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0.35 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2013 Est Medicare Utilization:** 56,999

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: **2014 NF PE RVU:** 0.33
2007 Fac PE RVU **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2013 Est Medicare Utilization:** 91,123

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2014 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 105,828

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Est Medicare Utilization:** 2,375

2007 Work RVU: 1.26 **2014 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2014 NF PE RVU:** 0.72
2007 Fac PE RVU 0.4 **2014 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

925XX1

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

925XX2

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

925XX3

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

925XX4

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 1.75 **CPT Action (if applicable):** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0.79
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0.86
2007 Fac PE RVU 0 **2014 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 446

2007 Work RVU: 1.85 **2014 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2014 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 134

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:** 6,469

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2014 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 9,108

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2014 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.69

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2013 Est Medicare Utilization:** 7,943

2007 Work RVU: 1.34 **2014 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: **2014 NF PE RVU:** 0.27
2007 Fac PE RVU **2014 Fac PE RVU:** 0.25

RUC Recommendation: 0.65

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 2,749

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.8

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 33

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 7,619

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2014 NF PE RVU:** 0.77
2007 Fac PE RVU 1.30 **2014 Fac PE RVU:** 0.57

RUC Recommendation: 1.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92626 **Evaluation of auditory rehabilitation status; first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 19,536

2007 Work RVU: 1.40 **2014 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2014 NF PE RVU:** 1.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.7

RUC Recommendation: Develop CPT Assistant article. Review September 2016.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 2,673

2007 Work RVU: 0.33 **2014 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU 0.52 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.33

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2013 Est Medicare Utilization:** 30

2007 Work RVU: 1.76 **2014 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2014 NF PE RVU:** 1.38
2007 Fac PE RVU 1.40 **2014 Fac PE RVU:** 0.89

RUC Recommendation: 1.76

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 25,179

2007 Work RVU: 10.10 **2014 Work RVU:** 10.10
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.48

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,256

2007 Work RVU: 11.99 **2014 Work RVU:** 11.99
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.15

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 227,471

2007 Work RVU: 11.21 **2014 Work RVU:** 11.21
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.85

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 2

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 6,529

2007 Work RVU: 12.54 **2014 Work RVU:** 12.54
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.31

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 19,277

2007 Work RVU: 11.20 **2014 Work RVU:** 11.20
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.85

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 51,041

2007 Work RVU: 12.56 **2014 Work RVU:** 12.56
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.32

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 6,516

2007 Work RVU: 12.56 **2014 Work RVU:** 12.56
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 4.32

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:** 148,119

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2014 NF PE RVU:** 3.37
2007 Fac PE RVU 1.25 **2014 Fac PE RVU:** 1.07

RUC Recommendation: 2.25 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 4,394

2007 Work RVU: 3.28 **2014 Work RVU:** 3.28
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2014 Fac PE RVU:** 1.13

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 14.82 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 6.65 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 4.16 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.80 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 10.96 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 4.97 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 2.97 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.28 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 3,728

2007 Work RVU: 22.85 **2014 Work RVU:** 22.85
2007 NF PE RVU: NA **2014 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2014 Fac PE RVU:** 10.65

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 12.07 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 5.45 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 3.26 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 1.41 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2013 Est Medicare Utilization:** 11,935,000

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2013 Est Medicare Utilization:** 526,887

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2014 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2013 Est Medicare Utilization:** 18,569,939

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2014 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 5.55 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 0.2 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,223,448

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2014 NF PE RVU:** 1.34
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published. **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,135,265

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 110,417

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2014 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,310,205

2007 Work RVU: 0.30 **2014 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.1
2007 Fac PE RVU 0.12 **2014 Fac PE RVU:** 0.1

RUC Recommendation: 0.30 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:** 1,949

2007 Work RVU: 0.75 **2014 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2014 NF PE RVU:** 3.8
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Est Medicare Utilization:** 154,705

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.15

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2013 Est Medicare Utilization:** 15,604

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2014 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2013 Est Medicare Utilization:** 614,795

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2014 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2014 Fac PE RVU:** 0.04

RUC Recommendation: 0.15

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:** 451,921

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2014 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 131,211

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2014 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 156,386

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2014 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:** 392,069

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.22

RUC Recommendation: 0.52 **CPT Action (if applicable):** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 68,645

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: **2014 NF PE RVU:** 0.19
2007 Fac PE RVU **2014 Fac PE RVU:** 0.19

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 119,128

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 18.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 3.49 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 1.37 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 1.92 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2014 Work RVU:**
2007 NF PE RVU: 0.2 **2014 NF PE RVU:**
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 0.18 **2014 NF PE RVU:**
2007 Fac PE RVU 0.18 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 20,306

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2014 NF PE RVU:** 5.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 56,715

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1 **2014 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 83,930

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2014 NF PE RVU:** 4.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 99,702

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.18
2007 Fac PE RVU 0.20 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2013 Est Medicare Utilization:** 51,882

2007 Work RVU: 0.92 **2014 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2014 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 191,261

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2014 NF PE RVU:** 2.9
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2013 Est Medicare Utilization:** 351,505

2007 Work RVU: 0.38 **2014 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2014 NF PE RVU:** 1.13
2007 Fac PE RVU 1.82 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.38 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2013 Est Medicare Utilization:** 124,924

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 0.7
2007 Fac PE RVU 1.04 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.15 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2013 Est Medicare Utilization: 477,611

2007 Work RVU: 0.07 **2014 Work RVU:** 0.07

2007 NF PE RVU: 2.36 **2014 NF PE RVU:** 0.64

2007 Fac PE RVU 2.36 **2014 Fac PE RVU:** NA

RUC Recommendation: 0.07

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Echo with ECG Monitoring **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: April 2008

2013 Est Medicare Utilization: 128,312

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46

2007 NF PE RVU: 3.03 **2014 NF PE RVU:** 5.24

2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published

CPT Action (if applicable): October 2010

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2013 Est Medicare Utilization: 30,886

2007 Work RVU: 2.72 **2014 Work RVU:** 2.72

2007 NF PE RVU: **2014 NF PE RVU:** 18.73

2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 3.02

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 8,290

2007 Work RVU: 4.75 **2014 Work RVU:** 4.75
2007 NF PE RVU: **2014 NF PE RVU:** 18.96
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 4,297

2007 Work RVU: 6.24 **2014 Work RVU:** 6.24
2007 NF PE RVU: **2014 NF PE RVU:** 24.48
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 83,473

2007 Work RVU: 4.79 **2014 Work RVU:** 4.79
2007 NF PE RVU: **2014 NF PE RVU:** 19.39
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 24,033

2007 Work RVU: 5.54 **2014 Work RVU:** 5.54
2007 NF PE RVU: **2014 NF PE RVU:** 22.62
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.15 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 12,135

2007 Work RVU: 6.15 **2014 Work RVU:** 6.15
2007 NF PE RVU: **2014 NF PE RVU:** 24.14
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 2,874

2007 Work RVU: 6.89 **2014 Work RVU:** 6.89
2007 NF PE RVU: **2014 NF PE RVU:** 27.36
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.66 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 533,256

2007 Work RVU: 5.85 **2014 Work RVU:** 5.85
2007 NF PE RVU: **2014 NF PE RVU:** 23.13
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 6.51 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 120,263

2007 Work RVU: 6.60 **2014 Work RVU:** 6.60
2007 NF PE RVU: **2014 NF PE RVU:** 25.4
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 94,905

2007 Work RVU: 7.35 **2014 Work RVU:** 7.35
2007 NF PE RVU: **2014 NF PE RVU:** 26.92
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 18,925

2007 Work RVU: 8.10 **2014 Work RVU:** 8.10
2007 NF PE RVU: **2014 NF PE RVU:** 31.15
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 3,591

2007 Work RVU: 3.73 **2014 Work RVU:** 3.73
2007 NF PE RVU: **2014 NF PE RVU:** 1.49
2007 Fac PE RVU **2014 Fac PE RVU:** 1.49

RUC Recommendation: 3.73 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 7,338

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.68
2007 Fac PE RVU **2014 Fac PE RVU:** 0.68

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2013 Est Medicare Utilization: 691

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80

2007 NF PE RVU: **2014 NF PE RVU:** 5.8

2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.80

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2013 Est Medicare Utilization:

2007 Work RVU: 0.00 **2014 Work RVU:**

2007 NF PE RVU: 0 **2014 NF PE RVU:**

2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2013 Est Medicare Utilization:

2007 Work RVU: 0.00 **2014 Work RVU:**

2007 NF PE RVU: 0 **2014 NF PE RVU:**

2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 0 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:**
2007 NF PE RVU: 0 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 180

2007 Work RVU: 1.11 **2014 Work RVU:** 1.11
2007 NF PE RVU: **2014 NF PE RVU:** 0.38
2007 Fac PE RVU **2014 Fac PE RVU:** 0.38

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 7

2007 Work RVU: 1.13 **2014 Work RVU:** 1.13
2007 NF PE RVU: **2014 NF PE RVU:** 0.39
2007 Fac PE RVU **2014 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 182

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 0.3
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 970

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 3.88
2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.96 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2013 Est Medicare Utilization:** 48,169

2007 Work RVU: 0.97 **2014 Work RVU:** 0.97
2007 NF PE RVU: **2014 NF PE RVU:** 2.92
2007 Fac PE RVU **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.97 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2013 Est Medicare Utilization: 1,148

2007 Work RVU: 0.88 **2014 Work RVU:** 0.88

2007 NF PE RVU: **2014 NF PE RVU:** 3.35

2007 Fac PE RVU **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.98

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC

First Identified: October 2008

2013 Est Medicare Utilization: 32,880

2007 Work RVU: 6.99 **2014 Work RVU:** 6.99

2007 NF PE RVU: NA **2014 NF PE RVU:** NA

2007 Fac PE RVU 3.03 **2014 Fac PE RVU:** 2.81

RUC Recommendation: Review utilization September 2016, collect data under new bundled codes.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2013 Est Medicare Utilization: 14,461

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00

2007 NF PE RVU: 0 **2014 NF PE RVU:** 0

2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: 11.57

CPT Action (if applicable): October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2013 Est Medicare Utilization:** 53,053

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: NA **2014 NF PE RVU:** 0
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW Sept 2014. **CPT Action (if applicable):** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 16.23 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 6.96 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 17.65 **2014 Work RVU:**
2007 NF PE RVU: NA **2014 NF PE RVU:**
2007 Fac PE RVU 7.58 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 27,847

2007 Work RVU: 15.00 **2014 Work RVU:** 15.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 6.02

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 4,785

2007 Work RVU: 20.00 **2014 Work RVU:** 20.00
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 7.99

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 9,560

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.01

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 21,470

2007 Work RVU: 20.02 **2014 Work RVU:** 20.02
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 8.01

RUC Recommendation: 20.02 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2013 Est Medicare Utilization:** 12,100

2007 Work RVU: 7.50 **2014 Work RVU:** 7.50
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 3.01

RUC Recommendation: 10.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2013 Est Medicare Utilization:** 22,206

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0 **2014 NF PE RVU:** 0
2007 Fac PE RVU 0 **2014 Fac PE RVU:** NA

RUC Recommendation: Review September 2014

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 149,846

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93732 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.92 **2014 Work RVU:**
2007 NF PE RVU: 0.94 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2014 Work RVU:**
2007 NF PE RVU: 0.83 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.03 **2014 Work RVU:**
2007 NF PE RVU: 1.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:**

2007 Work RVU: 1.18 **2014 Work RVU:**
2007 NF PE RVU: 1.19 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93875 **Deleted from CPT** **Global:** XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2014 Work RVU:**
2007 NF PE RVU: 2.38 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of d

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Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 2,644,208

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 5.67 **2014 NF PE RVU:** 4.71
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 43,188

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 3.63 **2014 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 70,831

2007 Work RVU: 0.94 **2014 Work RVU:** 0.94
2007 NF PE RVU: 6.77 **2014 NF PE RVU:** 9.1
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 17,302

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 4.36 **2014 NF PE RVU:** 5.23
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

938XX **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Survey for April 2015 (with primary care surveying) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2013 Est Medicare Utilization:** 637,547

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2014 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2013 Est Medicare Utilization:** 532,967

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2014 NF PE RVU:** 3.41
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2013 Est Medicare Utilization:** 97,233

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2014 NF PE RVU:** 4.36
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 587,857

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2014 NF PE RVU:** 6.03
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 220,160

2007 Work RVU: 0.50 **2014 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2014 NF PE RVU:** 3.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2013 Est Medicare Utilization:** 20,930

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 5.54 **2014 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 40,072

2007 Work RVU: 0.31 **2014 Work RVU:** 0.31
2007 NF PE RVU: 3.64 **2014 NF PE RVU:** 4.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2013 Est Medicare Utilization:** 1,625,633

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2014 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,594,173

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2014 NF PE RVU:** 2.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2013 Est Medicare Utilization:** 195,358

2007 Work RVU: 1.80 **2014 Work RVU:** 1.80
2007 NF PE RVU: 7.78 **2014 NF PE RVU:** 8.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2013 Est Medicare Utilization:** 126,074

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 4.33 **2014 NF PE RVU:** 4.66
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 293,841

2007 Work RVU: 0.65 **2014 Work RVU:** 0.65
2007 NF PE RVU: 4.85 **2014 NF PE RVU:** 5.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.97 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** October 2013 **2013 Est Medicare Utilization:** 64,088

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 3.89
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 99,600

2007 Work RVU: 0.25 **2014 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2014 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,297,812

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2014 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 819

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 854

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2013 Est Medicare Utilization:** 12,443

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2014 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2014 Fac PE RVU:** 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,222,211

2007 Work RVU: 0.27 **2014 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2014 NF PE RVU:** 1.41
2007 Fac PE RVU 1.13 **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.31 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.7 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.13 **2014 Work RVU:**
2007 NF PE RVU: 0.63 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.73 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.77 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 0.69 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 1,938

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 752

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 627,073

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2013 Est Medicare Utilization:** 12,045

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2014 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 16,230

2007 Work RVU: 0.20 **2014 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2014 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 1.04 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2014 Work RVU:**
2007 NF PE RVU: 2.43 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 575,131

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 1.2
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 348,866

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 0.9
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 14,510

2007 Work RVU: 0.26 **2014 Work RVU:** 0.26
2007 NF PE RVU: **2014 NF PE RVU:** 0.85
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 967,809

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 1.31
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2013 Est Medicare Utilization:** 70,033

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2014 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA

2013 Est Medicare Utilization: 11,065

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2014 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008

2013 Est Medicare Utilization: 379,117

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2014 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2013 Est Medicare Utilization: 8,108

2007 Work RVU: 0.15 **2014 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2014 NF PE RVU:** NA
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 9,138,306

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2014 Work RVU:**
2007 NF PE RVU: 0.31 **2014 NF PE RVU:**
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2014 Work RVU:**
2007 NF PE RVU: 0.16 **2014 NF PE RVU:**
2007 Fac PE RVU 0.06 **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 23,701

2007 Work RVU: 0.07 **2014 Work RVU:** 0.07
2007 NF PE RVU: **2014 NF PE RVU:** 0.15
2007 Fac PE RVU **2014 Fac PE RVU:** 0.03

RUC Recommendation: 0.07 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 55,285

2007 Work RVU: 0.14 **2014 Work RVU:** 0.14
2007 NF PE RVU: **2014 NF PE RVU:** 0.41
2007 Fac PE RVU **2014 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,771,667

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 239,185

2007 Work RVU: 0.01 **2014 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2014 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2013 Est Medicare Utilization:** 1,152,489

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 2,312,239

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2013 Est Medicare Utilization:** 185,369

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.02 **2014 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 15,373

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2014 NF PE RVU:** 1.4
2007 Fac PE RVU 0.03 **2014 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 6,008,217

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.29
2007 Fac PE RVU 0.02 **2014 Fac PE RVU:** 0.02

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2013 **2013 Est Medicare Utilization:** 28,206

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2014 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Survey for September 2014 - submitted CCP for clarification

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 31,755

2007 Work RVU: 0.85 **2014 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.34
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.34

RUC Recommendation: Survey for September 2014 - submitted CCP for clarification

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 7,201

2007 Work RVU: 1.05 **2014 Work RVU:** 1.05
2007 NF PE RVU: **2014 NF PE RVU:** 3.91
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.05

CPT Action (if applicable): October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 163

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.61
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2013 Est Medicare Utilization:** 579

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: **2014 NF PE RVU:** 3.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 5,203

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2014 NF PE RVU:** 10.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 17,052

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2014 NF PE RVU:** 3.5
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.28 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 4,965

2007 Work RVU: 1.28 **2014 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2014 NF PE RVU:** 11.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 883

2007 Work RVU: 1.74 **2014 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2014 NF PE RVU:** 15.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 302,139

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2014 NF PE RVU:** 14.63
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2013 Est Medicare Utilization:** 352,803

2007 Work RVU: 2.60 **2014 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2014 NF PE RVU:** 15.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 2.60 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** 04 **First Identified:** January 2012 **2013 Est Medicare Utilization:** 283,068

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2014 NF PE RVU:** 8.74
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2013 Est Medicare Utilization:** 266,741

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2014 NF PE RVU:** 10.15
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2013 Est Medicare Utilization:** 23,454

2007 Work RVU: 1.08 **2014 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2014 NF PE RVU:** 8.92
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2013 Est Medicare Utilization:** 7,661

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2014 NF PE RVU:** 2.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 32,591

2007 Work RVU: 1.54 **2014 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2014 NF PE RVU:** 3.11
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.54 **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 577

2007 Work RVU: 1.87 **2014 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2014 NF PE RVU:** 3.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.87 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,307

2007 Work RVU: 1.99 **2014 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2014 NF PE RVU:** 4.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.99 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 1,916

2007 Work RVU: 0.79 **2014 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2014 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.79 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 1,766

2007 Work RVU: 1.18 **2014 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2014 NF PE RVU:** 2.42
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.18 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 799

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 36,084

2007 Work RVU: 0.37 **2014 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2014 NF PE RVU:** 2.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 143,353

2007 Work RVU: 0.35 **2014 Work RVU:** 0.35
2007 NF PE RVU: **2014 NF PE RVU:** 1.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 927,996

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 1.67
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,747

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: **2014 NF PE RVU:** 1.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2014 Work RVU:**
2007 NF PE RVU: 1.18 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2014 Work RVU:**
2007 NF PE RVU: 1.15 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.34 **2014 Work RVU:**
2007 NF PE RVU: 1.03 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 16,002

2007 Work RVU: 1.00 **2014 Work RVU:** 1.00
2007 NF PE RVU: **2014 NF PE RVU:** 1.6
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 84,287

2007 Work RVU: 1.25 **2014 Work RVU:** 1.25
2007 NF PE RVU: **2014 NF PE RVU:** 1.96
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 166,430

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 2.36
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.77 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 176,498

2007 Work RVU: 2.00 **2014 Work RVU:** 2.00
2007 NF PE RVU: **2014 NF PE RVU:** 3.07
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 188,350

2007 Work RVU: 2.50 **2014 Work RVU:** 2.50
2007 NF PE RVU: **2014 NF PE RVU:** 3.66
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 101,194

2007 Work RVU: 3.00 **2014 Work RVU:** 3.00
2007 NF PE RVU: **2014 NF PE RVU:** 4.24
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2013 Est Medicare Utilization:** 109,812

2007 Work RVU: 3.56 **2014 Work RVU:** 3.56
2007 NF PE RVU: **2014 NF PE RVU:** 4.82
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2013 Est Medicare Utilization:** 84,976

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2014 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2013 Est Medicare Utilization:** 74,200

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 1 **2014 NF PE RVU:** 2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 53,785

2007 Work RVU: 0.90 **2014 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2014 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 9,532

2007 Work RVU: 1.73 **2014 Work RVU:** 1.73
2007 NF PE RVU: **2014 NF PE RVU:** 2.27
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 1.73 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 9,778

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2014 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 16,288

2007 Work RVU: 0.54 **2014 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2014 NF PE RVU:** 3.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 489

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2014 NF PE RVU:** 5.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,005

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2014 NF PE RVU:** 5.31
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.51 **2014 Work RVU:**
2007 NF PE RVU: 0.55 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.55 **2014 Work RVU:**
2007 NF PE RVU: 0.49 **2014 NF PE RVU:**
2007 Fac PE RVU NA **2014 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Est Medicare Utilization:** 48,286

2007 Work RVU: 0.86 **2014 Work RVU:** 0.86
2007 NF PE RVU: **2014 NF PE RVU:** 8.52
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2013 Est Medicare Utilization:** 19,195

2007 Work RVU: 2.25 **2014 Work RVU:** 2.25
2007 NF PE RVU: **2014 NF PE RVU:** 11.41
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:** 28,028

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: **2014 NF PE RVU:** NA
2007 Fac PE RVU **2014 Fac PE RVU:** 0.28

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2013 Est Medicare Utilization:** 10,883

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Est Medicare Utilization:** 1,155

2007 Work RVU: 1.51 **2014 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2014 NF PE RVU:** 7.75
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2013 Est Medicare Utilization:** 23,452

2007 Work RVU: 3.08 **2014 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2014 NF PE RVU:** 8.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 3.08 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,170

2007 Work RVU: 2.45 **2014 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2014 NF PE RVU:** 9.7
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 5,722

2007 Work RVU: 3.61 **2014 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2014 NF PE RVU:** 42.69
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 27,806

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2014 NF PE RVU:** 1.44
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.2

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** October 2009 **2013 Est Medicare Utilization:** 11,612

2007 Work RVU: 0.78 **2014 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2014 NF PE RVU:** 0.85
2007 Fac PE RVU 0.22 **2014 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 and Refer to CPT. **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour**

Global: XXX **Issue:** Electronic analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 32 **Specialty Developing Recommendation:** AAPM, ACOG, ASA, AUA, ISIS, NASS **First Identified:** February 2010 **2013 Est Medicare Utilization:** 61,940

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: 1.21 **2014 NF PE RVU:** 1.44
2007 Fac PE RVU 0.48 **2014 Fac PE RVU:** 0.59

RUC Recommendation: 0.90 and Refer to CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,721

2007 Work RVU: 0.92 **2014 Work RVU:** 0.92
2007 NF PE RVU: 0.61 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.39

RUC Recommendation: 0.92 and Refer to CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2013 Est Medicare Utilization:** 6,641

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.56
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2013 Est Medicare Utilization:** 14,606

2007 Work RVU: 0.77 **2014 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2014 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.3

RUC Recommendation: 0.77 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 91,276

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU 0.15 **2014 Fac PE RVU:** 0.21

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2013 Est Medicare Utilization:** 327

2007 Work RVU: 1.75 **2014 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2014 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 29,165

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2014 NF PE RVU:** 0.8
2007 Fac PE RVU 0.15 **2014 Fac PE RVU:** 0.19

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,272,402

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: **2014 NF PE RVU:** 1.68
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Est Medicare Utilization:** 626,424

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: **2014 NF PE RVU:** 0.33
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2013 Est Medicare Utilization:** 1,882,444

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: **2014 NF PE RVU:** 0.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** **2013 Est Medicare Utilization:** 168,730

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: **2014 NF PE RVU:** 0.39
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** **Screen:** Different Performing Specialty from Survey2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2013 Est Medicare Utilization:** 9,391,918

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: **2014 NF PE RVU:** 0.52
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2013 Est Medicare Utilization:** 2,241

2007 Work RVU: 0.52 **2014 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2014 NF PE RVU:** 1.72
2007 Fac PE RVU 0.24 **2014 Fac PE RVU:** 0.3

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2013 Est Medicare Utilization:** 297

2007 Work RVU: 0.80 **2014 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2014 NF PE RVU:** 2.33
2007 Fac PE RVU 0.29 **2014 Fac PE RVU:** 0.46

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,998,977

2007 Work RVU: 0.28 **2014 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2014 NF PE RVU:** 3.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Est Medicare Utilization:** 1,130,904

2007 Work RVU: 0.19 **2014 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2013 Est Medicare Utilization:** 115,089

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2014 NF PE RVU:** 3.6
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2013 Est Medicare Utilization:** 502,497

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2014 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2013 Est Medicare Utilization:** 48

2007 Work RVU: 2.37 **2014 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2014 NF PE RVU:** 20.97
2007 Fac PE RVU 1.17 **2014 Fac PE RVU:** 1.08

RUC Recommendation: New PE inputs **CPT Action (if applicable):**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2013 Est Medicare Utilization:** 118,419

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2014 NF PE RVU:** 3.68
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2013 Est Medicare Utilization:** 75,339

2007 Work RVU: 1.15 **2014 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.68

RUC Recommendation: 1.15 and develop CPT Assistant article.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2013 Est Medicare Utilization:** 22,538

2007 Work RVU: 1.30 **2014 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2014 NF PE RVU:** 3.38
2007 Fac PE RVU 0.57 **2014 Fac PE RVU:** 0.77

RUC Recommendation: 1.30 and develop CPT Assistant article.

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2013 Est Medicare Utilization:** 13,463

2007 Work RVU: 2.10 **2014 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2014 NF PE RVU:** 4.37
2007 Fac PE RVU 0.73 **2014 Fac PE RVU:** 1.25

RUC Recommendation: 2.10 and develop CPT Assistant article.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

97001 **Physical therapy evaluation**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2013 Est Medicare Utilization:** 2,205,887

2007 Work RVU: 1.20 **2014 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2014 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 383,226

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2014 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 112,092

2007 Work RVU: 0.06 **2014 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 3,099,046

2007 Work RVU: 0.21 **2014 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2014 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 41,978,145

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 7,304,330

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2014 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2013 Est Medicare Utilization:** 1,538,101

2007 Work RVU: 0.40 **2014 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 18,972,182

2007 Work RVU: 0.43 **2014 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2014 NF PE RVU:** 0.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Group Therapeutic Procedure **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 751,047

2007 Work RVU: 0.29 **2014 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2014 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: 0.29 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2013 Est Medicare Utilization:** 7,133,218

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2014 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 202,329

2007 Work RVU: 0.44 **2014 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2014 NF PE RVU:** 0.3
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACP, APTA, AOTA, ACCP, ATS

First Identified: October 2012

2013 Est Medicare Utilization: 870,044

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2014 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer ne

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97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2013 Est Medicare Utilization: 30,895

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.4
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 1,079,903

2007 Work RVU: 0.51 **2014 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2014 NF PE RVU:** 1.59
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2013 Est Medicare Utilization:** 94,182

2007 Work RVU: 0.24 **2014 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU 0.64 **2014 Fac PE RVU:** 0.06

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 42,384

2007 Work RVU: 0.55 **2014 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2014 NF PE RVU:** 0.57
2007 Fac PE RVU 0.2 **2014 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2013 Est Medicare Utilization:** 11,654

2007 Work RVU: 0.60 **2014 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU 0.21 **2014 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

976XX11

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

976XX12

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 2,524

2007 Work RVU: 0.62 **2014 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Est Medicare Utilization:** 209,760

2007 Work RVU: 0.53 **2014 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2014 NF PE RVU:** 0.44
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2013 Est Medicare Utilization:** 171,225

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.32

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Est Medicare Utilization:** 75,849

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2014 NF PE RVU:** 0.39
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.50

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2013 Est Medicare Utilization:** 111,476

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2014 NF PE RVU:** 0.53
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.27

RUC Recommendation: 0.75

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2013 Est Medicare Utilization:** 95,553

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2014 NF PE RVU:** 0.66
2007 Fac PE RVU 0.28 **2014 Fac PE RVU:** 0.33

RUC Recommendation: 1.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Est Medicare Utilization:** 89,736

2007 Work RVU: 1.21 **2014 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU 0.32 **2014 Fac PE RVU:** 0.43

RUC Recommendation: 1.25

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2013 Est Medicare Utilization:** 62,883

2007 Work RVU: 1.46 **2014 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2014 NF PE RVU:** 0.91
2007 Fac PE RVU 0.35 **2014 Fac PE RVU:** 0.49

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Est Medicare Utilization:** 6,596,473

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2014 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2014 Fac PE RVU:** 0.16

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Est Medicare Utilization:** 13,082,465

2007 Work RVU: 0.71 **2014 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2014 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **2014 Fac PE RVU:** 0.25

RUC Recommendation: 0.71 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2013 Est Medicare Utilization:** 1,503,545

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2014 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.34

RUC Recommendation: 0.96 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2013 Est Medicare Utilization:**

2007 Work RVU: 0.46 **2014 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2014 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2014 Fac PE RVU:** 0.18

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral**

Global: XXX **Issue:** Bilateral Ocular Screening **Screen:** CMS Request - Practice Expense Review **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 45 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2013 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: **2014 NF PE RVU:** 0.2
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2013 Est Medicare Utilization:** 582,727

2007 Work RVU: 2.34 **2014 Work RVU:** 2.34
2007 NF PE RVU: 3.08 **2014 NF PE RVU:** 3.41
2007 Fac PE RVU 0.69 **2014 Fac PE RVU:** 0.86

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

9949X7 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate**

Global: **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

9949X8 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2013 Est Medicare Utilization:**

2007 Work RVU: **2014 Work RVU:**
2007 NF PE RVU: **2014 NF PE RVU:**
2007 Fac PE RVU **2014 Fac PE RVU:**

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2013 Est Medicare Utilization:** 1,086,627

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2014 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2014 Fac PE RVU:** 0.29

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0104 **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2013 Est Medicare Utilization:** 2,042

2007 Work RVU: 0.96 **2014 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2014 NF PE RVU:** 2.77
2007 Fac PE RVU 0.53 **2014 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 244,755

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2013 Est Medicare Utilization:** 248,190

2007 Work RVU: 3.69 **2014 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2014 NF PE RVU:** 6.78
2007 Fac PE RVU 1.57 **2014 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number** **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2013 Est Medicare Utilization:** 779,197

2007 Work RVU: 0.17 **2014 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2014 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2014 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,185,270

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2014 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 1,349,635

2007 Work RVU: 0.67 **2014 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2014 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2013 Est Medicare Utilization:** 384,535

2007 Work RVU: 1.73 **2014 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2014 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0202 **Screening mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 19 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 5,575,943

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2014 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 19 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 637,611

2007 Work RVU: 0.87 **2014 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2014 NF PE RVU:** 3.67
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW. Removed from CMS Fastest Growing screen.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 19 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2013 Est Medicare Utilization:** 785,072

2007 Work RVU: 0.70 **2014 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2014 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 127,741

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2014 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2013 Est Medicare Utilization:** 185,416

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2014 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 1,103,330

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2014 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2013 Est Medicare Utilization:** 235,861

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2014 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2013 Est Medicare Utilization:** 140,462

2007 Work RVU: 0.61 **2014 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2014 NF PE RVU:** 0.83
2007 Fac PE RVU 0.23 **2014 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2013 Est Medicare Utilization:** 28,991

2007 Work RVU: 0.45 **2014 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2014 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2014 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2010 **2013 Est Medicare Utilization:** 6,525,980

2007 Work RVU: 0.18 **2014 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2014 NF PE RVU:** 0.2
2007 Fac PE RVU NA **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 1,217,475

2007 Work RVU: 2.43 **2014 Work RVU:** 2.43
2007 NF PE RVU: **2014 NF PE RVU:** 2.21
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: April 2013 **2013 Est Medicare Utilization:** 2,631,863

2007 Work RVU: 1.50 **2014 Work RVU:** 1.50
2007 NF PE RVU: **2014 NF PE RVU:** 1.64
2007 Fac PE RVU **2014 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2013 Est Medicare Utilization: 443

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00

2007 NF PE RVU: **2014 NF PE RVU:** 0

2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: YYY **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2013 Est Medicare Utilization: 37

2007 Work RVU: 0.00 **2014 Work RVU:** 0.00

2007 NF PE RVU: **2014 NF PE RVU:** 0

2007 Fac PE RVU **2014 Fac PE RVU:** 0

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
21805	**Open treatment of rib fracture without fixation, each**	CMS Request Final Rule for 2014	April 2014	STS, ACS		

Background: Referred to CPT for deletion

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
22305	**Closed treatment of vertebral process fracture(s)**	CMS Request Final Rule for 2014	October 2013			

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
27193	**Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**	CMS Request Final Rule for 2014	October 2013			

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31620	**Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**	High Volume Growth2	January 2014	ACCP, ATS		

Background: In January 2014, the RUC recommends referring CPT code 31620 to the CPT Editorial Panel to clarify that there is no overlap regarding the work of performing the biopsy(ies) associated with base code 31629 and other base codes in which add-on CPT code 31620 would be typically be reported.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34802	**Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34812	**Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34825	**Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	CPT 2017 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
36870	**Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**	Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes	January 2013	ACR, SIR, SVS		

Background: The RUC reviewed the 2010 Medicare Claims 5% Billed Together sample file and noted there are three services commonly billed on the same date of service with 36870: 36147, 35476 and 36148. The specialties noted that in order to perform thrombectomy the access code, 36147, has to be billed on the same date. With this understanding, the RUC referred CPT code 36870 to the CPT Editorial Panel to bundle the appropriate services into 36870.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
39400	**Mediastinoscopy, includes biopsy(ies), when performed**	Pre-Time Analysis	April 2014	STS	2016 CPT cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47136	**Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**	090-Day Global Post-Operative Visits	April 2014			

Background: Identified as part of 47135 family. Specialty society indicated and RUC agreed to refer to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47500	**Injection procedure for percutaneous transhepatic cholangiography**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47505	**Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47510	**Introduction of percutaneous transhepatic catheter for biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
47511	**Introduction of percutaneous transhepatic stent for internal and external biliary drainage**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50392	**Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50393	**Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50394	**Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
50398	**Change of nephrostomy or pyelostomy tube**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
64412	**Injection, anesthetic agent; spinal accessory nerve**	High Volume Growth2	April 2014	NO INTEREST		

Background: In April 2013, CPT code 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (see attached spreadsheet). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) instead of 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) (work RVU = 0.66) or 20553 Injection(s); single or multiple trigger point(s), 3 or more muscle(s) (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
67112	**Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**	090-Day Global Post-Operative Visits	April 2014		Oct 2014	

Background: Added as part of the family with 67113, specialty societies indicated and the RUC agreed to refer to the CPT Editorial Panel for deletion at the October 2014 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
72170	**Radiologic examination, pelvis; 1 or 2 views**	Low Value-High Volume / Codes Reported Together 75% or More-Part2	April 2011	ACR, AAOS	February 2015	

Background: The Joint Workgroup recommended that 73500 and 72170 be bundled by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73500	**Radiologic examination, hip, unilateral; 1 view**	CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2	January 2012	AAOS, ACR	February 2015	

Background: In Jan 2012, the specialty society requested that this service be referred to CPT to clarify the descriptors or add editorial language/parentheicals as needed. This service was also identified by the Joint CPT/RUC workgroup to bundle this service. The Specialties will address at the February 2015 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73520	**Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**	CMS-Other - Utilization over 250,000	October 2013		February 2015	

Background: CPT code 73520 was identified through the CMS/Other screen and the RUC recommended to survey this service. The specialties indicated they would include it in the CCP to bundle 73500 and 72170 and survey it with these services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
73550	**Radiologic examination, femur, 2 views**	CMS-Other - Utilization over 500,000	January 2012	AAOS, ACR	February 2015	

Background: In Jan 2012, the specialty society requested that this service be referred to CPT to clarify the descriptors or add editorial language/parentheicals as needed. This service was also identified by the Joint CPT/RUC workgroup to bundle this service. The Specialties will addres at the February 2015 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74305	**Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74320	**Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74425	**Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74475	**Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
74480	**Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	January 2013	ACC, ACR, SIR, SVS		

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when this service is reported with 37201 on the same date by the same physician. Previous notes indicated that ACC submitted a CCP for October 2012 CPT related to 75894, creating a new code for a particular cardiac procedure that is currently reported using that code. At the January 2013 RUC meeting the RUC recommended that 75894 be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75896	**Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	October 2012		February 2014	

Background: AANS indicated that they will develop a CCP to bundle 75896 with 37201 and 37202 for CPT Feb 2013 for RUC review at the April 2013 meeting. At the October 2012 RUC meeting, the specialties reiterated to the RUC that under the current coding structure, CPT codes 75896 and 75898 are reported during thrombolytic therapy. However, with the CPT revisions for 2013, these two codes will no longer be reported during thrombolytic therapy. Given this, it is unknown exactly how these two orphan codes will be reported in 2013. The remaining non-thrombolysis use of these codes will be influenced by future CPT Editorial Panel changes. CPT code 75896 will be included in a multi-specialty coding revision effort led by neurossurgery. This coding proposal will describe intracranial infusion other than for thrombolysis (e.g. vasodilators in the setting of cerebral vasospasm). This coding change is expected to be reviewed by the CPT Editorial Panel in February 2013. CPT code 75898 will be addressed in the multi-specialty embolization coding revision due for CPT Editorial Panel review in Feburary 2013 and RUC review in April 2013 as well. However, until recommendations are reviewed and submitted for 2014, the RUC continues to recommend carrier pricing for CPT codes 75896 and 75898. The new family of bundled embolization codes(37241-37244) will go into effect 1/1/14. For the October 2013 CPT meeting, a CCP for intracranial thrombolysis has been withdrawn, and the specialties will conduct further refinements of the CCP. The intent is to present the CCP at the winter CPT meeting, survey the new codes, and then present to the RUC in April of 2014. At that time, any residual usage of 75896 and 75898 will be assessed, and a recommendation for code deletion or physician work surveying will be proposed.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75898	**Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**	Codes Reported Together 75% or More-Part1	October 2012		February 2014	

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when these services are reported together on the same date by the same physician. At the October 2012 RUC meeting, the specialties reiterated to the RUC that under the current coding structure, CPT codes 75896 and 75898 are reported during thrombolytic therapy. However, with the CPT revisions for 2013, these two codes will no longer be reported during thrombolytic therapy. Given this, it is unknown exactly how these two orphan codes will be reported in 2013. The remaining non-thrombolysis use of these codes will be influenced by future CPT Editorial Panel changes. CPT code 75896 will be included in a multi-specialty coding revision effort led by neurossurgery. This coding proposal will describe intracranial infusion other than for thrombolysis (e.g. vasodilators in the setting of cerebral vasospasm). This coding change is expected to be reviewed by the CPT Editorial Panel in February 2013. CPT code 75898 will be addressed in the multi-specialty embolization coding revision due for CPT Editorial Panel review in Feburary 2013 and RUC review in April 2013 as well. However, until recommendations are reviewed and submitted for 2014, the RUC continues to recommend carrier pricing for CPT codes 75896 and 75898.The new family of bundled embolization codes(37241-37244) will go into effect 1/1/14. For the October 2013 CPT meeting, a CCP for intracranial thrombolysis has been withdrawn, and the specialties will conduct further refinements of the CCP. The intent is to present the CCP at the winter CPT meeting, survey the new codes, and then present to the RUC in April of 2014. At that time, any residual usage of 75896 and 75898 will be assessed, and a recommendation for code deletion or physician work surveying will be proposed.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75978	**Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**	CMS-Other - Utilization over 250,000	April 2014	ACR, RPA, SCAI, SIR, SVS	October 2014	

Background: CPT code 75978 was identified through the CMS High Expenditure Procedural Codes screen. The RUC recommended a survey of physician work and practice expense to be presented at the April 2014 RUC meeting. The specialty societies including radiologists and vascular surgeons requested that this code be referred to the CPT Editorial Panel by the RUC to bundle this code with related services. The RUC agreed to this request by the specialties suggesting that the issue be considered at the October 2014 CPT Editorial Panel meeting. The RUC recommends that CPT code 75978 be referred to CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75980	**Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75982	**Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 47500 and 74320, 47505 and 74305, 47510 and 75980 and 47511 and 75982 by CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75984	**Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR	CPT 2016 cycle	

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes	January 2014	ASTRO, ACR	October 2013	28

Background: Specialty intends on revising this service may revise to include image guidance. The specialties will submit a CCP for review at the May 2013 CPT meeting.

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	April 2014	ASTRO	February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	April 2014	ASTRO	February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	April 2014	ASTRO	February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

77318X

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	April 2014		February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
Codes Reported Together 75% or More-Part2	April 2014	ASTRO	February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77328	**Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**		April 2014		February 2014	44

Background: On 8-21-12, the Joint Workgroup convened a conference call with the specialty society to further discuss the physician work involved in these services and what if any overlap may occur when performed on the same date. The Workgroup recommends that all code pairs (77300 with 77305, 773010, 77315, 77326 & 77327(be referred to the CPT Editorial Panel for creation of a bundled code solution. Timeline: No later than CPT 2015 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77778	**Interstitial radiation source application; complex**	Codes Reported Together 75% or More-Part2	October 2012	ASTRO	CPT 2015 cycle	

Background: The Joint Workgroup recommends the specialty society creates a CCP to better describe the physician work performed for 77790 and to develop exclusionary parentheticals stating that 77778 and 77790 no be reported together. Timeline: No later than CPT 2015. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests that the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77787	**Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2	April 2013	ASTRO	CPT 2015 cycle	

Background: In October 2012, the Joint Workgroup recommended that the specialty societies bundle 77787 and 77300, no later than the CPT 2015 cycle. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests tha the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77790	**Supervision, handling, loading of radiation source**	Codes Reported Together 75% or More-Part2	October 2012	ASTRO	CPT 2015 cycle	

Background: The Joint Workgroup recommends the specialty society creates a CCP to better describe the physician work performed for 77790 and to develop exclusionary parentheticals stating that 77778 and 77790 no be reported together. Timeline: No later than CPT 2015. In January 2014 the RUC reviewed and reaffirmed the Joint Workgroup's recommendation and requests that the specialty societies submit parenthetical language to the CPT Editorial Panel as soon as possible.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92270	**Electro-oculography with interpretation and report**	High Volume Growth1	October 2013	AAO-HNS	February 2014	87

Background: The specialties indicated that they will submit a CCP to CPT for parenthetical changes to address miscoding. CPT revision and then review volume data again (2015 and 2016 data).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92543	**Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**	Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	April 2014	AAN, ASHA, AAO-HNS, AAA		

Background: The RUC discussed the confusion that survey respondents experienced valuing this service. Although the description states per irrigation, most respondents completed the survey taking into account the entire service of four irrigations. The RUC recommends referring CPT code 92543 to the CPT Editorial Panel to better define this service, such as having one code to describe the initial irrigation and an add-on code to describe each additional irrigation.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92546	**Sinusoidal vertical axis rotational testing**	CMS-Other - Utilization over 250,000	April 2014			

Background: Referred to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures. Type A code - code pair is reported together greater than 95% in a bi-directional relationship.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92547	**Use of vertical electrodes (List separately in addition to code for primary procedure)**	CMS-Other - Utilization over 250,000	April 2014			

Background: Referred to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures. Type A code - code pair is reported together greater than 95% in a bi-directional relationship.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92548	**Computerized dynamic posturography**	CMS-Other - Utilization over 250,000	April 2014			

Background: Referred to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures. Type A code - code pair is reported together greater than 95% in a bi-directional relationship.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95971	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**	Harvard Valued - Utilization over 100,000 / High Volume Growth2	January 2014	AAPM, ACOG, ASA, AUA, ISIS, NASS		

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95972	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour**	Harvard Valued - Utilization over 100,000 / High Volume Growth2	January 2014	AAPM, ACOG, ASA, AUA, ISIS, NASS		

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95973	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	Harvard Valued - Utilization over 100,000	April 2010	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR		

Background: In January 2014, the RUC recommends that CPT codes 95971, 95972 and 95973 be referred to CPT to address the entire family regarding the time referenced in the CPT code descriptors. Specifically, the descriptor for code 95972 specifies “first hour” but survey results indicate that the majority of physicians reporting this code take less than 30 minutes. Per CPT rules, since the midpoint of the specified time is not exceeded, the code is not reportable in the majority of circumstances under which the service is performed. Secondly for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96103	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / Different Performing Specialty from Survey2	October 2013			

Background: October 2013 the RUC recommended to refer to CPT to develop a new code to describe brief behavioral screening processes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96120	**Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2	October 2013			

Background: October 2013 the RUC recommended to refer to CPT to develop a new code to describe brief behavioral screening processes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97001	**Physical therapy evaluation**	CMS High Expenditure Procedural Codes	January 2012		October 2013	36

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP by the May 2013 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97112	**Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**	CMS High Expenditure Procedural Codes	January 2012		October 2013	36

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT. Section of CPT and intend to submit a CCP by the May 2013 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97140	**Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**	CMS High Expenditure Procedural Codes	January 2012		October 2013	36

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT. Section of CPT and intend to submit a CCP by the May 2013 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97530	**Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**	CMS High Expenditure Procedural Codes	January 2012		October 2013	36

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT. Section of CPT and intend to submit a CCP by the May 2013 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
99174	**Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral**	CMS Request - Practice Expense Review	April 2014	AAP, AAO	May 2014	

Background: CMS requested a review of the practice expense to correct the direct practice expense inputs for supplies and equipment. The RUC recommended that direct practice expense inputs be developed for the April 2014 RUC meeting.

The specialty societies determined and the RUC agreed that CPT code 99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral (Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral) requires a revision of the code descriptor because of changes in the way that the service is performed. The specialty has requested descriptor changes in order to ensure correct practice expenses for existing CPT code 99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral (work RVU = 0.00), which is analyzed in the office, as well as a new code for situations when a similar service is performed offsite. The technology for 99174, has changed and the new code, CPT Code 9917X , reflects the use of ocular screening instruments that perform both the screening and the analysis with report as well as the use of instruments that perform only the screening but require the analysis and report be done at a separate remote site after electronic transfer. Codes are needed to describe the two technologies and to allow the accurate capture of the practice expense of each. The RUC recommends CPT code 99174 be referred to the CPT Editorial Panel for revision at the May 2014 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0101	**Cervical or vaginal cancer screening; pelvic and clinical breast examination**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0181	**Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2014	AAFP, ACP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0283	**Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0438	**Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0439	**Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**	CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64412	**Injection, anesthetic agent; spinal accessory nerve**	High Volume Growth2	April 2014	Refer to CPT, CPT Assistant and Review in 3 years (Sept 2017)	NO INTEREST	

Background: In April 2013, CPT code 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (see attached spreadsheet). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 Injection, anesthetic agent; spinal accessory (work RVU = 1.18) instead of 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) (work RVU = 0.66) or 20553 Injection(s); single or multiple trigger point(s), 3 or more muscle(s) (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
70371	**Complex dynamic pharyngeal and speech evaluation by cine or video recording**	Codes Reported Together 75% or More-Part2	October 2012	Develop CPT Assistant article.	ACR, AAFP	July 2014

Background: The Joint Workgroup recommended that the specialties develop a CPT Assistant article to provide education on the correct reporting of 70371 and 70373. The specialties were unsure why codes 70371 and 70373 are performed by Family Practice physicians by such a large proportion of the utilization. Timeline: No later than CPT 2015.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
70373	**Laryngography, contrast, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	Develop CPT Assistant article.	ACR, AAFP	July 2014

Background: The Joint Workgroup recommended that the specialties develop a CPT Assistant article to provide education on the correct reporting of 70371 and 70373. The specialties were unsure why codes 70371 and 70373 are performed by Family Practice physicians by such a large proportion of the utilization. Timeline: No later than CPT 2015.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92626	**Evaluation of auditory rehabilitation status; first hour**	CMS Request - Audiology Services / High Volume Growth2	October 2013	Develop CPT Assistant article. Review September 2016.	ASHA, AAO-HNS	July 2014

Background: In October 2016, this service was identified through the High Volume Growth2 screen the RUC recommended that this service be reffered to CPT Assistant to address specifically how to be used for the typical Medicare recipient. The RAW will review again in 3 years (Sept 2016).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
9949X7	**Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
9949X8	**Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)**	RUC Referral to CPT Assistant	January 2014	Review in 3 years and refer to CPT Assistant	AAFP, AAN, ACP, ACCP, AGS, ATS	

Background: The RUC recommends that codes 9949X7 and 9949X8 be referred to CPT Assistant to educate physicians on how to code this service correctly.

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
20600	5.00	1.00	5.00	5	5													21
20604	5.00	2.00	5.00	10	5													27
20605	5.00	1.00	5.00	5	5													21
20606	5.00	2.00	5.00	10	5													27
20610	5.00	1.00	5.00	5	5													21
20611	5.00	2.00	5.00	10	5													27
20983	40.00	15.00	5.00	115	25													200
21811	40.00	15.00	15.00	120	30			2			1	2	1	1				459
21812	40.00	15.00	15.00	150	30		1	2			2	2	2	1				580
21813	40.00	15.00	15.00	210	30		1	2			2	3	4	1				790
22510	33.00	15.00	5.00	45	20			1						0.5				160
22511	33.00	15.00	5.00	45	20			1						0.5				160
22512	0.00	1.00	0.00	30	1													32
22513	33.00	15.00	5.00	50	20			1						0.5				165
22514	33.00	15.00	5.00	45	20			1						0.5				160
22515	0.00	1.00	0.00	30	1													32
22856	60.00	15.00	15.00	120	30			3			1			1				367
22858	0.00	0.00	0.00	75	0													75
27279	40.00	18.00	15.00	60	30		1	2						0.5				244
27280	40.00	18.00	15.00	90	30		1	2			1	1		1				353
33270	33.00	1.00	5.00	90	25				1					1				232
33271	33.00	1.00	5.00	60	25				1					1				202
33272	33.00	1.00	5.00	45	25			1						0.5				151
33273	33.00	1.00	5.00	60	25				1					1				202
33418	40.00	3.00	20.00	180	33				2			2			1	1		561
33419	0.00	0.00	0.00	90	0													90
33946	40.00	0.00	0.00	73	20													133
33947	40.00	0.00	0.00	75	20													135
33948	20.00	0.00	0.00	40	20													80
33949	20.00	0.00	0.00	40	20													80
33951	30.00	15.00	15.00	60	30						1							170
33952	30.00	3.00	15.00	60	30						1							158
33953	30.00	15.00	15.00	60	30							1						190
33954	30.00	3.00	15.00	60	30							1						178
33955	30.00	15.00	15.00	90	30											1		250
33956	30.00	15.00	15.00	90	30											1		250
33957	30.00	15.00	15.00	30	20						1							130
33958	30.00	3.00	15.00	30	20						1							118

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
33959	30.00	15.00	15.00	30	20						1							130
33962	30.00	3.00	15.00	30	20						1							118
33963	30.00	15.00	15.00	48	20								1					183
33964	30.00	15.00	15.00	60	20								1					195
33965	30.00	15.00	15.00	30	20						1							130
33966	30.00	3.00	15.00	45	20						1							133
33969	30.00	15.00	15.00	43	20							1						163
33984	30.00	3.00	15.00	45	20							1						153
33985	30.00	15.00	15.00	55	30								1					200
33986	30.00	15.00	15.00	60	30								1					205
33987	0.00	0.00	0.00	45	0													45
33988	30.00	15.00	15.00	90	30											1		250
33989	30.00	15.00	15.00	60	30								1					205
36475	20.00	4.00	10.00	45	15													94
36476	0.00	0.00	0.00	30	0													30
36478	20.00	4.00	10.00	45	15													94
36479	0.00	0.00	0.00	30	0													30
37218	33.00	5.00	5.00	90	28			2			1			1				265
43180	40.00	10.00	10.00	60	20			1						1				201
44380	19.00	1.00	5.00	15	10													50
44381	25.00	1.00	5.00	25	15													71
44382	19.00	1.00	5.00	20	12													57
44384	33.00	1.00	5.00	40	15													94
44385	19.00	3.00	5.00	15	10													52
44386	19.00	3.00	5.00	17	10													54
44388	19.00	2.00	5.00	25	14													65
44389	19.00	2.00	5.00	30	14													70
44390	30.00	2.00	5.00	35	15													87
44391	33.00	2.00	5.00	40	15													95
44392	19.00	2.00	5.00	30	10													66
44394	20.00	2.00	5.00	30	10													67
44401	25.00	2.00	5.00	30	10													72
44402	33.00	2.00	5.00	43	15													98
44403	25.00	2.00	5.00	45	15													92
44404	19.00	2.00	5.00	30	10													66
44405	25.00	2.00	5.00	38	12													82
44406	33.00	2.00	5.00	40	20													100
44407	33.00	2.00	5.00	60	20													120

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
44408	33.00	2.00	5.00	40	15													95
45330	13.00	3.00	5.00	10	10													41
45331	13.00	3.00	5.00	15	10													46
45332	25.00	3.00	5.00	20	10													63
45333	19.00	3.00	5.00	15	10													52
45334	25.00	3.00	5.00	20	10													63
45335	19.00	3.00	5.00	15	10													52
45337	30.00	3.00	5.00	25	15													78
45338	25.00	3.00	5.00	15	10													58
45340	25.00	3.00	5.00	20	15													68
45341	30.00	3.00	5.00	30	15													83
45342	33.00	3.00	5.00	45	20													106
45346	25.00	3.00	5.00	20	10													63
45347	33.00	3.00	5.00	35	15													91
45349	25.00	3.00	5.00	30	15													78
45350	19.00	3.00	5.00	20	13													60
45378	19.00	3.00	5.00	25	15													67
45379	25.00	3.00	5.00	35	15													83
45380	19.00	3.00	5.00	28	15													70
45381	19.00	3.00	5.00	28	15													70
45382	33.00	3.00	5.00	40	15													96
45384	19.00	3.00	5.00	28	15													70
45385	25.00	3.00	5.00	30	15													78
45386	30.00	3.00	5.00	35	15													88
45388	25.00	3.00	5.00	35	15													83
45389	33.00	3.00	5.00	45	17													103
45390	25.00	3.00	5.00	45	15													93
45391	33.00	3.00	5.00	45	20													106
45392	33.00	3.00	5.00	60	20													121
45393	33.00	3.00	5.00	40	15													96
45398	25.00	3.00	5.00	30	15													78
46601	7.00	5.00	1.00	20	10													43
46607	17.00	5.00	5.00	25	10													62
47383	33.00	15.00	5.00	90	28		1							0.5				206
52441	17.00	5.00	20.00	30	21													93
52442	0.00	0.00	0.00	25	0													25
55840	33.00	3.00	15.00	180	33			2	1		1	1		1				448
55842	33.00	3.00	15.00	180	33			2	1		1	1		1				448

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
55845	33.00	3.00	15.00	198	33			2	1		1	1		1				466
58541	33.00	8.00	15.00	75	30			2						0.5				226
58542	33.00	8.00	15.00	88	30			2						0.5				239
58543	33.00	8.00	15.00	110	30			2						0.5				261
58544	33.00	8.00	15.00	120	30			2						0.5				271
58570	33.00	8.00	15.00	90	30			2						0.5				241
58571	33.00	8.00	15.00	90	30			2						0.5				241
58572	33.00	8.00	15.00	120	30			2						0.5				271
58573	33.00	8.00	15.00	130	30			2						0.5				281
62284	13.00	5.00	6.00	15	10													49
62302	13.00	5.00	6.00	26	10													60
62303	13.00	5.00	6.00	25	10													59
62304	13.00	5.00	6.00	25	10													59
62305	13.00	6.00	6.00	30	10													65
64486	5.00	5.00	5.00	10	10													35
64487	5.00	5.00	5.00	15	10													40
64488	5.00	5.00	5.00	15	10													40
64489	5.00	5.00	5.00	20	10													45
66179	19.00	1.00	5.00	55	10		3	5						0.5				272
66180	19.00	1.00	5.00	60	10		3	5						0.5				277
66183	10.00	5.00	5.00	45	10		3	5						0.5				257
66184	19.00	1.00	5.00	60	10		3	4						0.5				254
66185	19.00	1.00	5.00	65	10		3	4						0.5				259
67255	19.00	1.00	5.00	45	10		3	3						0.5				216
70486	3.00	0.00	0.00	10	3													16
70487	5.00	0.00	0.00	12	5													22
70488	5.00	0.00	0.00	15	5													25
70496	5.00	0.00	0.00	20	5													30
70498	5.00	0.00	0.00	20	5													30
72240	5.00	0.00	0.00	16	5													26
72255	5.00	0.00	0.00	15	5													25
72265	5.00	0.00	0.00	15	5													25
72270	5.00	0.00	0.00	20	5													30
76641	5.00	0.00	0.00	12	5													22
76642	5.00	0.00	0.00	10	5													20
76930	7.00	0.00	0.00	30	5													42
76932	7.00	0.00	0.00	32	5													44
76942	7.00	0.00	0.00	15	5													27

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
77061	3.00	0.00	0.00	7	4													14
77062	3.00	0.00	0.00	10	4													17
77063	0.00	0.00	0.00	8	0													8
77080	2.00	0.00	0.00	5	2													9
77085	3.00	0.00	0.00	8	3													14
77086	2.00	0.00	0.00	5	2													9
77300	0.00	0.00	0.00	15	0													15
77306	3.00	0.00	0.00	40	3													46
77307	3.00	0.00	0.00	80	3													86
77316	3.00	0.00	0.00	40	3													46
77317	3.00	0.00	0.00	50	3													56
77318	3.00	0.00	0.00	80	3													86
77387	3.00	0.00	0.00	10	3													16
88341	0.00	0.00	0.00	25	0													25
88342	0.00	0.00	0.00	25	0													25
88344	0.00	0.00	0.00	35	0													35
88356	0.00	0.00	0.00	90	0													90
88364	0.00	0.00	0.00	30	0													30
88365	0.00	0.00	0.00	30	0													30
88366	0.00	0.00	0.00	40	0													40
88367	0.00	0.00	0.00	25	0													25
88368	0.00	0.00	0.00	30	0													30
88369	0.00	0.00	0.00	30	0													30
88373	0.00	0.00	0.00	25	0													25
88374	0.00	0.00	0.00	30	0													30
88377	0.00	0.00	0.00	45	0													45
91200	2.00	0.00	0.00	10	5													17
92145	2.00	0.00	0.00	5	0													7
92541	3.00	0.00	0.00	10	3													16
92542	3.00	0.00	0.00	10	3													16
92543	3.00	0.00	0.00	10	3													16
92544	3.00	0.00	0.00	5	3													11
92545	3.00	0.00	0.00	5	3													11
93260	10.00	0.00	0.00	15	10													35
93261	10.00	0.00	0.00	15	10													35
93312	15.00	0.00	0.00	30	15													60
93313	5.00	0.00	0.00	10	0													15
93314	15.00	0.00	0.00	30	15													60

Physician Time from RUC Meeting:

April 2014 (CPT 2015)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
93315	15.00	0.00	0.00	40	15													70
93316	15.00	0.00	0.00	20	5													40
93317	15.00	0.00	0.00	30	15													60
93318	15.00	0.00	0.00	60	15													90
93355	20.00	0.00	0.00	120	20													160
93644	33.00	1.00	5.00	20	25													84
93880	5.00	0.00	0.00	15	5													25
93882	5.00	0.00	0.00	10	5													20
93886	5.00	0.00	0.00	17	5													27
93888	5.00	0.00	0.00	10	5													20
93895	5.00	0.00	0.00	10	5													20
93925	5.00	0.00	0.00	15	5													25
93926	5.00	0.00	0.00	10	5													20
93930	5.00	0.00	0.00	15	5													25
93931	5.00	0.00	0.00	10	5													20
93970	3.00	0.00	0.00	15	5													23
93971	3.00	0.00	0.00	10	5													18
93975	5.00	0.00	0.00	20	5													30
93976	5.00	0.00	0.00	15	5													25
93978	5.00	0.00	0.00	15	5													25
93979	5.00	0.00	0.00	10	5													20
93990	5.00	0.00	0.00	11	5													21
97605	3.00	0.00	0.00	20	5													28
97606	3.00	0.00	0.00	30	5													38
97607	3.00	0.00	0.00	15	5													23
97608	3.00	0.00	0.00	23	5													31
97610	4.00	0.00	0.00	12	2													18
99184	30.00	0.00	0.00	60	20													110
99188	2.00	0.00	0.00	5	2													9
99490	0.00	0.00	0.00	30	0													30
99497	5.00	0.00	0.00	30	10													45
99498	0.00	0.00	0.00	30	0													30
G0104	13.00	3.00	5.00	10	10													41
G0105	19.00	3.00	5.00	25	15													67
G0121	19.00	3.00	5.00	25	15													67

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY						NON-FAC		
		1A	1B*	2A	2B*	3	4	5**	6A	6B*
	Total Pre-Service Time	**20**	**25**	**25**	**39**	**51**	**63**	**8**	**23**	**23**
	CATEGORY SUBTOTALS									
A	Pre-Service Evaluation (IWPUT =0.0224)	13	19	18	33	33	40	7	17	22
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	1	1	3	3	0	1	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	5	6	5	15	20	1	5	0
	DETAILS									
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	5	10	10	10	15	4	9	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	2	2	4	1	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	3	5	5	5	2	3	3
A	Communicate with other professionals	0	1	0	3	5	5	0	2	2
A	Check/set-up room, supplies and equipment	1	1	1	1	5	5	0	1	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	1	1	5	5	0	1	1
A	Prepare/ review/ confirm procedure	1	1	1	1	1	1	0	0	0
A	Administer moderate sedation/observe (wait) anesthesia care	0	5	0	10	0	0	0	0	5
B	Perform/ supervise patient positioning	1	1	1	1	3	3	0	1	1
C	Administer local/topical anesthesia	1	0	1	0	0	0	1	5	0
C	Observe (wait anesthesia care)	0	0	0	0	10	15	0	0	0
C	Dress and scrub for procedure	5	5	5	5	5	5	0	0	0

* Indicates packages that contain moderate sedation
**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1A Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)
1B* Straightforward Patient/Straightforward Procedure (With sedation/anesthesia care)
2A Difficult Patient/Straightforward Procedure (No sedation/anesthesia care)
2B* Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6A Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect
6B Procedure with sedation

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes
SS6	Dorsal Lithotomy	5 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Notes:

*Roll-over cells for additional detail where available

***Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice**

*For building block IWPUT purposes whenever the procedure is on Appendix G – (Summary of CPT codes that include moderate (conscious) sedation) the IWPUT should be .0224 for the administration of moderate sedation line item because the physician is responsible for the administration of conscious sedation. If the procedure is one where conscious sedation is not inherent the same line item should have an IWPUT of .0081.

straightforward patient undergoing a straightforward procedure (Package 1B), if the procedure is performed under general anesthesia and the surveys support additional pre-service time.

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/ Stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
11980	11980
20604	20600
20606	20605
20611	20610
20983	32998
21811	39220
21812	32110
21813	32504
22510	22520
22511	22521
22512	22522
22513	22523
22514	22524
22515	22525
22856	22856
22858	22856
27279	62287
27280	27280
29200	29200
29240	29240
29260	29260
29280	29280
29520	29520
29530	29530
31620	31620
33270	33249
33271	33216
33272	33244
33273	33215
33418	92987
33419	92987
33946	33961
33947	33961
33948	33961
33949	33961
33951	33884
33952	33884
33953	33257
33954	33257
33955	33981
33956	33981
33957	33981
33958	33981
33959	33981
33962	33981
33963	33257
33964	33257
33965	33517
33966	33257

CPT	RUC Recommended PLI Crosswalk
33969	33257
33984	33257
33985	33257
33986	33530
33987	33530
33988	33530
33989	33257
36475	36475
36476	36476
36478	36478
36479	36479
36818	36818
36819	36819
36820	36820
36821	36821
36825	36825
36830	36830
36831	36831
36832	36832
36833	36833
37218	36005
43180	43130
44380	44380
44381	45340
44382	44382
44384	44383
44385	44385
44386	44386
44388	44388
44389	44389
44390	44390
44391	44391
44392	44392
44394	44394
44401	44393
44402	44397
44403	44392
44404	44389
44405	44390
44406	44394
44407	45382
44408	44394
45330	45330
45331	45331
45332	45332
45333	45333
45334	45334
45335	45335
45337	45337

CPT	RUC Recommended PLI Crosswalk
45338	45338
45340	45340
45341	45341
45342	45342
45346	45339
45347	45345
45349	45338
45350	45334
45378	45378
45379	45379
45380	45380
45381	45381
45382	45382
45384	45384
45385	45385
45386	45386
45388	45383
45389	45387
45390	45385
45391	45391
45392	45392
45393	45382
45398	45382
46601	45520
46607	45520
47383	47382
52441	52282
52442	49412
55840	55840
55842	55842
55845	55845
58541	58541
58542	58542
58543	58543
58544	58544
58570	58570
58571	58571
58572	58572
58573	58573
62284	62284
62302	62284
62303	62284
62304	62284
62305	62284
64486	64448
64487	64448
64488	64448
64489	64448
64561	64561

CPT	RUC Recommended PLI Crosswalk
66179	66180
66180	66180
66184	66185
66185	66185
67036	67036
67039	67039
67040	67040
67041	67041
67042	67042
67043	67043
67255	67255
70486	70486
70487	70487
70488	70488
70496	70496
70498	70498
71275	71275
72191	72191
72240	72240
72255	72255
72265	72265
72270	72270
74174	74174
74175	74175
74230	74230
76641	76645
76642	76645
76700	76700
76705	76705
76770	76770
76775	76775
76856	76856
76857	76857
76930	76930
76932	76930
76942	76942
77061	77056
77062	77056
77063	77056
77080	77080
77085	77080
77086	77082
77300	77300
77306	77305
77307	77315
77316	77326
77317	77327
77318	77328
77387	77014

CPT	RUC Recommended PLI Crosswalk
88341	88342
88342	88342
88344	88342
88356	88356
88364	88365
88365	88365
88366	88365
88367	88367
88368	88368
88369	88368
88373	88367
88374	88367
88377	88368
88380	88380
88381	88381
91200	91133
92145	76514
92541	92541
92542	92542
92543	92543
92544	92544
92545	92545
93260	93282
93261	93289
93312	93312
93313	93313
93314	93314
93315	93315
93316	93316
93317	93317
93318	93312
93320	93320
93321	93321
93325	93325
93355	93312
93644	93642
93880	93880
93882	93882
93886	93886
93888	93888
93895	93882
93925	93925
93926	93926
93930	93930
93931	93931
93975	93975
93976	93976
93978	93978
93979	93979

CPT	RUC Recommended PLI Crosswalk
93990	93990
95971	95971
95972	95972
97605	97605
97606	97606
97607	97605
97608	97605
97610	97035
99183	99183
99184	99291
99188	92567
99490	99214
99497	99214
99498	99214

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
20600		415046	20604	20752	0.050	0.66	0.89	01	18470	13697
20600		415046	20600	394294	0.950	0.66	0.66	01	260234	260234
20605		518314	20606	32654	0.063	0.68	1.00	01	32654	22205
20605		518314	20605	485660	0.937	0.68	0.68	01	330249	330249
20610		6570203	20611	568323	0.087	0.79	1.10	01	625155	448975
20610		6570203	20610	6001880	0.914	0.79	0.79	01	4741486	4741486
76942		1690154	76942	1068425	0.632	0.67	0.67	01	715845	715845
76942		1690154	Savings	621729	0.368	0.67	0.00	01	0	416558
20999		449	20983	150	0.334	0.00	7.13	02	1,070	0
20999		449	20999	299	0.666	0.00	0.00	02	0	0
20982		164	20982	164	1.000	7.27	7.27	02	1,192	1,192
0245T		18	21811	18	1.000	0.00	19.55	03	352	0
0246T		45	21811	20	0.444	0.00	19.55	03	391	0
0246T		45	21812	25	0.556	0.00	25.00	03	625	0
0247T		28	21812	28	1.000	0.00	25.00	03	700	0
0248T		9	21813	9	1.000	0.00	35.00	03	315	0
21800	D	37,192	Savings	37,192	1.000	1.01	0.00	03	0	37,564
21810	D	168	Savings	168	1.000	7.03	0.00	03	0	1,181
22520	D	7,466	22510	7,466	1.000	9.22	8.15	04	60,848	68,837
22521	D	7,704	22511	7,704	1.000	9.22	8.05	04	62,017	71,031
22522	D	3,586	22512	3,586	1.000	9.22	4.00	04	14,344	33,063
22523	D	22,603	22513	22,603	1.000	9.04	8.90	04	201,167	204,331
22524	D	26,093	22514	26,093	1.000	8.54	8.24	04	215,006	222,834
22525	D	12,349	22515	12,349	1.000	4.47	4.00	04	49,396	55,200
72291	D	63,648	Savings	63,648	1.000	1.31	0.00	04	0	83,379
72292	D	1,012	Savings	1,012	1.000	1.38	0.00	04	0	1,397
22856		97	22856	97	1.000	24.05	24.05	05	2,333	2,333
0092T	D	0	22858	0	1.000	0.00	8.40	05	0	0
0334T	D	0	27279	0	1.000	0.00	9.03	06	0	0
27280		1,528	27280	1,528	1.000	14.64	14.64	06	22,370	22,370
33215		4,405	33215	4,405	1.000	4.92	4.92	07	21,673	21,673
33216		5,236	33216	5,236	1.000	5.87	5.87	07	30,735	30,735
33217		1,823	33217	1,823	1.000	5.84	5.84	07	10,646	10,646
33218		895	33218	895	1.000	6.07	6.07	07	5,433	5,433
33220		192	33220	192	1.000	6.15	6.15	07	1,181	1,181
33223		4,211	33223	4,211	1.000	6.55	6.55	07	27,582	27,582
33224		2,543	33224	2,543	1.000	9.04	9.04	07	22,989	22,989
33225		30,083	33225	30,083	1.000	8.33	8.33	07	250,591	250,591
33240		2,929	33240	2,929	1.000	6.05	6.05	07	17,720	17,720
33241		9,977	33241	9,977	1.000	3.29	3.29	07	32,824	32,824
33262		4,056	33262	4,056	1.000	6.06	6.06	07	24,579	24,579
33263		13,041	33263	13,041	1.000	6.33	6.33	07	82,550	82,550
33264		14,257	33264	14,257	1.000	6.60	6.60	07	94,096	94,096
33243		348	33243	348	1.000	23.57	23.57	07	8,202	8,202
33244		6,103	33244	6,103	1.000	13.99	13.99	07	85,381	85,381
33249		51,291	33249	51,291	1.000	15.17	15.17	07	778,084	778,084
0319T	D	0	33270	0	1.000	0.00	9.10	07	0	0
0320T	D	0	33271	0	1.000	0.00	7.50	07	0	0
0324T	D	0	33272	0	1.000	0.00	5.42	07	0	0
0325T	D	0	33273	0	1.000	0.00	6.50	07	0	0
93282		142,756	93282	142,756	1.000	0.85	0.85	07	121,343	121,343
93283		315,905	93283	315,905	1.000	1.15	1.15	07	363,291	363,291
93284		278,306	93284	278,306	1.000	1.25	1.25	07	347,883	347,883
0328T	D	0	93260	0	1.000	0.00	0.85	07	0	0
93287		11,800	93287	11,800	1.000	0.45	0.45	07	5,310	5,310
93289		164,979	93289	164,979	1.000	0.92	0.92	07	151,781	151,781
0327T	D	0	93261	0	1.000	0.00	0.74	07	0	0
93295		415,721	93295	415,721	1.000	1.29	1.29	07	536,280	536,280
93296		608,436	93296	608,436	1.000	0.00	0.00	07	0	0
93642		6,248	93642	6,248	1.000	4.88	4.88	07	30,490	30,490
0326T	D	0	93644	0	1.000	0.00	3.65	07	0	0
0343T	D	0	33418	0	1.000	0.00	32.25	08	0	0
0344T	D	0	33419	0	1.000	0.00	7.93	08	0	0
33960	D	432	33946	216	0.500	19.33	6.00	09	1,296	4,175
33960	D	432	33947	216	0.500	19.33	6.63	09	1,432	4,175
33961	D	926	33948	463	0.500	10.91	4.73	09	2,190	5,051
33961	D	926	33949	463	0.500	10.91	4.60	09	2,130	5,051
36822	D	625	33951	0	0.000	5.57	8.15	09	0	0

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs	
36822	D	625	33952	189	0.302	5.57	8.43	09	1,593	1,053	
36822	D	625	33953	0	0.000	5.57	9.83	09	0	0	
36822	D	625	33954	356	0.570	5.57	9.43	09	3,357	1,983	
36822	D	625	33955	0	0.000	5.57	16.00	09	0	0	
36822	D	625	33956	80	0.128	5.57	16.00	09	1,280	446	
N/A			33957	0		0.00	4.00	09	0	0	*
37799		4,721	33958	4	0.001	0.00	4.05	09	16	0	
33999		2,049	33958	4	0.002	0.00	4.05	09	16	0	
N/A			33959	0		0.00	4.69	09	0	0	*
37799		4,721	33962	8	0.002	0.00	4.73	09	38	0	
33999		2,049	33962	9	0.004	0.00	4.73	09	43	0	
N/A			33963	0		0.00	9.00	09	0	0	*
37799		4,721	33964	2	0.000	0.00	9.50	09	19	0	
33999		2,049	33964	1	0.000	0.00	9.50	09	10	0	
N/A			33965	0		0.00	3.51	09	0	0	*
37799		4,721	33966	34	0.007	0.00	4.50	09	153	0	
33999		2,049	33966	33	0.016	0.00	4.50	09	149	0	
N/A			33969	0		0.00	6.00	09	0	0	*
37799		4,721	33984	67	0.014	0.00	6.38	09	427	0	
33999		2,049	33984	67	0.033	0.00	6.38	09	427	0	
N/A			33985	0		0.00	9.89	09	0	0	*
37799		4,721	33986	11	0.002	0.00	10.00	09	110	0	
33999		2,049	33986	11	0.005	0.00	10.00	09	110	0	
37799		4,721	33987	50	0.011	0.00	4.04	09	202	0	
33999		2,049	33987	50	0.024	0.00	4.04	09	202	0	
37799		4,721	33988	50	0.011	0.00	15.00	09	750	0	
33999		2,049	33988	50	0.024	0.00	15.00	09	750	0	
37799		4,721	33989	20	0.004	0.00	9.50	09	190	0	
33999		2,049	33989	20	0.010	0.00	9.50	09	190	0	
37799		4,721	37799	3,475	0.736	0.00	0.00	09	0	0	
33999		2,049	33999	1,804	0.880	0.00	0.00	09	0	0	
N/A			34839		1.000	CP	CP	10			
34841			34841		1.000	CP	CP	10			
34842			34842		1.000	CP	CP	10			
34843			34843		1.000	CP	CP	10			
34844			34844		1.000	CP	CP	10			
34845			34845		1.000	CP	CP	10			
34846			34846		1.000	CP	CP	10			
34847			34847		1.000	CP	CP	10			
34848			34848		1.000	CP	CP	10			
37799		4,721	37218	1,000	0.212	0.00	15.00	11	15,000	0	
0075T		109	37218	80	0.734	0.00	15.00	11	1,200	0	
0075T		109	0075T	29	0.266	0.00	0.00	11	0	0	
0076T		6	37218	2	0.333	0.00	15.00	11	30	0	
0076T		6	0076T	4	0.667	0.00	0.00	11	0	0	
37215		8,455	37215	8,455	1.000	19.68	19.68	11	166,394	166,394	
37216		0	37216	0	1.000	18.95	18.95	11	0	0	
37217		2,519	37217	2,519	1.000	20.38	20.38	11	51,337	51,337	*
43499		781	43180	156	0.200	0	9.03	12	1409	0	
43499		781	43499	625	0.800	0.00	0.00	12	0	0	
44380		2171	44380	2171	1.000	1.05	0.97	13	2105.87	2279.55	
44382		1312	44382	1312	1.000	1.27	1.27	13	1666.24	1666.24	
44383	D	255	44384	255	1.000	2.94	3.11	13	793.05	749.7	
44799		1765	44381	17	0.010	0.00	1.48	13	25.16	0	
44799		1765	45349	88	0.050	0.00	3.83	16			
44799		1765	45350	68	0.039	0.00	1.78	16			
44799		1765	44799	421	0.239	0.00	0.00	13	0	0	
44385		1149	44385	1149	1.000	1.82	1.30	14	1493.7	2091.18	
44386		951	44386	951	1.000	2.12	1.60	14	1521.6	2016.12	
45330		63257	45330	63257	1.000	0.96	0.84	16	53135.88	60726.72	
45331		37291	45331	37291	1.000	1.15	1.14	16	42511.74	42884.65	
45332		297	45332	297	1.000	1.79	1.85	16	549.45	531.63	
45333		1729	45333	1729	1.000	1.79	1.65	16	2852.85	3094.91	
45334		3252	45334	3252	1.000	2.73	2.10	16	6829.2	8877.96	
45335		2628	45335	2497	0.950	1.46	1.15	16	2871.55	3645.62	
45335		2628	45349	131	0.050	1.46	3.83	16			
45337		1085	45337	1085	1.000	2.36	2.20	16	2387	2560.6	
45338		4508	45338	4058	0.900	2.34	2.15	16	8724.7	9495.72	

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
45338		4508	45349	450	0.100	2.34	3.83	16		
45339	D	1675	45346	1675	1.000	3.14	2.97	16	4974.75	5259.5
45340		1176	45340	1176	1.000	1.89	1.35	16	1587.6	2222.64
45341		3504	45341	3504	1.000	2.60	2.43	16	8514.72	9110.4
45342		349	45342	349	1.000	4.05	3.08	16	1074.92	1413.45
G0104		2216	G0104	2216	1.000	0.96	0.96	16	2127	2127
45345	D	491	45347	491	1.000	2.92	2.98	16	1463	1434
44388		4768	44388	4768	1.000	2.82	2.64	15	12588	13446
44389		2109	44389	2109	1.000	3.13	2.94	15	6200	6601
44390		25	44390	25	1.000	3.82	3.65	15	91	96
44391		219	44391	219	1.000	4.31	4.22	15	924	944
44392		657	44392	650	0.989	3.81	3.45	15	2243	2477
44392		657	44403	7	0.011	3.81	5.63	15	39	27
44393	D	180	44401	180	1.000	4.83	4.77	15	859	869
44799		1765	44401	35	0.020	0.00	4.77	15	167	0
44799		1765	44402	16	0.009	0.00	4.78	15	76	0
44799		1765	44403	706	0.400	0.00	5.63	15	3975	0
44799		1765	44404	18	0.010	0.00	2.95	15	53	0
44799		1765	44405	18	0.010	0.00	3.15	15	57	0
44799		1765	44406	18	0.010	0.00	4.23	15	76	0
44799		1765	44407	18	0.010	0.00	4.88	15	88	0
44799		1765	44408	18	0.010	0.00	4.24	15	76	0
44799		1765	45388	108	0.061	0.00	5.64	17	609	0
44799		1765	45389	108	0.061	0.00	5.65	17	610	0
44799		1765	45390	90	0.051	0.00	6.50	17	585	0
44799		1765	45398	18	0.010	0.00	4.30	17	77	0
44394		1,427	44394	1,427	1.000	4.42	3.95	15	5637	6307
44397	D	16	44402	16	1.000	4.70	4.78	15	76	75
45378		614,713	45378	608,566	0.990	3.69	3.51	17	2136066	2245608
45378		614,713	45393	6,147	0.010	3.69	5.50	17	33809	22683
45379		847	45379	847	1.000	4.68	4.52	17	3828	3964
45380		901,512	45380	901,512	1.000	4.43	3.81	17	3434761	3993698
45381		66,682	45381	66,682	1.000	4.19	3.82	17	254725	279398
45382		22,076	45382	22,076	1.000	5.68	5.50	17	121418	125392
45383		53,852	45388	53,852	1.000	5.86	5.64	17	303725	315573
45384		156,666	45384	156,666	1.000	4.69	4.32	17	676797	734764
45385		685,596	45385	651,316	0.950	5.3	4.82	17	3139344	3451976
45385		685,596	45390	34,280	0.050	5.3	6.50	17	222819	181683
45386		2,202	45386	2,202	1.000	4.57	4.02	17	8852	10063
45387		690	45389	690	1.000	5.9	5.65	17	3899	4071
45391		843	45391	843	1.000	5.09	5.10	17	4299	4291
45392		122	45392	122	1.000	6.54	5.75	17	702	798
G0105		236,536	G0105	236,536	1.000	3.69	3.36	17	794761	872818
G0121		226,883	G0121	226,883	1.000	3.69	3.36	17	762327	837198
46600		98,193	46600	98,193	1.000	0.55	0.55	18	54,006	54,006
0226T	D	135	46601	135	1.000	0.00	1.60	18	216	0
0227T		119	46607	119	1.000	0.00	2.20	18	262	0
47399		528	47383	150	0.284	0.00	9.13	19	1,370	0
47399		528	47399	378	0.716	0.00	0.00	19	0	0
55899		350	52441	50	0.143	0.00	4.50	20	225	0
55899		350	52442	100	0.286	0.00	1.20	20	120	0
55899		350	55899	200	0.571	0.00	0.00	20	0	
72240		8,694	62302	7,086	0.815	0.91	2.29	21	16,226	6,448
72240		8,694	72240	1,608	0.185	0.91	0.91	21	1,464	1,464
72255		845	62303	526	0.622	0.91	2.29	21	1,204	478
72255		845	72255	319	0.378	0.91	0.91	21	291	291
72265		37,987	62304	30,997	0.816	0.83	2.37	21	73,464	25,728
72265		37,987	72265	6,990	0.184	0.83	0.83	21	5,801	5,801
72270		9,497	62305	8,044	0.847	1.33	2.35	21	18,903	10,698
72270		9,497	72270	1,453	0.153	1.33	1.33	21	1,933	1,933
62284		57,059	62284	10,406	0.182	1.54	1.54	21	16,026	16,026
62284		57,059	Savings	46,653	0.818	1.54	0.00	21	0	71,845
64420		4,472	64486	141	0.032	1.18	1.27	22	179	166
64420		4,472	64488	172	0.039	1.18	1.60	22	275	203
64420		4,472	64420	4,159	0.930	1.18	1.18	22	4,908	4,908
64425		8,269	64486	447	0.054	1.75	1.27	22	567	781
64425		8,269	64488	546	0.066	1.75	1.60	22	873	955

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CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs	
64425		8,269	64425	7,277	0.880	1.75	1.75	22	12,734	12,734	
64450		939,718	64486	25,372	0.027	0.75	1.27	22	32,223	19,029	
64450		939,718	64488	31,011	0.033	0.75	1.60	22	49,617	23,258	
64450		939,718	64450	883,335	0.940	0.75	0.75	22	662,501	662,501	
64421		22,181	64487	732	0.033	1.68	1.48	22	1,083	1,230	
64421		22,181	64489	599	0.027	1.68	1.80	22	1,078	1,006	
64421		22,181	64421	20,850	0.940	1.68	1.68	22	35,028	35,028	
64999		6,570	64487	253	0.039	0.00	1.48	22	374	0	
64999		6,570	64489	207	0.032	0.00	1.80	22	373	0	
64999		6,570	64999	6,110	0.930	0.00	0.00	22	0	0	
66180		12,046	66179	3,096	0.257	16.3	14.00	23	43342	50462	
66180		12,046	66180	8,950	0.743	16.3	15.00	23	134253	145888	*
66183		5,796	66183	5,796	1.000	13.2	13.2	23	76507	76507	**
66185		1,885	66184	1,288	0.683	9.58	9.58	23	12337	12337	
66185		1,885	66185	597	0.317	9.58	10.58	23	6318	5721	***
67255		10,270	67255	723	0.070	10.17	10.17	23	7349	7349	
67255		10,270	Savings	9,547	0.930	10.17	0.00	23	0	97097	
76645	D	862941	76641	191120	0.221	0.54	0.73	24	139518	103205	*
76645	D	862941	76642	671821	0.779	0.54	0.68	24	456838	362783	
76882		173380	76882	167572	0.967	0.49	0.49	24	82110	82110	
76882		173380	Savings	5808	0.034	0.49	0.00	24	0	2846	**
76499		1,740	77061	460	0.264	0.00	0.70	25	322	0	
76499		1,740	77062	460	0.264	0.00	0.90	25	414	0	
76499		1,740	77063	460	0.264	0.00	0.60	25	276	0	
76499		1,740	76499	360	0.207	0.00	0.00	25	0	0	
77080		2306826	77080	2157473	0.935	0.20	0.20	26	431,495	431495	
77080		2306826	Savings	149353	0.065	0.20	0.00	26	0	29871	
77082	D	157214	77085	149353	0.950	0.17	0.30	26	44806	25390	
77082	D	157214	77086	7861	0.050	0.17	0.17	26	1336	1336	
77300		1,025,274	77300	783,911	0.765	0.62	0.62	27	486,025	486,025	
77300		1,025,274	savings	241,363	0.235	0.62	0.00	27	0	149,645	*
77305	D	5,496	77306	5,496	1.000	0.70	1.40	27	7,694	3,847	
77310	D	1,776	77306	888	0.500	1.05	1.40	27	1,243	932	**
77310	D	1,776	77307	888	0.500	1.05	2.90	27	2,575	932	**
77315	D	80,056	77307	80,056	1.000	1.56	2.90	27	232,162	124,887	
77326	D	3,901	77316	3,901	1.000	0.93	1.50	27	5,852	3,628	
77327	D	2,784	77317	2,784	1.000	1.39	1.83	27	5,095	3,870	
77328	D	13,822	77318	13,822	1.000	2.09	2.90	27	40,084	28,888	
77014		1144832	77014	34345	0.030	0.85	0.85	28	29193	29193	
77014		1144832	77387	1110487	0.970	0.85	0.58	28	644082	943914	
77421	D	1339238	77387	1339238	1.000	0.39	0.58	28	776758	522303	
76950	D	36568	77387	36568	1.000	0.58	0.58	28	21209	21209	
88342		4,040,628	88342	1,050,563	0.260	0.84	0.70	29	735,394	882,473	
88342		4,040,628	88441	2,828,440	0.700	0.84	0.65	29	1,838,486	2,375,890	
88342		4,040,628	88344	161,625	0.040	0.84	0.77	29	124,451	135,765	
88365		50,547	88365	25,274	0.500	1.20	0.88	29	22,241	30,329	
88365		50,547	88364	10,109	0.200	1.20	0.88	29	8,896	12,131	
88365		50,547	88341	15,164	0.300	1.20	1.24	29	18,803	18,197	
88367		138,637	88367	20,796	0.150	1.30	0.86	29	17,885	27,035	
88367		138,637	88373	13,864	0.100	1.30	0.86	29	11,923	18,023	
88367		138,637	88374	103,978	0.750	1.30	1.04	29	108,137	135,171	
88368		292,652	88368	43,898	0.150	1.40	0.88	29	38,630	61,457	
88368		292,652	88369	29,265	0.100	1.40	0.88	29	25,753	40,971	
88368		292,652	88377	219,489	0.750	1.40	1.40	29	307,285	307,285	
91299		29	91200	3	0.103	0.00	0.30	30	1	0	
91299		29	91299	26	0.897	0.00	0.00	30	0	0	
76999		1,552	91200	310	0.200	0.00	0.30	30	93	0	
76999		1,552	76999	1,242	0.800	0.00	0.00	30	0	0	
0181T	D	300	92145	300	1.000	0.00	0.17	31	51	0	
92541		33,190	92541	33,190	1.000	0.40	0.40	32	13,276	13,276	
92542		43,169	92542	43,169	1.000	0.33	0.48	32	20,721	14,246	
92543		361,851	92543	361,851	1.000	0.10	0.35	32	126,648	36,185	
92544		10,915	92544	10,915	1.000	0.26	0.27	32	2,947	2,838	
92545		17,289	92545	17,289	1.000	0.23	0.25	32	4,322	3,976	
93312		256,724	93312	231,724	0.903	2.20	3.18	33	736,882	509,793	
93312		256,724	93355	25,000	0.097	2.20	4.66	33	116,500		
93313		22,692	93313	22,692	1.000	0.95	1.00	33	22,692	21,557	
93314		23,158	93314	23,158	1.000	1.25	2.80	33	64,842	28,948	

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs	
93315		2,252	93315	2,252	1.000	2.78	3.29	33	7,409	6,261	
93316		177	93316	177	1.000	0.95	1.50	33	266	168	
93317		555	93317	555	1.000	1.83	3.00	33	1,665	1,016	
93318		1,925	93318	1,925	1.000	2.20	2.40	33	4,620	4,235	
0239T	D	1	93702	1	1.000	0	0.00	34	0	0	
0126T		0	93895	0	0.000	0.00	0.55	35	0	0	
N/A		0	96127	0	1.000	PE	PE	36			
97605		41,601	97605	41,601	1.000	0.55	0.55	37	22881	22881	
97606		11,875	97606	11,875	1.000	0.60	0.60	37	7125	7125	
G0456		443	97607	443	1.000	0	0.41	37	182	0	
G0457		37	97608	37	1.000	0	0.46	37	17	0	
99481	D	0	99184	0	1.000	0	4.50	38	0	0	
99482	D	0	99184	0	1.000	0	4.50	38	0	0	
0260T	D	0	99184	0	1.000	0	4.50	38	0	0	
0261T	D	0	99184	0	1.000	0	4.50	38	0	0	
D1206		0	99425	0	1.000	0.00	0.20	39	0	0	*
N/A			99497	0	1.000	0	1.50	41	0	0	*
N/A			99498	0	1.000	0	1.40	41	0	0	*
58541		878	58541	878	1.000	14.70	12.29	42	10,791	12,907	
58542		1,774	58542	1,774	1.000	16.56	14.16	42	25,120	29,377	
58543		169	58543	169	1.000	16.87	14.39	42	2,432	2,851	
58544		166	58544	166	1.000	18.37	15.60	42	2,590	3,049	
58570		1,616	58570	1,616	1.000	15.88	13.36	42	21,590	25,662	
58571		11,530	58571	11,530	1.000	17.69	15.00	42	172,950	203,966	
58572		270	58572	270	1.000	20.09	17.71	42	4,782	5,424	
58573		1,008	58573	1,008	1.000	23.11	20.79	42	20,956	23,295	
55840		2,095	55840	2,095	1.000	24.63	21.36	43	44,749	51,600	
55842		308	55842	308	1.000	26.49	24.16	43	7,441	8,159	
55845		2,296	55845	2,296	1.000	30.67	29.07	43	66,745	70,418	
55866		13,329	55866	13,329	1.000	32.06	32.06	43	427,328	427,328	
93880		2,813,755	93880	2,813,755	1.000	0.60	0.80	45	2,251,004	1,688,253	
93882		46,394	93882	46,394	1.000	0.40	0.50	45	23,197	18,558	
93886		68,240	93886	68,240	1.000	0.94	1.00	45	68,240	64,146	
93888		18,311	93888	18,311	1.000	0.62	0.70	45	12,818	11,353	
93925		583,943	93925	583,943	1.000	0.80	0.80	45	467,154	467,154	
93926		219,610	93926	219,610	1.000	0.50	0.60	45	131,766	109,805	
93930		22,144	93930	22,144	1.000	0.46	0.80	45	17,715	10,186	
93931		40,490	93931	40,490	1.000	0.31	0.50	45	20,245	12,552	
93970		1,657,888	93970	1,657,888	1.000	0.70	0.70	45	1,160,522	1,160,522	
93971		1,592,896	93971	1,592,896	1.000	0.45	0.45	45	716,803	716,803	
93975		195,738	93975	195,738	1.000	1.80	1.30	45	254,459	352,328	
93976		128,787	93976	128,787	1.000	1.21	1.00	45	128,787	155,832	
93978		295,429	93978	295,429	1.000	0.65	0.97	45	286,566	192,029	
93979		63,082	93979	63,082	1.000	0.44	0.70	45	44,157	27,756	
76930		1,901	76930	1,901	1.000	0.67	0.67	46	1,274	1,274	
76932		1,251	76932	1,251	1.000	0.67	0.67	46	838	838	
76940		1,255	76940	1,255	1.000	2.00	2.00	46	2,510	2,510	
76948		11	76948	11	1.000	0.38	0.38	46	4	4	
76965		8,718	76965	8,718	1.000	1.34	1.34	46	11,682	11,682	
64412		9,853	64412	9,853	1.000	1.18	1.18	48	11,627	11,627	
88356		16,093	88356	16,093	1.000	3.02	2.80	49	45,060	48,601	
36475		68,276	36475	68,276	1.000	6.72	5.30	50	361,863	458,815	
36476		7,494	36476	7,494	1.000	3.78	2.65	50	19,859	28,327	
36478		69,814	36478	69,814	1.000	6.72	5.30	50	370,014	469,150	
36479		11,563	36479	11,563	1.000	3.38	2.65	50	30,642	39,083	
70496		161,931	70496	161,931	1.000	1.75	1.75	51	283,379	283,379	
70498		189,285	70498	189,285	1.000	1.75	1.75	51	331,249	331,249	
93990		87,245	93990	87,245	1.000	0.25	0.60	52	52,347	21,811	
70486		453,157	70486	453,157	1.000	1.14	0.85	53	385,183	516,599	
70487		17,218	70487	17,218	1.000	1.30	1.17	53	20,145	22,383	
70488		3,915	70488	3,915	1.000	1.42	1.30	53	5,090	5,559	
71100		258,661	71100	258,661	1.000	0.22	0.22	54	56,905	56,905	
72070		331,375	72070	331,375	1.000	0.22	0.22	54	72,903	72,903	
73060		351,596	73060	351,596	1.000	0.17	0.17	54	59,771	59,771	
73565		338,658	73565	338,658	1.000	0.17	0.17	54	57,572	57,572	
73590		483,670	73590	483,670	1.000	0.17	0.17	54	82,224	82,224	
73600		259,113	73600	259,113	1.000	0.16	0.16	54	41,458	41,458	
75978		283,933	75978	283,933	1.000	0.54	0.54	55	153,324	153,324	

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
72194		7,189	72194	7,189	1.000	1.22	1.22	56	8,771	8,771
74160		154,497	74160	154,497	1.000	1.27	1.27	56	196,211	196,211
74177		2,303,426	74177	2,303,426	1.000	1.82	1.82	56	4,192,235	4,192,235
99174		0	99174	0	1.000	0.00	0.00	57	0	0
11011		1,778	11011	1,778	1.000	4.94	4.94	58	8,783	8,783
12005		5,761	12005	5,761	1.000	1.97	1.97	58	11,349	11,349
12006		1,125	12006	1,125	1.000	2.39	2.39	58	2,689	2,689
12007		396	12007	396	1.000	2.90	2.90	58	1,148	1,148
12013		51,718	12013	51,718	1.000	1.22	1.22	58	63,096	63,096
12014		6,751	12014	6,751	1.000	1.57	1.57	58	10,599	10,599
12015		3,385	12015	3,385	1.000	1.98	1.98	58	6,702	6,702

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs	
12016		527	12016	527	1.000	2.68	2.68	58	1,412	1,412	
11760		3,967	11760	3,967	1.000	1.63	1.63	58	6,466	6,466	
12041		19,165	12041	19,165	1.000	2.10	2.10	58	40,247	40,247	
12054		3,148	12054	3,148	1.000	3.50	3.50	58	11,018	11,018	
12055		424	12055	424	1.000	4.50	4.50	58	1,908	1,908	
12057		117	12057	117	1.000	6.00	6.00	58	702	702	
0183T	D	7	12057	7	1.000	0.00	0.35	63	2	0	
51792		17,926	51792	6,453	0.360	1.10	1.10	CPT	7,099	7,099	
51792		17,926	Savings	11,473	0.640	1.10	0.00	CPT	0	12,620	*
27370		54,353	27370	51,527	0.948	0.96	0.96	CPT	49,466	49,466	
27370		54,353	Savings	2,826	0.052	0.96	0.00	CPT	0	2,713	**
61870	D	4	Savings	4	1.000	16.34	0.00	CPT	0	65	***
61610	D	1	Savings	1	1.000	29.63	0.00	CPT	0	30	***
33474	D	5	Savings	5	1.000	39.4	0.00	CPT	0	197	***
33330	D	17	Savings	17	1.000	25.29	0.00	CPT	0	430	***
									45,305,038	47,013,012	

Total Source RVUs	47,013,012
Total New/Revised RVUs	45,305,038
RVU Difference	1,707,975
CF	35.823
CF Redistribution	61,184,435

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs

Notes:

Tab 09 (ECMO)
*Non-Medicare Population

Tab 10 (FEVAR)
34839 has not be previously reportable

Tab 11 (Transcatheter Placement of Carotid Stent)
*Since this code is new for 2014, this utilization estimate is from the 2014 RUC recommendations

Tab 23 (Aqueous Shunt)
*Represents utilization of 66180 billed with 67255
**Represents utilization from the deleted cat. 3 code 0192T. This utilization prediction is from the CY2014 RUC recommendations
***Represents utilization of 66185 billed with 67255

Tab 24 (Breast Ultrasound)
*Represents greater than 100% b/c 12% of the utilization of 76645 will now go to the complete breast US to account for those previously reported bilaterally that may not be reported unilaterally.
**3.4% of the utilization of 76882 will go away as it was reported when US of the axilla was performed in conjunction with US of the breast.

Tab 27 (Isodose Calculation with Isodose Planning Bundle)
*77300 has newly added do not report parenthetical with newly bundled codes codes; addn q was added to survey asking # of times 77300 is reported with 06X-18X; multiplied median # of times 77300 performed with billed together %
**Used to be 3 codes, simple, intermediate and complex; intermediate was deleted; 50/50 split per specialty
**Used to be 3 codes, simple, intermediate and complex; intermediate was deleted; 50/50 split per specialty

Tab 39 (Application of Topical Flouride Varnish)
*Non-Medicare Population

CPT 2015 RUC Submission
Utilization Crosswalk
(New/Revised, April 2014 RAW)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs

Tab 40 (Chronic Care Management)
The work neutrality crosswalks related to chronic care management is available in a separate worksheet

Tab 41 (Advance Care Planning)
*These services were previously not reportable. Frequency estimates are available in the corresponding attachments

CPT
*Represents utilization lost from addition of CPT Parenthetical where 51792 cannot be reported in conjunction with 51784
**Represents utilization lost from addition of CPT Parenthetical where 27370 cannot be reported in conjunction with 20610
**Also note additional savings as part of CPT parenthetical in January Submission
***Codes deleted by CPT due to low volume

CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs	
99490			99490	7,731,554		0.00	1.00	40	7,731,554	0	*
99214		88,494,472	Savings	1,391,680	0.016	1.50	0.00	40	0	2,087,520	
99214		88,494,472	99214	87,102,792	0.984	1.50	1.50	40	130,654,188	130,654,188	
99215		9,358,146	Savings	154,631	0.017	2.11	0.00	40	0	326,272	
99215		9,358,146	99215	9,203,515	0.983	2.11	2.11	40	19,419,416	19,419,416	
99284		5,723,865	Savings	7,732	0.001	2.56	0.00	40	0	19,793	
99284		5,723,865	99284	5,716,133	0.999	2.56	2.56	40	14,633,302	14,633,302	
99285		10,479,983	Savings	11,597	0.001	3.80	0.00	40	0	44,070	
99285		10,479,983	99285	10,468,386	0.999	3.80	3.80	40	39,779,865	39,779,865	
99222		7,121,667	Savings	10,309	0.001	2.61	0.00	40	0	26,906	
99222		7,121,667	99222	7,111,358	0.999	2.61	2.61	40	18,560,645	18,560,645	
99223		11,074,097	Savings	15,463	0.001	3.86	0.00	40	0	59,688	
99223		11,074,097	99223	11,058,634	0.999	3.86	3.86	40	42,686,326	42,686,326	
99232		49,446,810	Savings	18,040	0.000	1.39	0.00	40	0	25,076	
99232		49,446,810	99232	49,428,770	1.000	1.39	1.39	40	68,705,990	68,705,990	
99233		21,569,492	Savings	7,732	0.000	2.00	0.00	40	0	15,463	
99233		21,569,492	99233	21,561,760	1.000	2.00	2.00	40	43,123,521	43,123,521	
99238		4,078,285	Savings	25,772	0.006	1.28	0.00	40	0	32,988	
99238		4,078,285	99238	4,052,513	0.994	1.28	1.28	40	5,187,217	5,187,217	
									390,482,024	385,388,246	

Total Source RVUs	385,388,246
Total New/Revised RVUs	390,482,024
RVU Difference	-5,093,778
CF	35.823
CF Redistribution	-182,473,395

Notes:

Tab 40 (Chronic Care Management)

*As observed with Transitional Care Management services, the potential utilization will not be realized in year one, rather would be phased in over multiple years.

CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

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CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

528	528	19

CPT 2015 RUC Submission
Utilization Crosswalk
(Chronic Care Management)

191120	
-191120	
167571.77	

CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
11980		23,911	11980	23,911	1.000	1.48	1.10	Hormone Pellet Implantation	26302	35388
27370		54,353	27370	33,014	0.607	0.96	0.96	Injection for Knee Arthrography	31693	31693
27370		54,353	Savings	21,339	0.393	0.96	0	Injection for Knee Arthrography	0	20485
31620		17,921	31620	17,921	1.000	1.40	1.50	Endobronchial Ultrasound	26882	25089
31627		4,780	31627	4,780	1.000	2.00	2.00	Bronchoscopy-Computer Assisted	9560	9560
64561		17,318	64561	17,318	1.000	7.15	5.44	Percutaneous Implantation of Neuroelectrodes	94210	123824
71275		750,609	71275	750,609	1.000	1.92	1.82	CT Angiography-Chest	1366108	1441169
74230		396,073	74230	396,073	1.000	0.53	0.53	Swallowing Function	209919	209919
88380		153	88380	153	1.000	1.56	1.14	Microdissection	174	239
88381		22,007	88381	22,007	1.000	1.18	0.53	Microdissection	11664	25968
93320		354,463	93320	354,463	1.000	0.38	0.38	Doppler Echocardiography	134696	134696
93321		119,099	93321	119,099	1.000	0.15	0.15	Doppler Echocardiography	17865	17865
93325		478,525	93325	478,525	1.000	0.07	0.07	Doppler Echocardiography	33497	33497
95250		25,049	95250	25,049	1.000	0.00	0.00	Continuous Glucose Monitoring	0	0
95251		27,558	95251	27,558	1.000	0.85	0.85	Continuous Glucose Monitoring	23424	23424
95971		10,416	95971	10,416	1.000	0.78	0.78	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	8124	8124
95972		64,211	95972	64,211	1.000	1.50	0.90	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	57790	96317
99183		559,800	99183	559,800	1.000	2.34	2.11	Hyperbaric Oxygen Therapy	1181178	1309932
29200		15,635	29200	15,635	1.000	0.65	0.39	Strapping Procedures (HCPAC)	6098	10163
29240		30,410	29240	30,410	1.000	0.71	0.39	Strapping Procedures (HCPAC)	11860	21591
29260		7,830	29260	7,830	1.000	0.55	0.39	Strapping Procedures (HCPAC)	3054	4307
29280		7,653	29280	7,653	1.000	0.51	0.39	Strapping Procedures (HCPAC)	2985	3903
29520		15,304	29520	15,304	1.000	0.54	0.39	Strapping Procedures (HCPAC)	5969	8264
29530		49,595	29530	49,595	1.000	0.57	0.39	Strapping Procedures (HCPAC)	19342	28269
									3282393	3623687

Total Source RVUs	3,623,687
Total New/Revised RVUs	3,282,393
RVU Difference	341,294
CF	35.8228
CF Redistribution	$12,226,098

Tab 21 (Injection for Knee Arthrography)

*Represents savings from Internal Medicine and Family Medicine that will not be reportable after CPT editorial revision.

*Also note additional savings as part of CPT parenthetical in April Submission

CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

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CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

1.000

CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

528	528	19

CPT 2015 RUC Submission
Utilization Crosswalk
(January 2014 RUC Submission)

191120	
-191120	
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CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

CPT Source	Deleted	Source 2012 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2012)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
36818		7358	36818	7358	1.000	11.89	13.00	Arteriovenous Anastomosis	95654	87487
36819		12480	36819	12480	1.000	13.29	15.00	Arteriovenous Anastomosis	187200	165859
36820		2492	36820	2492	1.000	14.47	13.99	Arteriovenous Anastomosis	34863	36059
36821		36418	36821	36418	1.000	12.11	11.90	Arteriovenous Anastomosis	433374	441022
36825		3398	36825	3398	1.000	14.17	15.93	Arteriovenous Anastomosis	54130	48150
36830		23255	36830	23255	1.000	12.03	11.90	Arteriovenous Anastomosis	276735	279758
36831		9252	36831	9252	1.000	8.04	11.00	Arteriovenous Anastomosis	101772	74386
36832		19735	36832	19735	1.000	10.53	13.50	Arteriovenous Anastomosis	266423	207810
36833		6941	36833	6941	1.000	11.98	14.50	Arteriovenous Anastomosis	100645	83153
67036		14592	67036	14592	1.000	13.32	12.13	Vitrectomy	177001	194365
67039		2247	67039	2247	1.000	16.74	13.20	Vitrectomy	29660	37615
67040		11283	67040	11283	1.000	19.61	14.50	Vitrectomy	163604	221260
67041		16180	67041	16180	1.000	19.25	16.33	Vitrectomy	264219	311465
67042		24176	67042	24176	1.000	22.38	16.33	Vitrectomy	394794	541059
67043		1228	67043	1228	1.000	23.24	17.40	Vitrectomy	21367	28539
72191		5525	72191	5525	1.000	1.81	1.81	CT Angiography	10000.25	10000.25
74174		128849	74174	128849	1.000	2.20	2.20	CT Angiography	283467.8	283467.8
74175		59598	74175	59598	1.000	1.90	1.82	CT Angiography	108468.36	113236.2
76700		1043298	76700	1043298	1.000	0.81	0.81	Ultrasound	845071.38	845071.38
76705		990837	76705	990837	1.000	0.59	0.59	Ultrasound	584593.83	584593.83
76770		1179601	76770	1179601	1.000	0.74	0.74	Ultrasound	872904.74	872904.74
76775		734982	76775	734982	1.000	0.58	0.58	Ultrasound	426289.56	426289.56
76856		525901	76856	525901	1.000	0.69	0.69	Ultrasound	362871.69	362871.69
76857		253951	76857	253951	1.000	0.38	0.50	Ultrasound	126975.5	96501.38
88438		13,416	88438	13416	1.000	1.51	1.51	Electron Microscopy	20258.16	20258.16
88349	D	49	Savings	49	1.000	0.76	0.00	Electron Microscopy	0	37.24
0183T	D	7	97607	7	1.000	0	0.37	Ultrasound Wound Treatment (HCPAC)	3	0
									6242344	6373218

Total Source RVUs	6,373,218
Total New/Revised RVUs	6,242,344
RVU Difference	130,874
CF	34.0230
CF Redistribution	$4,452,710

CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

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CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

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CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

528	528	19

CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

191120
-191120
167572

CPT 2015 RUC Submission
Utilization Crosswalk
(October 2013 RUC Submission)

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New Technology/New Services List

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0318T	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	September 2013	Review in 2 years (Setp 2015) with additional data per unit from CMS	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	September 2015		☐
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
2098X1		Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
2181X1		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
2181X2		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
2181X3		Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858X		Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	September 2018		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27279X		Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	September 2018		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	September 2015	Review in 3 years after additional data and coding introductory language and education have taken effect.	☐
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	September 2015		☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014		☐
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	September 2014		☐
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	September 2014		☐
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	September 2014		☐
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	September 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014		☐
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
3327X1		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
3327X2		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
3327X3		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
3327X		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
3340X1		Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
3340X2		Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014		☐
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014		☐
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014		☐
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
339X10		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X11		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X12		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X13		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X14		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X15		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X16		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X17		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X18		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
339X19		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X20		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X21		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X22		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X23		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X24		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339X25		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
339XX		Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	September 2016		☐
37218X		Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	September 2018		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014		☐
4319X		Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	September 2018		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	September 2016		☐
46601X		Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46607X		Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383X		Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	September 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014		☐
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	September 2015		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
5244X1		Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
5244X2		Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014		☐
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Review in 2 years (Sept 2014), as volume is higher than predicted.	☐
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	September 2014		☐
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014		☐
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014		☐
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014		☐
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014		☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2014		☐
6618X1	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	September 2017		☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	September 2014		☐
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	September 2014		☐
7705X		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
7705X		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
7705X		Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
772X1	Respiratory motion management simulation	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	September 2017		☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	September 2015		☐
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2016		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161X	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology-Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81161X	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1(eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), F1388del variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A])(eg, early-onset primary							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia), common variants (eg, 1138G>A, 1138G>C) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed GALT (galactose-1-phosphate uridylyltransferase) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (Septin 9) (eg, colon cancer), methylation analysis TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma), gene analysis, variant(s) in exon 3 (eg, codon 61) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FKRP (Fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence KIT (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18) LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis NRAS (neuroblastoma RAS viral oncogene homolog) (eg, colorectal carcinoma), exon 1 and exon 2 sequences PDGFRA (platelet-derived growth factor receptor alpha polypeptide) (eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18) PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]),							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence PRNP (prion protein) (eg, genetic prion disease), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25)							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012	September 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010		17	CPT 2011	September 2014		☐
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	September 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2015		☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	September 2016		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014		☐
912XX		Apr 2014	Transient Elastography of Liver	22	CPT 2015	September 2018		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	September 2014		☐
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014		☐
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014		☐
9214X1		Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	September 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead implantable cardioverter-defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead implantable cardioverter-defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead implantable cardioverter-defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable cardioverter-defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
9328X1		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
9328X		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014		☐
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014		☐
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014		☐
9358X1	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	September 2017		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9364X		Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	September 2014		☐
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	September 2014		☐
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	September 2014		☐
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
976XX	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	September 2018		☐
976XX		Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
976XX		Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99488	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	September 2016		☐
99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99490X		Apr 2014	Chronic Care Management	28	CPT 2015	September 2018		☐

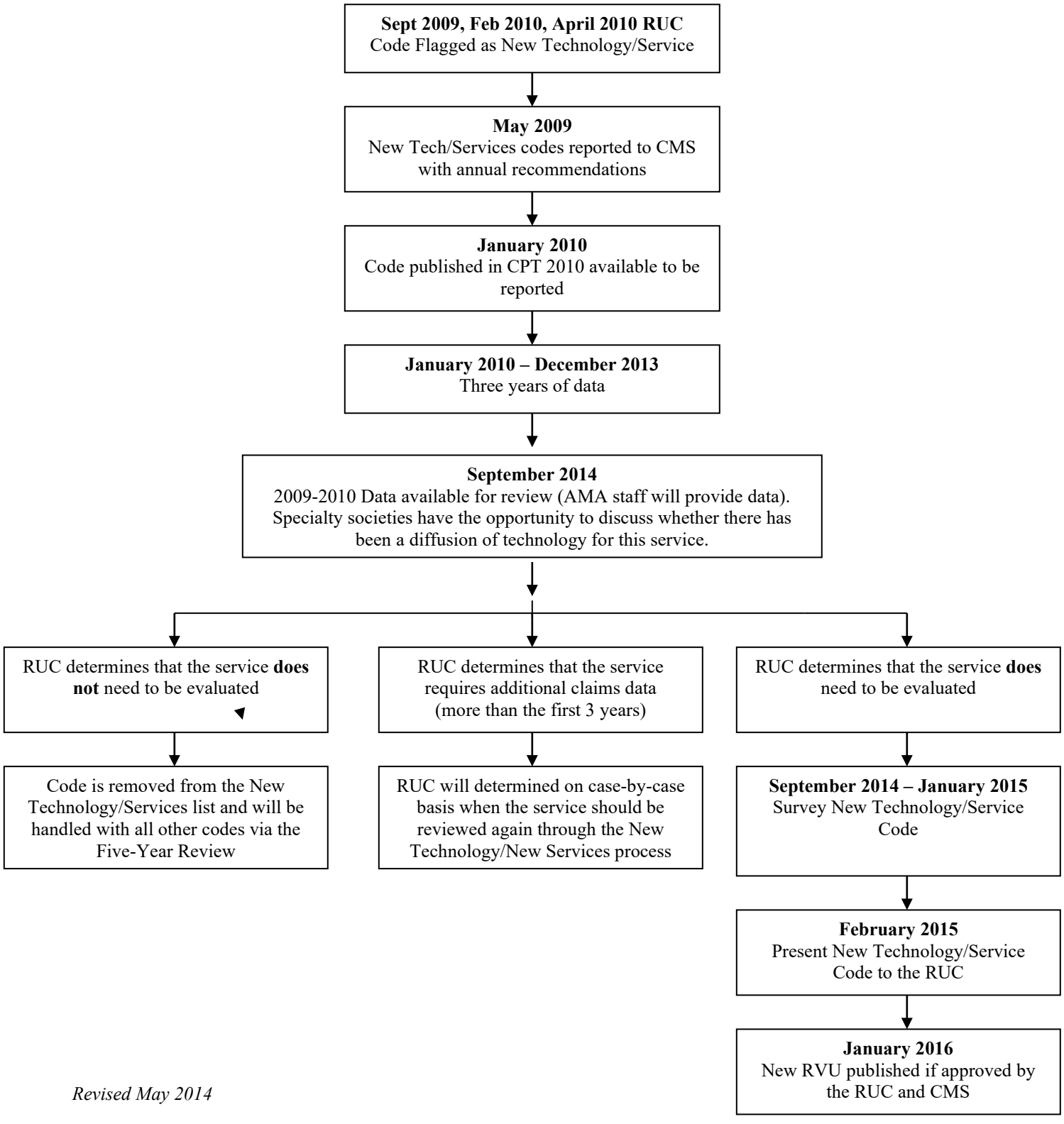
CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	September 2016		☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	September 2016		☐
9949X7		Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐
9949X8		Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐
994XX	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
994XX	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐

CPT Code	2014 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
994XX	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
994XX	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician/qualified healthcare professional; 31 or more minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2014

Outpatient Prospective Payment System and Ambulatory Surgical Center Cap Proposal

Following publication of the 2014 Final Rule, the RUC solicited feedback from the specialty societies regarding CPT codes potentially impacted by the OPPS/ASC Payment Cap. Specialty societies indicated an interest in re-reviewing or validating a recent RUC review, for 58 of the 211 codes identified through the cap proposal. **The PE Subcommittee reviewed the codes identified by specialty societies, grouped by families and has provided the RUC's practice expense recommendations in the folders listed below as a sample subset of the codes impacted by the cap proposal. Other services from the list of 211 that have been recently reviewed are identified in the attached spreadsheet.**

- Neurology and Neuromuscular Procedures-PE Only
- Otolaryngology-PE Only
- Pathology-PE Only
- Plastic Surgery-PE Only

CPT	Descriptor	Most Recent PE Review	2013 NF PE RVUs	2014 Prop NF PE RVU	Percent Change (2013-2014 NPRM)	Impact of Cap	2011 Frequency	Frequency Affected by Cap
17311	Mohs 1 stage h/n/hf/g	Apr13	12.46	10.16	-18%	-$31,087,831	547,315	504,942
22523	Percut kyphoplasty thor	Sept11	224.14	102.51	-54%	-$59,548	22,021	15
22524	Percut kyphoplasty lumbar	Sept11	223.34	102.28	-54%	-$161,985	24,678	41
22525	Percut kyphoplasty add-on	Sept11	139.24	98.82	-29%	-$12,129	12,280	10
77280	Set radiation therapy field	Jan13	4.58	3.51	-23%	-$3,240,194	287,242	105,750
77290	Set radiation therapy field	Jan13	13.98	9.18	-34%	-$17,256,968	345,400	116,417
77301	Radiotherapy dose plan imrt	Apr13	49.88	32.16	-36%	-$24,795,559	98,573	45,077
77403	Radiation treatment delivery	Apr13	3.75	2.81	-25%	-$378,181	13,826	13,819
77404	Radiation treatment delivery	Apr13	4.17	2.81	-33%	-$250,730	6,025	6,019
77406	Radiation treatment delivery	Apr13	4.17	2.81	-33%	-$41,740	1,002	1,002
77412	Radiation treatment delivery	Jan14	7.05	5.28	-25%	-$159,442	3,093	3,093
77413	Radiation treatment delivery	Apr13	6.79	5.28	-22%	-$23,886,694	559,441	559,363
77414	Radiation treatment delivery	Apr13	7.64	5.28	-31%	-$30,980,071	432,636	432,544
77416	Radiation treatment delivery	Apr13	7.63	5.28	-31%	-$4,290,862	60,205	60,195
88112	Cytopath cell enhance tech	Apr13	1.99	1.16	-42%	-$10,103,127	1,013,395	383,653
88304	Tissue exam by pathologist	Jan12	1.07	0.78	-27%	-$2,297,776	1,104,558	267,629
88307	Tissue exam by pathologist	Jan12	7.10	2.52	-65%	-$10,029,831	890,917	66,122
88309	Tissue exam by pathologist	Jan12	10.30	5.93	-42%	-$1,301,189	165,313	9,365
88312	Special stains group 1	Feb11	2.31	0.91	-61%	-$26,067,251	1,413,760	564,988
88313	Special stains group 2	Feb11	1.73	0.79	-54%	-$16,957,195	1,419,760	552,636
88314	Histochemical stains add-on	Feb11	1.91	0.88	-54%	-$406,474	22,184	12,098
88319	Enzyme histochemistry	Feb11	2.00	0.92	-54%	-$168,524	18,341	4,783
88342	Immunohistochemistry	Oct12	2.50	1.48	-41%	-$39,422,520	3,890,485	1,221,538
88349	Scanning electron microscopy	Oct13	12.03	4.99	-59%	-$3,470	68	15
88365	Insitu hybridization (fish)	Oct13	4.01	1.59	-60%	-$1,098,124	43,149	13,774
88367	Insitu hybridization auto	Oct13	6.23	1.54	-75%	-$10,371,937	114,948	66,047
88368	Insitu hybridization manual	Oct13	5.37	2.16	-60%	-$23,162,617	280,966	219,205
95250	Glucose monitoring cont	Jan14	4.88	2.85	-42%	-$1,403,231	21,855	21,794
95816	Eeg awake and drowsy	Oct12	11.06	5.58	-50%	-$10,831,399	294,109	61,097
95819	Eeg awake and asleep	Oct12	12.89	5.58	-57%	-$13,671,740	291,457	57,074
95822	Eeg coma or sleep only	Oct12	11.40	5.58	-51%	-$97,069	20,992	514
99170	Anogenital exam child	Oct12	1.83	0.93	-49%	$0	3	

CPT	Descriptor	Top Specialty	Codes with Supplies >= $50	Codes with Supplies >= $100	APC	2014 NPRM APC	OPPS Payment Rate	Prop 2014 OPPS	OPPS '13-'14 Change
17311	Mohs 1 stage h/n/hf/g	DERMATOLOGY			0694	0694	$ 367.87	427.55	16%
22523	Percut kyphoplasty thor	ORTHOPEDIC SURGERY	YES	YES	0052	0052	$ 5,862.48	6,639.85	13%
22524	Percut kyphoplasty lumbar	ORTHOPEDIC SURGERY	YES	YES	0052	0052	$ 5,862.48	6,639.85	13%
22525	Percut kyphoplasty add-on	ORTHOPEDIC SURGERY	YES	YES	0052		$ 5,862.48		
77280	Set radiation therapy field	RADIATION ONCOLOGY			0304	0304	$ 109.73	153.81	40%
77290	Set radiation therapy field	RADIATION ONCOLOGY			0305	0310	$ 290.99	671.92	131%
77301	Radiotherapy dose plan imrt	RADIATION ONCOLOGY			0310	0316	$ 984.49	1,907.69	94%
77403	Radiation treatment delivery	RADIATION ONCOLOGY			0300	0300	$ 95.50	121.99	28%
77404	Radiation treatment delivery	RADIATION ONCOLOGY			0300	0300	$ 95.50	121.99	28%
77406	Radiation treatment delivery	RADIATION ONCOLOGY			0300	0301	$ 95.50	225.74	136%
77412	Radiation treatment delivery	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%
77413	Radiation treatment delivery	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%
77414	Radiation treatment delivery	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%
77416	Radiation treatment delivery	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%
88112	Cytopath cell enhance tech	PATHOLOGY			0433	0342	$ 23.43	34.95	49%
88304	Tissue exam by pathologist	PATHOLOGY			0433	0342	$ 23.43	34.95	49%
88307	Tissue exam by pathologist	PATHOLOGY			0344	0343	$ 60.45	144.39	139%
88309	Tissue exam by pathologist	PATHOLOGY			0661	0661	$ 157.05	485.78	209%
88312	Special stains group 1	PATHOLOGY			0433	0433	$ 23.43	58.44	149%
88313	Special stains group 2	PATHOLOGY			0433	0433	$ 23.43	58.44	149%
88314	Histochemical stains add-on	PATHOLOGY			0433		$ 23.43		
88319	Enzyme histochemistry	PATHOLOGY			0433	0433	$ 23.43	58.44	149%
88342	Immunohistochemistry	PATHOLOGY			0343	0343	$ 38.10	144.39	279%
88349	Scanning electron microscopy	PATHOLOGY			0661	0661	$ 157.05	485.78	209%
88365	Insitu hybridization (fish)	PATHOLOGY	YES		0343	0343	$ 38.10	144.39	279%
88367	Insitu hybridization auto	CLINICAL LABORATORY (IND.	YES	YES	0343	0344	$ 38.10	277.56	629%
88368	Insitu hybridization manual	CLINICAL LABORATORY (IND.	YES	YES	0344	0344	$ 60.45	277.56	359%
95250	Glucose monitoring cont	ENDOCRINOLOGY			0606	0632	$ 96.96	108.42	12%
95816	Eeg awake and drowsy	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%
95819	Eeg awake and asleep	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%
95822	Eeg coma or sleep only	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%
99170	Anogenital exam child	CARDIOLOGY			0191	0191	$ 8.25	10.57	28%

CPT	Descriptor	ASC Payment Rate	Prop 2014 ASC	ASC '13-'14 Change	Direct PE Costs	Equip Cost	Supply Costs	Clin Labor Cost	Cap Applied on OPPS or ASC Payment?	% Performed in ASC
17311	Mohs 1 stage h/n/hf/g	$206.42	$ 228.22	10.56%	$188.82	11.88	92.21	84.73	ASC	1.43%
22523	Percut kyphoplasty thor	$3,289.61	$ 3,544.14	7.74%	$4,584.93	102.77	4363.97	118.18	ASC	3.76%
22524	Percut kyphoplasty lumbar	$3,289.61	$ 3,544.14	7.74%	$4,576.30	98.51	4363.97	113.82	ASC	3.89%
22525	Percut kyphoplasty add-on	$3,289.61			$2,703.80	56.00	2595.00	52.80	ASC	4.34%
77280	Set radiation therapy field	$61.57			$154.20	132.43	6.27	15.51	OPPS	0.00%
77290	Set radiation therapy field	$163.28			$483.30	365.66	82.63	35.01	OPPS	0.00%
77301	Radiotherapy dose plan imrt	$552.43			$1,592.08	1008.65	77.96	505.48	OPPS	0.00%
77403	Radiation treatment delivery	$53.59	$ 65.12	21.52%	$135.09	125.70	2.39	7.00	OPPS	0.00%
77404	Radiation treatment delivery	$53.59	$ 65.12	21.52%	$151.94	142.56	2.39	7.00	OPPS	0.00%
77406	Radiation treatment delivery	$53.59	$ 75.36	40.62%	$151.94	142.56	2.39	7.00	OPPS	0.00%
77412	Radiation treatment delivery	$100.73	$ 120.49	19.62%	$246.95	232.06	2.39	12.50	OPPS	0.00%
77413	Radiation treatment delivery	$100.73	$ 120.49	19.62%	$246.95	232.06	2.39	12.50	OPPS	0.00%
77414	Radiation treatment delivery	$100.73	$ 120.49	19.62%	$278.07	263.18	2.39	12.50	OPPS	0.00%
77416	Radiation treatment delivery	$100.73	$ 120.49	19.62%	$278.07	263.18	2.39	12.50	OPPS	0.00%
88112	Cytopath cell enhance tech				$43.96	0.43	19.57	23.96	OPPS	0.02%
88304	Tissue exam by pathologist				$26.73	2.65	13.79	10.30	OPPS	0.17%
88307	Tissue exam by pathologist				$153.64	32.08	77.36	44.20	OPPS	0.11%
88309	Tissue exam by pathologist				$215.61	49.03	111.97	54.60	OPPS	0.06%
88312	Special stains group 1				$62.09	2.03	41.89	18.18	OPPS	0.12%
88313	Special stains group 2				$50.38	1.94	31.75	16.70	OPPS	0.03%
88314	Histochemical stains add-on				$51.87	1.90	30.84	19.13	OPPS	0.09%
88319	Enzyme histochemistry				$43.72	2.18	16.17	25.38	OPPS	0.00%
88342	Immunohistochemistry				$64.22	1.71	35.14	27.38	OPPS	0.11%
88349	Scanning electron microscopy				$250.13	150.02	5.61	94.50	OPPS	0.00%
88365	Insitu hybridization (fish)				$119.83	6.89	91.29	21.65	OPPS	0.00%
88367	Insitu hybridization auto				$240.92	31.13	191.10	18.68	OPPS	0.01%
88368	Insitu hybridization manual				$228.17	7.06	199.46	21.65	OPPS	0.01%
95250	Glucose monitoring cont				$118.22	43.17	35.45	39.59	OPPS	0.00%
95816	Eeg awake and drowsy				$137.18	19.73	54.00	63.45	OPPS	0.00%
95819	Eeg awake and asleep				$159.45	22.33	53.93	83.19	OPPS	0.00%
95822	Eeg coma or sleep only				$143.41	21.26	54.00	68.15	OPPS	0.00%
99170	Anogenital exam child				$38.14	2.47	8.38	27.30	OPPS	0.00%

CPT	Descriptor	Proposed PE Payments	Is OPPS rate Higher or Lower than Prop PE Payment?
17311	Mohs 1 stage h/n/hf/g	$ 362.36	HIGHER
22523	Percut kyphoplasty thor	$ 3,656.05	HIGHER
22524	Percut kyphoplasty lumbar	$ 3,647.85	HIGHER
22525	Percut kyphoplasty add-on	$ 3,524.44	HIGHER
77280	Set radiation therapy field	$ 125.19	LOWER
77290	Set radiation therapy field	$ 327.41	LOWER
77301	Radiotherapy dose plan imrt	$ 1,147.00	LOWER
77403	Radiation treatment delivery	$ 100.22	LOWER
77404	Radiation treatment delivery	$ 100.22	LOWER
77406	Radiation treatment delivery	$ 100.22	LOWER
77412	Radiation treatment delivery	$ 188.31	LOWER
77413	Radiation treatment delivery	$ 188.31	LOWER
77414	Radiation treatment delivery	$ 188.31	LOWER
77416	Radiation treatment delivery	$ 188.31	LOWER
88112	Cytopath cell enhance tech	$ 41.37	LOWER
88304	Tissue exam by pathologist	$ 27.82	LOWER
88307	Tissue exam by pathologist	$ 89.88	LOWER
88309	Tissue exam by pathologist	$ 211.50	LOWER
88312	Special stains group 1	$ 32.46	LOWER
88313	Special stains group 2	$ 28.18	LOWER
88314	Histochemical stains add-on	$ 31.39	LOWER
88319	Enzyme histochemistry	$ 32.81	LOWER
88342	Immunohistochemistry	$ 52.78	LOWER
88349	Scanning electron microscopy	$ 177.97	LOWER
88365	Insitu hybridization (fish)	$ 56.71	LOWER
88367	Insitu hybridization auto	$ 54.92	LOWER
88368	Insitu hybridization manual	$ 77.04	LOWER
95250	Glucose monitoring cont	$ 101.65	LOWER
95816	Eeg awake and drowsy	$ 199.01	LOWER
95819	Eeg awake and asleep	$ 199.01	LOWER
95822	Eeg coma or sleep only	$ 199.01	LOWER
99170	Anogenital exam child	$ 33.17	LOWER

CPT	Descriptor	2013 NF PE RVUs	2014 Prop NF PE RVU	Percent Change (2013-2014 NPRM)	Impact of Cap	2011 Frequency	Frequency Affected by Cap	Top Specialty	Codes with Supplies >= $50	Codes with Supplies >= $100	APC	2014 NPRM APC	OPPS Payment Rate	Prop 2014 OPPS	OPPS '13-'14 Change	ASC Payment Rate	Prop 2014 ASC	ASC '13-'14 Change	Direct PE Costs	Equip Cost	Supply Costs	Clin Labor Cost	Cap Applied on OPPS or ASC Payment?	% Performed in ASC	Most Recent PE Review	Proposed PE Payments	Is OPPS rate Higher or Lower than Prop PE Payment?
10021	Fna w/o image	3.04	2.61	-14%	-$225,160	32,235	21,768	OTOLARYNGOLOGY			0002	0019	$ 122.62	345.75	182%	$68.80	$ 70.00	1.74%	$57.06	0.19	39.85	17.02	ASC	0.57%	Feb01	$ 93.09	HIGHER
11011	Debride skin musc at fx site	10.24	8.47	-17%	-$15,653	2,057	338	ORTHOPEDIC SURGERY			0019	0019	$ 336.38	345.75	3%	$188.75	$ 184.55	-2.23%	$160.43	6.67	110.47	43.29	ASC	1.65%	Feb10	$ 302.09	HIGHER
12005	Rpr s/n/a/gen/trk12.6-20.0cm	2.69	2.05	-24%	-$11,487	5,658	624	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$39.57	0.60	23.06	15.91	ASC	0.12%	Mar01	$ 73.11	HIGHER
12006	Rpr s/n/a/gen/trk20.1-30.0cm	3.23	2.19	-32%	-$3,338	1,111	105	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$46.83	1.63	27.07	18.13	ASC	0.09%	Mar01	$ 78.11	HIGHER
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	2.21	1.83	-17%	-$42,720	51,041	4,305	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$33.23	1.00	20.02	12.21	ASC	0.12%	Mar01	$ 65.27	HIGHER
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	2.41	1.92	-20%	-$7,151	6,659	529	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$35.33	1.26	20.02	14.06	ASC	0.18%	Mar01	$ 68.48	HIGHER
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	2.86	2.02	-29%	-$4,471	3,287	177	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$40.96	1.63	23.43	15.91	ASC	0.09%	Mar01	$ 72.04	HIGHER
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	3.28	2.21	-33%	-$852	512	26	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$45.52	1.93	25.46	18.13	ASC	0.39%	Mar01	$ 78.82	HIGHER
17311	Mohs 1 stage h/n/hf/g	12.46	10.16	-18%	-$31,087,831	547,315	504,942	DERMATOLOGY			0694	0694	$ 367.87	427.55	16%	$206.42	$ 228.22	10.56%	$188.82	11.88	92.21	84.73	ASC	1.43%	Apr13	$ 362.36	HIGHER
19105	Cryosurg ablate fa each	55.44	42.07	-24%	-$10,416	30	27	GENERAL PRACTICE	YES	YES	0029	0029	$ 2,458.99	2,984.75	21%	$1,379.81	$ 1,128.31	-18.23%	$1,723.76	19.78	1657.35	46.63	ASC	0.00%	Apr06	$ 1,500.44	HIGHER
20697	Comp ext fixate strut change	64.55	13.78	-79%	-$75,008	102	44	ORTHOPEDIC SURGERY	YES	YES	0139	0139	$ 835.41	1,057.38	27%	$468.77	$ 369.58	-21.16%	$1,163.26	0.43	1155.06	7.77	ASC	0.00%	Apr08	$ 491.47	HIGHER
20950	Fluid pressure muscle	6.32	3.32	-47%	-$9,372	383	97	ORTHOPEDIC SURGERY	YES		0006	0006	$ 125.45	164.87	31%	$70.40	$ 88.01	25.01%	$106.30	1.45	77.46	27.38	ASC	0.26%	Mar03	$ 118.41	HIGHER
20982	Ablate bone tumor(s) perq	98.45	59.62	-39%	-$80,731	178	66	DIAGNOSTIC RADIOLOGY	YES	YES	0051	0051	$ 3,437.59	3,841.82	12%	$1,928.93	$ 2,050.64	6.31%	$2,839.67	591.08	2112.76	135.84	ASC	3.93%	Sept03	$ 2,126.37	HIGHER
21125	Augmentation lower jaw bone	92.91	40.10	-57%	-$3,462	13	2	MAXILLOFACIAL SURGERY	YES	YES	0254	0254	$ 1,799.78	1,964.44	9%	$1,009.91	$ 1,048.56	3.83%	$1,894.62	12.85	1782.25	99.53	ASC	0.00%	Aug03	$ 1,430.18	HIGHER
21127	Augmentation lower jaw bone	105.70	66.67	-37%	-$1,218	2	1	MAXILLOFACIAL SURGERY	YES	YES	0256	0256	$ 3,278.89	3,674.81	12%	$1,839.88	$ 1,961.50	6.61%	$2,492.96	20.87	2329.64	142.45	ASC	0.00%	Aug03	$ 2,377.81	HIGHER
21215	Lower jaw bone graft	111.40	66.84	-40%	-$748,148	720	532	ORAL SURGERY	YES	YES	0256	0256	$ 3,278.89	3,674.81	12%	$1,839.88	$ 1,961.50	6.61%	$2,509.76	21.74	2336.69	151.33	ASC	1.11%	Aug03	$ 2,383.87	HIGHER
21310	Closed tx nose fx w/o manj	3.42	1.42	-58%	-$14,851	8,909	226	EMERGENCY MEDICINE			0250	0250	$ 78.09	84.89	9%	$43.82	$ 45.31	3.40%	$53.72	0.98	38.68	14.06	ASC	0.04%	Feb05	$ 50.64	HIGHER
21480	Reset dislocated jaw	2.30	1.53	-33%	-$3,671	1,257	155	EMERGENCY MEDICINE			0250	0250	$ 78.09	84.89	9%	$43.82	$ 45.31	3.40%	$39.85	1.17	22.03	16.65	ASC	0.08%	Sept04	$ 54.57	HIGHER
22520	Percut vertebroplasty thor	58.41	42.64	-27%	-$654,521	9,765	1,403	DIAGNOSTIC RADIOLOGY	YES	YES	0050	0050	$ 2,306.77	2,598.32	13%	$1,294.39	$ 1,386.90	7.15%	$1,478.67	119.14	1275.01	84.53	ASC	2.64%	Jan09	$ 1,520.77	HIGHER
22521	Percut vertebroplasty lumb	59.10	42.59	-28%	-$753,398	10,267	1,532	DIAGNOSTIC RADIOLOGY	YES	YES	0050	0050	$ 2,306.77	2,598.32	13%	$1,294.39	$ 1,386.90	7.15%	$1,489.31	115.59	1275.01	98.72	ASC	2.69%	Jan09	$ 1,518.99	HIGHER
22523	Percut kyphoplasty thor	224.14	102.51	-54%	-$59,548	22,021	15	ORTHOPEDIC SURGERY	YES	YES	0052	0052	$ 5,862.48	6,639.85	13%	$3,289.61	$ 3,544.14	7.74%	$4,584.93	102.77	4363.97	118.18	ASC	3.76%	Sept11	$ 3,656.05	HIGHER
22524	Percut kyphoplasty lumbar	223.34	102.28	-54%	-$161,985	24,678	41	ORTHOPEDIC SURGERY	YES	YES	0052	0052	$ 5,862.48	6,639.85	13%	$3,289.61	$ 3,544.14	7.74%	$4,576.30	98.51	4363.97	113.82	ASC	3.89%	Sept11	$ 3,647.85	HIGHER
22525	Percut kyphoplasty add-on	139.24	98.82	-29%	-$12,129	12,280	10	ORTHOPEDIC SURGERY	YES	YES	0052		$ 5,862.48			$3,289.61			$2,703.80	56.00	2595.00	52.80	ASC	4.34%	Sept11	$ 3,524.44	HIGHER
30903	Control of nosebleed	4.59	1.87	-59%	-$2,108,216	49,418	23,563	OTOLARYNGOLOGY			0250	0250	$ 78.09	84.89	9%	$43.82	$ 45.31	3.40%	$83.38	1.32	59.12	22.94	ASC	0.19%	Feb01	$ 66.69	HIGHER
30905	Control of nosebleed	5.64	1.99	-65%	-$194,795	7,180	1,611	EMERGENCY MEDICINE			0250	0250	$ 78.09	84.89	9%	$43.82	$ 45.31	3.40%	$100.96	1.92	64.63	34.41	ASC	0.40%	Feb01	$ 70.97	HIGHER
31295	Sinus endo w/balloon dil	62.49	35.36	-43%	-$2,780,886	4,243	3,215	OTOLARYNGOLOGY	YES	YES	0075	0075	$ 2,026.82	2,354.85	16%	$1,137.31	$ 948.35	-16.61%	$1,408.50	9.74	1360.29	38.48	ASC	3.70%	Feb10	$ 1,261.13	HIGHER
31296	Sinus endo w/balloon dil	62.82	35.67	-43%	-$2,322,045	4,248	2,684	OTOLARYNGOLOGY	YES	YES	0075	0075	$ 2,026.82	2,354.85	16%	$1,137.31	$ 956.67	-15.88%	$1,405.56	10.49	1360.29	34.78	ASC	7.34%	Feb10	$ 1,272.18	HIGHER
31297	Sinus endo w/balloon dil	62.66	35.35	-44%	-$1,147,256	1,861	1,317	OTOLARYNGOLOGY	YES	YES	0075	0075	$ 2,026.82	2,354.85	16%	$1,137.31	$ 948.08	-16.64%	$1,404.49	10.16	1360.29	34.04	ASC	6.39%	Feb10	$ 1,260.77	HIGHER
31634	Bronch w/balloon occlusion	56.27	27.55	-51%	$0	120		PULMONARY DISEASE	YES	YES	0415	0415	$ 1,572.20	2,210.55	41%	$882.21	$ 1,179.92	33.75%	$1,433.56	37.81	1310.61	85.13	ASC	0.00%	Feb10	$ 982.58	HIGHER
31730	Intro windpipe wire/tube	34.70	6.59	-81%	-$27,421	625	29	GENERAL SURGERY	YES	YES	0073	0073	$ 337.25	348.67	3%	$189.24	$ 186.11	-1.65%	$796.68	1.20	757.41	38.07	ASC	0.00%	Feb05	$ 235.03	HIGHER
32998	Perq rf ablate tx pul tumor	84.49	68.89	-18%	-$11,693	720	28	DIAGNOSTIC RADIOLOGY	YES	YES	0423	0423	$ 4,046.61	4,176.83	3%	$2,270.67	$ 2,229.46	-1.81%	$2,398.15	325.06	2031.90	41.20	ASC	5.83%	Apr06	$ 2,456.98	HIGHER
36147	Access av dial grft for eval	21.76	13.14	-40%	-$42,225,741	297,571	155,414	DIAGNOSTIC RADIOLOGY	YES		0668	0668	$ 716.01	826.28	15%	$401.78	$ 352.41	-12.29%	$570.21	286.67	199.64	83.90	ASC	0.63%	Apr09	$ 468.64	HIGHER
36566	Insert tunneled cv cath	165.47	40.45	-76%	-$41,871	914	10	GENERAL SURGERY	YES	YES	0623	0623	$ 2,228.00	2,364.39	6%	$1,250.19	$ 1,262.04	0.95%	$3,711.57	3.81	3644.81	62.95	ASC	2.30%	Feb06	$ 1,442.66	HIGHER
37220	Iliac revasc	90.85	69.00	-24%	-$589,758	11,133	936	VASCULAR SURGERY	YES	YES	0083	0083	$ 4,023.05	4,541.84	13%	$2,257.45	$ 2,418.85	7.15%	$2,743.41	417.45	2193.38	132.58	ASC	0.10%	Apr10	$ 2,460.91	HIGHER
37224	Fem/popl revas w/tla	110.44	69.30	-37%	-$2,155,160	30,764	1,676	VASCULAR SURGERY	YES	YES	0083	0083	$ 4,023.05	4,541.84	13%	$2,257.45	$ 2,418.85	7.15%	$3,350.77	524.59	2667.20	158.98	ASC	0.09%	Apr10	$ 2,471.61	HIGHER
37225	Fem/popl revas w/ather	333.59	146.84	-56%	-$19,511,547	21,844	3,192	CARDIOLOGY	YES	YES	0229	0229	$ 8,656.82	10,470.80	21%	$4,857.59	$ 5,041.75	3.79%	$10,483.37	728.18	9545.67	209.53	ASC	0.02%	Apr10	$ 5,237.09	HIGHER
37226	Fem/popl revasc w/stent	274.30	146.22	-47%	-$5,262,202	33,175	1,278	CARDIOLOGY	YES	YES	0229	0229	$ 8,656.82	10,470.80	21%	$4,857.59	$ 5,041.75	3.79%	$8,551.98	578.17	7801.25	172.57	ASC	0.09%	Apr10	$ 5,214.98	HIGHER
37227	Fem/popl revasc stnt & ather	452.78	345.86	-24%	-$6,320,581	9,639	2,059	CARDIOLOGY	YES	YES	0319	0319	$ 14,596.24	17,160.78	18%	$11,601.50	$ 12,082.44	4.15%	$14,297.73	765.68	13313.67	218.39	ASC	0.02%	Apr10	$ 12,335.20	HIGHER
37228	Tib/per revasc w/tla	159.64	69.89	-56%	-$4,032,012	23,037	1,372	VASCULAR SURGERY	YES	YES	0083	0083	$ 4,023.05	4,541.84	13%	$2,257.45	$ 2,418.85	7.15%	$4,896.58	578.17	4145.84	172.57	ASC	0.07%	Apr10	$ 2,492.65	HIGHER
37229	Tib/per revasc w/ather	325.83	147.44	-55%	-$12,557,664	12,263	2,155	CARDIOLOGY	YES	YES	0229	0229	$ 8,656.82	10,470.80	21%	$4,857.59	$ 5,041.75	3.79%	$10,178.40	738.89	9227.73	211.78	ASC	0.02%	Apr10	$ 5,258.49	HIGHER
37230	Tib/per revasc w/stent	244.93	147.38	-40%	-$307,690	3,459	100	CARDIOLOGY	YES	YES	0229	0229	$ 8,656.82	10,470.80	21%	$4,857.59	$ 5,041.75	3.79%	$7,693.73	738.89	6743.06	211.78	ASC	0.00%	Apr10	$ 5,256.35	HIGHER
37231	Tib/per revasc stent & ather	399.37	346.01	-13%	-$399,109	1,192	320	CARDIOLOGY	YES	YES	0319	0319	$ 14,596.24	17,160.78	18%	$11,601.50	$ 12,082.44	4.15%	$12,773.55	819.25	11722.73	231.57	ASC	0.00%	Apr10	$ 12,340.55	HIGHER
37234	Revsc opn/prq tib/pero stent	117.54	68.16	-42%	-$26,658	384	17	CARDIOLOGY	YES	YES	0083		$ 4,023.05			$2,257.45			$3,635.38	321.46	3233.90	80.02	ASC	0.00%	Apr10	$ 2,430.95	HIGHER
37235	Tib/per revasc stnt & ather	117.25	68.61	-41%	-$41,639	100	27	CARDIOLOGY	YES	YES	0083		$ 4,023.05			$2,257.45			$3,768.93	428.61	3233.90	106.42	ASC	0.00%	Apr10	$ 2,447.00	HIGHER
41530	Tongue base vol reduction	98.70	37.31	-62%	-$934,630	570	461	OTOLARYNGOLOGY	YES	YES	0254	0254	$ 1,799.78	1,964.44	9%	$1,009.91	$ 1,000.65	-0.92%	$2,229.15	39.12	2129.35	60.68	ASC	2.63%	Sept07	$ 1,330.67	HIGHER
43456	Dilate esophagus	15.65	9.65	-38%	-$31,633	1,752	168	GASTROENTEROLOGY	YES	YES	0140	0140	$ 483.05	607.64	26%	$271.06	$ 324.34	19.66%	$313.70	14.90	246.76	52.04	ASC	13.07%	Sept02	$ 344.17	HIGHER
43754	Dx gastr intub w/asp spec	2.44	1.34	-45%	-$1,198	226	34	PATHOLOGY			0340	0420	$ 49.64	104.59	111%	$27.85			$49.17	0.93	26.04	22.20	ASC	0.00%	Feb10	$ 47.79	HIGHER
43755	Dx gastr intub w/asp specs	3.40	1.82	-46%	$0	30		GENERAL SURGERY			0097	0096	$ 66.52	136.63	105%	$37.32	$ 72.93	95.42%	$60.90	1.26	31.15	28.49	ASC	46.67%	Feb10	$ 64.91	HIGHER
43756	Dx duod intub w/asp spec	5.98	2.61	-56%	-$221	924	2	GASTROENTEROLOGY			0272	0272	$ 114.26	169.00	48%	$64.12			$121.19	69.44	29.55	22.20	ASC	29.00%	Feb10	$ 93.09	HIGHER
43757	Dx duod intub w/asp specs	8.20	2.87	-65%	-$177	45	1	GASTROENTEROLOGY			0272	0272	$ 114.26	169.00	48%	$64.12			$163.56	103.16	31.91	28.49	ASC	2.22%	Feb10	$ 102.36	HIGHER
43760	Change gastrostomy tube	14.59	3.24	-78%	-$3,053,575	61,675	8,018	EMERGENCY MEDICINE	YES	YES	0676	0676	$ 172.66	202.46	17%	$96.89	$ 108.07	11.54%	$283.88	0.08	270.11	13.69	ASC	2.27%	Feb05	$ 115.56	HIGHER
45303	Proctosigmoidoscopy dilate	28.48	12.80	-55%	-$165,524	543	323	COLORECTAL SURGERY	YES	YES	0147	0147	$ 715.56	820.78	15%	$401.52	$ 343.29	-14.50%	$588.59	5.54	545.64	37.41	ASC	3.31%	Jan03	$ 456.52	HIGHER
46604	Anoscopy and dilation	18.47	12.60	-32%	-$279,811	1,807	1,563	COLORECTAL SURGERY	YES	YES	0147	0147	$ 715.56	820.78	15%	$401.52	$ 337.93	-15.84%	$386.63	1.36	364.18	21.09	ASC	1.66%	Jan03	$ 449.38	HIGHER
47382	Percut ablate liver rf	135.85	72.73	-46%	-$44,618	1,688	22	DIAGNOSTIC RADIOLOGY	YES	YES	0423	0423	$ 4,046.61	4,176.83	3%	$2,270.67	$ 2,229.46	-1.81%	$3,819.01	775.56	2858.42	185.03	ASC	1.07%	Oct08	$ 2,593.94	HIGHER
47530	Revise/reinsert bile tube	35.28	23.54	-33%	-$361	304	1	DIAGNOSTIC RADIOLOGY	YES		0427	0427	$ 1,201.60	1,309.03	9%	$674.26	$ 698.72	3.63%	$962.53	615.15	273.88	73.50	ASC	0.33%	Jan04	$ 839.56	HIGHER
49440	Place gastrostomy tube perc	27.42	17.26	-37%	-$38,079	17,210	120	DIAGNOSTIC RADIOLOGY	YES	YES	0419	0419	$ 926.78	1,032.85	11%	$520.05	$ 551.31	6.01%	$738.86	238.88	440.66	59.32	ASC	0.19%	Sept07	$ 615.58	HIGHER
49441	Place duod/jej tube perc	30.72	17.53	-43%	-$1,680	1,355	4	DIAGNOSTIC RADIOLOGY	YES	YES	0419	0419	$ 926.78	1,032.85	11%	$520.05	$ 551.31	6.01%	$782.73	275.82	441.16	65.76	ASC	0.22%	Sept07	$ 625.21	HIGHER
49446	Change g-tube to g-j perc	26.84	16.45	-39%	-$5,877	4,742	18	DIAGNOSTIC RADIOLOGY	YES	YES	0419	0419	$ 926.78	1,032.85	11%	$520.05	$ 551.31	6.01%	$750.86	249.43	441.37	60.05	ASC	0.15%	Sept07	$ 586.69	HIGHER
49450	Replace g/c tube perc	19.04	7.73	-59%	-$224,007	12,620	602	DIAGNOSTIC RADIOLOGY	YES	YES	0121	0121	$ 439.63	472.09	7%	$246.69	$ 251.99	2.15%	$537.40	89.71	422.72	24.97	ASC	0.21%	Sept07	$ 275.69	HIGHER
49451	Replace duod/jej tube perc	20.34	7.90	-61%	-$35,694	6,045	87	DIAGNOSTIC RADIOLOGY	YES	YES	0121	0121	$ 439.63	472.09	7%	$246.69	$ 251.99	2.15%	$566.22	115.98	423.22	27.02	ASC	0.07%	Sept07	$ 281.76	HIGHER
49452	Replace g-j tube perc	24.35	8.25	-66%	-$45,943	8,743	86	DIAGNOSTIC RADIOLOGY	YES	YES	0121	0121	$ 439.63	472.09	7%	$246.69	$ 251.99	2.15%	$685.26	142.25	520.22	22.78	ASC	0.07%	Sept07	$ 294.24	HIGHER
49460	Fix g/colon tube w/device	21.57	7.60	-65%	-$9,256	858	20	DIAGNOSTIC RADIOLOGY	YES	YES	0121	0121	$ 439.63	472.09	7%	$246.69	$ 251.99	2.15%	$601.43	115.98	458.43	27.02	ASC	0.23%	Sept07	$ 271.06	HIGHER
50200	Renal biopsy perq	14.90	13.05	-12%	-$14,861	30,748	358	DIAGNOSTIC RADIOLOGY			0685	0685	$ 713.56	947.84	33%	$400.40	$ 505.93	26.36%	$391.75	250.67	71.88	69.19	ASC	0.23%	Oct08	$ 465.43	HIGHER
50384	Remove ureter stent percut	23.30	20.42	-12%	-$258	351	4	DIAGNOSTIC RADIOLOGY	YES	YES	0161	0161	$ 1,131.27	1,218.88	8%	$634.79			$634.04	381.96	187.62	64.45	ASC	1.42%	Apr05	$ 728.29	HIGHER
50386	Remove stent via transureth	18.80	9.90	-47%	-$20,918	172	73	UROLOGY	YES		0160	0160	$ 509.76	562.70	10%	$286.04			$517.15	260.03	194.83	62.30	ASC	0.00%	Feb07	$ 353.09	HIGHER
50592	Perc rf ablate renal tumor	87.17	69.87	-20%	-$8,055	991	17	DIAGNOSTIC RADIOLOGY	YES	YES	0423	0423	$ 4,046.61	4,176.83	3%	$2,270.67	$ 2,229.46	-1.81%	$2,512.49	312.27	2113.90	86.32	ASC	1.11%	Apr05	$ 2,491.93	HIGHER
50593	Perc cryo ablate renal tum	129.85	70.85	-45%	-$13,237	1,614	7	DIAGNOSTIC RADIOLOGY	YES	YES	0423	0423	$ 4,046.61	4,176.83	3%	$2,270.67	$ 2,229.46	-1.81%	$3,728.91	598.40	3004.29	126.21	ASC	0.06%	Apr07	$ 2,526.89	HIGHER
51101	Drain bladder by trocar/cath	2.60	1.74	-33%	-$3,247	288	123	UROLOGY			0126	0126	$ 81.99	139.57	70%	$46.01	$ 46.67	1.43%	$64.59	0.41	53.82	10.36	ASC	2.78%	Feb05	$ 62.06	HIGHER
51702	Insert temp bladder cath	1.55	1.15	-26%	-$1,979,344	205,506	168,878	UROLOGY			0340	0420	$ 49.64	104.59	111%	$27.85			$39.03	0.42	23.07	15.54	ASC	0.04%	Apr02	$ 41.02	HIGHER
51726	Complex cystometrogram	6.00	4.44	-26%	-$475,101	16,173	10,377	UROLOGY			0156	0156	$ 232.32	528.23	127%	$130.36	$ 281.95	116.29%	$152.33	53.60	67.28	31.45	ASC	0.97%	Feb10	$ 158.35	HIGHER
51727	Cystometrogram w/up	7.09	4.63	-35%	-$235,355	4,741	3,093	OBSTETRICS/GYNECOLOGY			0156	0156	$ 232.32	528.23	127%	$130.36	$ 102.72	-21.20%	$181.03	40.88	106.85	33.30	ASC	4.05%	Feb10	$ 165.13	HIGHER
51728	Cystometrogram w/vp	7.08	4.57	-35%	-$4,313,371	74,602	55,376	UROLOGY			0156	0156	$ 232.32	528.23	127%	$130.36	$ 102.72	-21.20%	$179.23	40.88	105.05	33.30	ASC	0.85%	Feb10	$ 162.99	HIGHER
51729	Cystometrogram w/vp&up	7.45	4.76	-36%	-$6,398,876	99,664	76,446	UROLOGY			0156	0156	$ 232.32	528.23	127%	$130.36	$ 102.72	-21.20%	$186.00	43.15	107.70	35.15	ASC	0.19%	Feb10	$ 169.77	HIGHER
51784	Anal/urinary muscle study	4.06	1.91	-53%	-$10,038,765	183,919	143,385	UROLOGY			0126	0126	$ 81.99	139.57	70%	$46.01	$ 36.21	-21.30%	$95.77	31.34	30.75	33.67	ASC	0.42%	Jan03	$ 68.12	HIGHER
51785	Anal/urinary muscle study	5.97	3.16	-47%	-$198,370	5,501	2,194	UROLOGY			0164	0164	$ 152.75	232.41	52%	$85.71	$ 124.05	44.73%	$106.05	33.16	35.89	37.00	ASC	0.00%	Jan03	$ 112.70	HIGHER
53855	Insert prost urethral stent	21.56	3.10	-86%	-$231,746	417	372	UROLOGY	YES	YES	0164	0160	$ 152.75	562.70	268%	$85.71	$ 83.14	-3.00%	$616.16	0.61	604.08	11.47	ASC	0.00%	Feb09	$ 110.56	HIGHER
67700	Drainage of eyelid abscess	6.63	5.76	-13%	-$122,997	6,537	6,107	OPHTHALMOLOGY			0238	0238	$ 231.76	296.33	28%	$130.05	$ 154.48	18.79%	$126.94	6.00	91.68	29.26	ASC	1.84%	Mar04	$ 205.43	HIGHER
68400	Incise/drain tear gland	6.76	5.85	-13%	-$2,349	131	110	OPHTHALMOLOGY			0238	0238	$ 231.76	296.33	28%	$130.05	$ 156.90	20.65%	$123.86	2.12	87.17	34.58	ASC	7.63%	Sept04	$ 208.64	HIGHER
11012	Deb skin bone at fx site	13.15	9.86	-25%	-$14,649	8,059	153	ORTHOPEDIC SURGERY			0019	0020	$ 336.38	744.12	121%	$188.75	$ 397.19	110.43%	$173.55	8.69	110.47	54.39	ASC	3.36%	Feb10	$ 351.66	LOWER
11760	Repair of nail bed	5.18	3.53	-32%	-$61,013	4,011	1,212	ORTHOPEDIC SURGERY			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$90.82	2.26	52.67	35.89	ASC	7.48%	Aug03	$ 125.90	LOWER
11981	Insert drug implant device	2.35	1.47	-37%	-$63,420	13,395	2,304	ORTHOPEDIC SURGERY			0340	0420	$ 49.64	104.59	111%	$27.85			$37.57	1.78	11.01	24.79	ASC	2.26%	Apr01	$ 52.43	LOWER
11982	Remove drug implant device	2.57	1.63	-37%	-$26,110	3,422	891	ORTHOPEDIC SURGERY			0340	0420	$ 49.64	104.59	111%	$27.85			$37.57	1.78	11.01	24.79	ASC	0.61%	Apr02	$ 58.13	LOWER
11983	Remove/insert drug implant	2.60	2.06	-21%	-$56,060	4,937	3,740	UROLOGY			0340	0420	$ 49.64	104.59	111%	$27.85			$37.57	1.78	11.01	24.79	ASC	0.10%	Apr01	$ 73.47	LOWER
12007	Rpr s/n/ax/gen/trnk >30.0 cm	3.46	2.50	-28%	-$1,913	443	67	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$50.07	1.88	28.21	19.98	ASC	0.45%	Mar01	$ 89.16	LOWER
12041	Intmd rpr n-hf/genit 2.5cm/<	4.87	3.67	-25%	-$497,924	18,982	14,308	DERMATOLOGY			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$81.82	1.77	50.45	29.60	ASC	2.68%	Sept04	$ 130.89	LOWER
12054	Intmd rpr face/mm 7.6-12.5cm	7.04	4.15	-41%	-$109,722	3,131	1,199	EMERGENCY MEDICINE			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91	-2.49%	$109.34	3.03	66.72	39.59	ASC	3.48%	Sept04	$ 148.01	LOWER
12055	Intmd rpr face/mm 12.6-20 cm	8.99	7.88	-12%	-$2,755	453	111	EMERGENCY MEDICINE			0134	0134	$ 251.48	222.17	-12%	$141.11	$ 118.59	-15.96%	$141.71	3.71	82.51	55.50	ASC	4.19%	Sept04	$ 281.04	LOWER
12057	Intmd rpr face/mm >30.0 cm	9.82	8.56	-13%	-$1,412	77	49	INTERNAL MEDICINE			0134	0134	$ 251.48	222.17	-12%	$141.11	$ 118.59	-15.96%	$165.29	4.50	97.89	62.90	ASC	2.60%	Sept04	$ 305.29	LOWER
15776	Hair trnspl >15 punch grafts	8.25	5.68	-31%	-$78	8	1	PLASTIC SURGERY			0133	0133	$ 85.75	87.88	2%	$48.11	$ 46.91

CPT	Descriptor	2013 NF PE RVUs	2014 Prop NF PE RVU	Percent Change (2013-2014 NPRM)	Impact of Cap	2011 Frequency	Frequency Affected by Cap	Top Specialty	Codes with Supplies >= $50	Codes with Supplies >= $100	APC	2014 NPRM APC	OPPS Payment Rate	Prop 2014 OPPS	OPPS '13-'14 Change	ASC Payment Rate	Prop 2014 ASC	ASC '13-'14 Change	Direct PE Costs	Equip Cost	Supply Costs	Clin Labor Cost	Cap Applied on OPPS or ASC Payment?	% Performed in ASC	Most Recent PE Review	Proposed PE Payments	Is OPPS rate Higher or Lower than Prop PE Payment?
46600	Diagnostic anoscopy	2.10	1.42	-32%	-$1,813,884	96,817	87,191	COLORECTAL SURGERY			0340	0420	$ 49.64	104.59	111%	$27.85			$40.69	0.37	32.18	8.14	ASC	0.10%	Jan03	$ 50.64	LOWER
46916	Cryosurgery anal lesion(s)	4.82	3.90	-19%	-$23,925	1,065	961	DERMATOLOGY			0015	0015	$ 106.96	156.31	46%	$60.02	$ 83.44	39.02%	$83.23	4.28	41.58	37.37	ASC	0.00%	Jan03	$ 139.09	LOWER
49465	Fluoro exam of g/colon tube	4.37	3.83	-12%	-$6,537	18,773	541	DIAGNOSTIC RADIOLOGY			0277	0277	$ 122.82	156.73	28%				$124.27	89.71	15.14	19.42	OPPS	0.03%	Sept07	$ 136.60	LOWER
57170	Fitting of diaphragm/cap	0.76	0.53	-30%	-$1,022	150	147	OBSTETRICS/GYNECOLOGY	YES		0191	0191	$ 8.25	10.57	28%	$4.63	$ 5.64	21.81%	$11.38	0.56	2.32	8.51	ASC	0.00%	Feb05	$ 18.90	LOWER
59070	Transabdom amnioinfus w/us	5.67	4.57	-19%	$0	1		OBSTETRICS/GYNECOLOGY			0188	0192	$ 118.56	439.37	271%	$66.53	$ 234.52	252.50%	$100.31	34.24	22.96	43.12	ASC	0.00%	Sept03	$ 162.99	LOWER
65778	Cover eye w/membrane	41.82	34.00	-19%	-$194,035	1,174	923	OPHTHALMOLOGY	YES	YES	0233	0233	$ 1,129.46	1,170.06	4%				$907.67	2.41	895.00	10.26	OPPS	6.90%	Feb10	$ 1,212.62	LOWER
67938	Remove eyelid foreign body	5.86	4.35	-26%	-$106,110	2,621	2,399	OPHTHALMOLOGY			0231	0231	$ 144.89	260.36	80%	$81.30	$ 116.67	43.51%	$117.28	5.32	83.45	28.50	ASC	2.67%	Mar03	$ 155.14	LOWER
69200	Clear outer ear canal	2.94	1.70	-42%	-$1,272,432	38,059	32,298	OTOLARYNGOLOGY			0340	0420	$ 49.64	104.59	111%	$27.85			$59.49	6.55	40.36	12.58	ASC	0.06%	Jan03	$ 60.63	LOWER
69220	Clean out mastoid cavity	3.36	2.12	-37%	-$1,971,688	54,450	50,939	OTOLARYNGOLOGY			0013	0013	$ 71.54	83.85	17%	$40.14	$ 44.75	11.48%	$67.64	6.55	40.74	20.35	ASC	0.04%	Jan03	$ 75.61	LOWER
76776	Us exam k transpl w/doppler	3.79	3.19	-16%	-$29,712	41,804	1,958	DIAGNOSTIC RADIOLOGY			0266	0266	$ 99.32	147.70	49%	$55.73	$ 78.31	40.52%	$101.14	70.24	4.40	26.50	OPPS	0.00%	Sep05	$ 113.77	LOWER
77280	Set radiation therapy field	4.58	3.51	-23%	-$3,240,194	287,242	105,750	RADIATION ONCOLOGY			0304	0304	$ 109.73	153.81	40%	$61.57			$154.20	132.43	6.27	15.51	OPPS	0.00%	Jan13	$ 125.19	LOWER
77290	Set radiation therapy field	13.98	9.18	-34%	-$17,256,968	345,400	116,417	RADIATION ONCOLOGY			0305	0310	$ 290.99	671.92	131%	$163.28			$483.30	365.66	82.63	35.01	OPPS	0.00%	Jan13	$ 327.41	LOWER
77301	Radiotherapy dose plan imrt	49.88	32.16	-36%	-$24,795,559	98,573	45,077	RADIATION ONCOLOGY			0310	0316	$ 984.49	1,907.69	94%	$552.43			$1,592.08	1008.65	77.96	505.48	OPPS	0.00%	Apr13	$ 1,147.00	LOWER
77403	Radiation treatment delivery	3.75	2.81	-25%	-$378,181	13,826	13,819	RADIATION ONCOLOGY			0300	0300	$ 95.50	121.99	28%	$53.59	$ 65.12	21.52%	$135.09	125.70	2.39	7.00	OPPS	0.00%	Apr13	$ 100.22	LOWER
77404	Radiation treatment delivery	4.17	2.81	-33%	-$250,730	6,025	6,019	RADIATION ONCOLOGY			0300	0300	$ 95.50	121.99	28%	$53.59	$ 65.12	21.52%	$151.94	142.56	2.39	7.00	OPPS	0.00%	Apr13	$ 100.22	LOWER
77406	Radiation treatment delivery	4.17	2.81	-33%	-$41,740	1,002	1,002	RADIATION ONCOLOGY			0300	0301	$ 95.50	225.74	136%	$53.59	$ 75.36	40.62%	$151.94	142.56	2.39	7.00	OPPS	0.00%	Apr13	$ 100.22	LOWER
77412	Radiation treatment delivery	7.05	5.28	-25%	-$159,442	3,093	3,093	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$246.95	232.06	2.39	12.50	OPPS	0.00%	Jan14	$ 188.31	LOWER
77413	Radiation treatment delivery	6.79	5.28	-22%	-$23,886,694	559,441	559,363	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$246.95	232.06	2.39	12.50	OPPS	0.00%	Apr13	$ 188.31	LOWER
77414	Radiation treatment delivery	7.64	5.28	-31%	-$30,980,071	432,636	432,544	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$278.07	263.18	2.39	12.50	OPPS	0.00%	Apr13	$ 188.31	LOWER
77416	Radiation treatment delivery	7.63	5.28	-31%	-$4,290,862	60,205	60,195	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$278.07	263.18	2.39	12.50	OPPS	0.00%	Apr13	$ 188.31	LOWER
77422	Neutron beam tx simple	8.30	5.28	-36%	$0						0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$215.28	0.53	187.03	27.72	OPPS	0.00%	Feb05	$ 188.31	LOWER
77423	Neutron beam tx complex	8.46	5.28	-38%	-$2,389	24	24	RADIATION ONCOLOGY			0301	0301	$ 179.52	225.74	26%	$100.73	$ 120.49	19.62%	$303.36	0.60	260.03	42.72	OPPS	0.00%	Feb05	$ 188.31	LOWER
77605	Hyperthermia treatment	31.63	12.36	-61%	-$9,530	61	15	RADIATION ONCOLOGY			0299	0299	$ 392.41	1,114.56	184%	$220.19	$ 309.23	40.44%	$607.73	414.16	105.45	88.11	OPPS	0.00%	Jan04	$ 440.82	LOWER
77610	Hyperthermia treatment	30.51	12.12	-60%	$0	9		GENERAL SURGERY			0299	0299	$ 392.41	1,114.56	184%	$220.19	$ 309.23	40.44%	$602.01	368.49	145.41	88.11	OPPS	0.00%	Jan04	$ 432.26	LOWER
77615	Hyperthermia treatment	27.69	12.38	-55%	-$1,001	25	2	RADIATION ONCOLOGY			0299	0299	$ 392.41	1,114.56	184%	$220.19	$ 309.23	40.44%	$946.49	407.43	345.84	193.22	OPPS	0.00%	Jan04	$ 441.54	LOWER
86580	TB intradermal test	0.23	0.20	-13%	-$103,364	149,669	149,321	INTERNAL MEDICINE			0341	0341	$ 6.82	12.41	82%				$5.32	0.02	2.33	2.96	OPPS	0.00%	Sept02	$ 7.13	LOWER
88104	Cytopath fl nongyn smears	1.66	0.94	-43%	-$328,661	112,338	14,319	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$33.22	8.76	6.81	17.65	OPPS	0.06%	Apr99	$ 33.53	LOWER
88106	Cytopath fl nongyn filter	2.12	0.86	-59%	-$35,197	5,966	849	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$46.57	2.29	17.53	26.75	OPPS	0.00%	Feb01	$ 30.67	LOWER
88108	Cytopath concentrate tech	1.86	0.88	-53%	-$2,174,217	320,763	68,163	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$44.52	3.25	18.03	23.25	OPPS	0.01%	Feb01	$ 31.39	LOWER
88112	Cytopath cell enhance tech	1.99	1.16	-42%	-$10,103,127	1,013,395	383,653	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$43.96	0.43	19.57	23.96	OPPS	0.02%	Apr13	$ 41.37	LOWER
88120	Cytp urne 3-5 probes ea spec	16.99	5.05	-70%	-$15,297,648	63,179	38,442	PATHOLOGY	YES	YES	0661	0343	$ 157.05	144.39	-8%				$625.90	15.99	571.12	38.79	OPPS	0.00%	Oct09	$ 180.11	LOWER
88160	Cytopath smear other source	1.35	0.60	-56%	-$63,464	11,819	2,587	PATHOLOGY			0342	0342	$ 12.71	34.95	175%				$26.90	1.95	7.30	17.65	OPPS	0.00%	Feb01	$ 21.40	LOWER
88161	Cytopath smear other source	1.26	0.57	-55%	-$41,744	8,236	1,852	PATHOLOGY			0342	0342	$ 12.71	34.95	175%				$29.17	2.11	7.30	19.75	OPPS	0.00%	Feb01	$ 20.33	LOWER
88162	Cytopath smear other source	2.03	1.04	-49%	-$35,076	3,663	1,097	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$39.25	3.39	9.36	26.50	OPPS	0.00%	Feb01	$ 37.09	LOWER
88173	Cytopath eval fna report	2.97	1.72	-42%	-$3,145,311	324,219	79,219	PATHOLOGY			0343	0433	$ 38.10	58.44	53%				$60.87	4.47	17.40	39.00	OPPS	0.53%	Feb01	$ 61.34	LOWER
88182	Cell marker study	2.38	1.35	-43%	-$184,814	10,043	5,630	CLINICAL LABORATORY (IND.			0343	0344	$ 38.10	277.56	629%				$81.05	13.60	8.32	59.13	OPPS	0.00%	Mar02	$ 48.15	LOWER
88184	Flowcytometry/ tc 1 marker	2.60	0.69	-73%	-$7,907,212	124,732	123,839	CLINICAL LABORATORY (IND.			0433	0344	$ 23.43	277.56	1085%				$123.59	12.27	82.55	28.77	OPPS	0.00%	Apr04	$ 24.61	LOWER
88185	Flowcytometry/tc add-on	1.58	0.37	-77%	-$103,795,851	2,578,054	2,559,058	CLINICAL LABORATORY (IND.			0342		$ 12.71						$78.26	2.76	72.47	3.03	OPPS	0.00%	Apr04	$ 13.20	LOWER
88304	Tissue exam by pathologist	1.07	0.78	-27%	-$2,297,776	1,104,558	267,629	PATHOLOGY			0433	0342	$ 23.43	34.95	49%				$26.73	2.65	13.79	10.30	OPPS	0.17%	Jan12	$ 27.82	LOWER
88307	Tissue exam by pathologist	7.10	2.52	-65%	-$10,029,831	890,917	66,122	PATHOLOGY			0344	0343	$ 60.45	144.39	139%				$153.64	32.08	77.36	44.20	OPPS	0.11%	Jan12	$ 89.88	LOWER
88309	Tissue exam by pathologist	10.30	5.93	-42%	-$1,301,189	165,313	9,365	PATHOLOGY			0661	0661	$ 157.05	485.78	209%				$215.61	49.03	111.97	54.60	OPPS	0.06%	Jan12	$ 211.50	LOWER
88312	Special stains group 1	2.31	0.91	-61%	-$26,067,251	1,413,760	564,988	PATHOLOGY			0433	0433	$ 23.43	58.44	149%				$62.09	2.03	41.89	18.18	OPPS	0.12%	Feb11	$ 32.46	LOWER
88313	Special stains group 2	1.73	0.79	-54%	-$16,957,195	1,419,760	552,636	PATHOLOGY			0433	0433	$ 23.43	58.44	149%				$50.38	1.94	31.75	16.70	OPPS	0.03%	Feb11	$ 28.18	LOWER
88314	Histochemical stains add-on	1.91	0.88	-54%	-$406,474	22,184	12,098	PATHOLOGY			0433		$ 23.43						$51.87	1.90	30.84	19.13	OPPS	0.09%	Feb11	$ 31.39	LOWER
88319	Enzyme histochemistry	2.00	0.92	-54%	-$168,524	18,341	4,783	PATHOLOGY			0433	0433	$ 23.43	58.44	149%				$43.72	2.18	16.17	25.38	OPPS	0.00%	Feb11	$ 32.81	LOWER
88323	Microslide consultation	2.28	1.73	-24%	-$479,969	43,182	30,241	CLINICAL LABORATORY (IND.			0343	0343	$ 38.10	144.39	279%				$67.85	6.06	35.37	26.42	OPPS	0.00%	Aug01	$ 61.70	LOWER
88325	Comprehensive review of data	3.56	2.95	-17%	-$75,187	6,720	4,726	PATHOLOGY			0344	0343	$ 60.45	144.39	139%				$68.79	7.00	35.37	26.42	OPPS	0.01%	Aug01	$ 105.21	LOWER
88329	Path consult introp	0.98	0.71	-28%	-$25,111	35,281	3,131	PATHOLOGY			0342	0342	$ 12.71	34.95	175%				$15.87	0.41	8.26	7.20	OPPS	0.24%	Aug01	$ 25.32	LOWER
88331	Path consult intraop 1 bloc	1.72	1.26	-27%	-$1,736,122	557,535	127,832	PATHOLOGY			0433	0433	$ 23.43	58.44	149%				$26.14	1.42	10.13	14.60	OPPS	1.51%	Aug01	$ 44.94	LOWER
88333	Intraop cyto path consult 1	1.84	1.25	-32%	-$130,542	55,280	7,244	PATHOLOGY	YES		0433	0342	$ 23.43	34.95	49%				$30.36	1.40	18.26	10.70	OPPS	0.18%	Apr05	$ 44.58	LOWER
88334	Intraop cyto path consult 2	1.16	0.72	-38%	-$38,178	25,321	2,769	PATHOLOGY	YES		0342		$ 12.71						$18.31	1.19	12.31	4.81	OPPS	0.04%	Apr05	$ 25.68	LOWER
88342	Immunohistochemistry	2.50	1.48	-41%	-$39,422,520	3,890,485	1,221,538	PATHOLOGY			0343	0343	$ 38.10	144.39	279%				$64.22	1.71	35.14	27.38	OPPS	0.11%	Oct12	$ 52.78	LOWER
88346	Immunofluorescent study	2.33	1.46	-37%	-$4,272,005	286,027	157,046	PATHOLOGY	YES		0343	0344	$ 38.10	277.56	629%				$65.37	0.90	47.28	17.19	OPPS	0.00%	Mar02	$ 52.07	LOWER
88347	Immunofluorescent study	1.45	1.00	-31%	-$338,913	33,383	24,796	CLINICAL LABORATORY (IND.	YES		0433	0343	$ 23.43	144.39	516%				$48.87	0.75	29.09	19.04	OPPS	0.00%	Mar02	$ 35.67	LOWER
88348	Electron microscopy	19.69	5.23	-73%	-$1,683,624	12,964	3,483	PATHOLOGY			0661	0661	$ 157.05	485.78	209%				$584.31	331.13	47.53	205.65	OPPS	0.00%	Mar03	$ 186.53	LOWER
88349	Scanning electron microscopy	12.03	4.99	-59%	-$3,470	68	15	PATHOLOGY			0661	0661	$ 157.05	485.78	209%				$250.13	150.02	5.61	94.50	OPPS	0.00%	Oct13	$ 177.97	LOWER
88355	Analysis skeletal muscle	3.46	1.60	-54%	-$4,367	154	72	CLINICAL LABORATORY (IND.			0343	0343	$ 38.10	144.39	279%				$119.40	35.57	38.76	45.07	OPPS	0.00%	Feb05	$ 57.06	LOWER
88360	Tumor immunohistochem/manual	2.60	1.54	-41%	-$3,838,074	262,842	114,449	PATHOLOGY			0343	0343	$ 38.10	144.39	279%				$76.57	0.66	49.41	26.50	OPPS	0.00%	Oct04	$ 54.92	LOWER
88361	Tumor immunohistochem/comput	3.37	1.57	-53%	-$3,713,895	154,349	63,309	PATHOLOGY			0343	0343	$ 38.10	144.39	279%				$103.26	27.35	49.41	26.50	OPPS	0.09%	Oct04	$ 55.99	LOWER
88362	Nerve teasing preparations	6.86	2.69	-61%	-$11,409	204	83	NEUROLOGY			0344	0661	$ 60.45	485.78	704%				$140.78	4.57	25.31	110.90	OPPS	0.00%	Mar02	$ 95.94	LOWER
88363	Xm archive tissue molec anal	1.27	0.54	-57%	-$127,366	10,290	5,318	PATHOLOGY			0342	0342	$ 12.71	34.95	175%				$32.43	0.23	29.56	2.64	OPPS	0.00%	Feb10	$ 19.26	LOWER
88365	Insitu hybridization (fish)	4.01	1.59	-60%	-$1,098,124	43,149	13,774	PATHOLOGY	YES		0343	0343	$ 38.10	144.39	279%				$119.83	6.89	91.29	21.65	OPPS	0.00%	Oct13	$ 56.71	LOWER
88367	Insitu hybridization auto	6.23	1.54	-75%	-$10,371,937	114,948	66,047	CLINICAL LABORATORY (IND.	YES	YES	0343	0344	$ 38.10	277.56	629%				$240.92	31.13	191.10	18.68	OPPS	0.01%	Oct13	$ 54.92	LOWER
88368	Insitu hybridization manual	5.37	2.16	-60%	-$23,162,617	280,966	219,205	CLINICAL LABORATORY (IND.	YES	YES	0344	0344	$ 60.45	277.56	359%				$228.17	7.06	199.46	21.65	OPPS	0.01%	Oct13	$ 77.04	LOWER
91035	G-esoph reflx tst w/electrod	13.78	9.64	-30%	-$300,931	8,269	2,407	GASTROENTEROLOGY	YES	YES	0361	0361	$ 302.60	389.32	29%				$277.02	1.70	253.86	21.46	OPPS	4.04%	Feb04	$ 343.81	LOWER
91038	Esoph imped funct test > 1hr	13.34	9.41	-29%	-$51,205	2,359	433	GASTROENTEROLOGY	YES		0361	0361	$ 302.60	389.32	29%				$274.27	127.48	122.74	24.05	OPPS	0.00%	Feb10	$ 335.61	LOWER
91040	Esoph balloon distension tst	8.00	4.45	-44%	-$2,156	41	19	CARDIOLOGY	YES	YES	0360	0360	$ 137.27	144.84	6%				$255.22	3.84	232.88	18.50	OPPS	0.00%	Apr04	$ 158.71	LOWER
91120	Rectal sensation test	11.51	2.83	-75%	-$601,110	3,471	2,068	GASTROENTEROLOGY	YES	YES	0126	0126	$ 81.99	139.57	70%				$251.75	3.84	229.41	18.50	OPPS	0.00%	Apr04	$ 100.93	LOWER
92317	Rx corneoscleral cntact lens	1.85	1.59	-14%	-$62	10	10	OPTOMETRY			0230	0698	$ 48.41	93.06	92%				$43.44	9.16	7.68	26.60	OPPS	0.00%	Sept04	$ 56.71	LOWER
92511	Nasopharyngoscopy	3.59	3.08	-14%	-$727,969	65,735	59,216	OTOLARYNGOLOGY			0071	0071	$ 77.30	89.81	16%				$78.50	11.04	38.60	28.86	OPPS	0.05%	Sept02	$ 109.85	LOWER
92583	Select picture audiometry	1.58	1.05	-34%	-$3,001	184	184	AUDIOLOGIST (IND.)			0364	0364	$ 35.88	44.25	23%				$21.65	2.99	0.98	17.68	OPPS	0.00%	Mar04	$ 37.45	LOWER
92596	Ear protector evaluation	1.32	1.05	-20%	-$82	11	11	AUDIOLOGIST (IND.)			0364	0364	$ 35.88	44.25	23%				$26.06	3.61	0.09	22.36	OPPS	0.00%	Mar04	$ 37.45	LOWER
93271	Ecg/monitoring and analysis	5.50	3.28	-40%	-$5,801,777	82,712	82,712	IDTF			0692	0692	$ 111.47	141.52	27%				$312.31	236.08	23.32	52.91	OPPS	0.00%	Apr10	$ 116.98	LOWER
93293	Pm phone r-strip device eval	1.22	1.11	-9%	-$943,207	762,886	491,362	CARDIOLOGY			0690	0690	$ 33.95	37.28	10%				$36.02	18.21	0.05	17.76	OPPS	0.00%	Apr08	$ 39.59	LOWER
93922	Upr/l xtremity art 2 levels	2.50	2.04	-18%	-$5,273,097	628,023	428,697	VASCULAR SURGERY			0097	0097	$ 66.52	95.64	44%				$66.29	42.78	0.83	22.68	OPPS	0.00%	Apr10	$ 72.76	LOWER
93924	Lwr xtr vasc stdy bilat	4.84	3.35	-31%	-$3,300,503	108,484	73,032	CARDIOLOGY			0096	0096	$ 108.61	136.63	26%				$136.57	94.37	1.16	41.04	OPPS	0.00%	Apr10	$ 119.48	LOWER
94750	Pulmonary compliance study	2.31	1.40	-39%	-$643,943	31,455	22,467	PULMONARY DISEASE			0367	0367	$ 45.06	168.66	274%				$60.89	2.77	37.44	20.68	OPPS	0.00%	Feb05	$ 49.93	LOWER
95250	Glucose monitoring cont	4.88	2.85	-42%	-$1,403,231	21,855	21,794	ENDOCRINOLOGY			0606	0632	$ 96.96	108.42	12%				$118.22	43.17	35.45	39.59	OPPS	0.00%	Jan14	$ 101.65	LOWER
95803	Actigraphy testing	3.53	2.64	-25%	-$8,302	403	320	CARDIOLOGY			0218	0215	$ 79.83	67.60	-15%				$84.25	63.86	3.94	16.45	OPPS	0.00%	Apr10	$ 94.16	LOWER
95812	Eeg 41-60 minutes	12.17	5.58	-54%	-$2,068,112	24,745	9,617	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%				$153.37	23.70	54.00	75.67	OPPS	0.00%	Feb05	$ 199.01	LOWER
95813	Eeg over 1 hour	13.47	5.87	-56%	-$1,441,331	16,504	5,790	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%				$170.81	27.98	54.00	88.83	OPPS	0.00%	Feb05	$ 209.36	LOWER
95816	Eeg awake and drowsy	11.06	5.58	-50%	-$10,831,399	294,109	61,097	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%				$137.18	19.73	54.00	63.45	OPPS	0.00%	Oct12	$ 199.01	LOWER
95819	Eeg awake and asleep	12.89	5.58	-57%	-$13,671,740	291,457	57,074	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%				$159.45	22.33	53.93	83.19	OPPS	0.00%	Oct12	$ 199.01	LOWER
95822	Eeg coma or sleep only	11.40	5.58	-51%	-$97,069	20,992	514	NEUROLOGY	YES		0213	0213	$ 172.61	212.85	23%				$143.41	21.26	54.00	68.15	OPPS	0.00%	Oct12	$ 199.01	LOWER
95827	Eeg all night recording	22.67	5.57	-75%	-$20,615	266	36	NEUROLOGY			0213	0209	$ 172.61	856.18	396%				$306.56	69.28	19.67	217.61	OPPS	0.00%	Jan04	$ 198.66	LOWER
95863	Muscle test 3 limbs	4.32	3.23	-25%	-$404,470	15,074	12,727	NEUROLOGY			0218	0218	$ 79.83	121.86	53%				$47.08	7.82	20.02	19.24	OPPS	0.00%	Apr12	$ 115.20	LOWER
95864	Muscle test 4 limbs	5.12	3.29	-36%	-$957,334	19,300	16,837	NEUROLOGY			0218	0218	$ 79.83	121.86	53%				$59.03	9.33	23.43	26.27	OPPS	0.01%	Apr12	$ 117.34	LOWER
95869	Muscle test thor paraspinal	2.17	1.44	-34%	-$94,067	6,260	4,186	NEUROLOGY			0215	0218	$ 43.11	121.86	183%				$25.57	1.39	14.19	9.99	OPPS	0.00%	Apr12	$ 51.36	LOWER
95870	Muscle test nonparaspinal	2.30	1.44	-37%	-$878,817	76,048	32,676	NEUROLOGY			0215	0215	$ 43.11	67.60	57%				$28.24	4.06	14.19	9.99	OPPS	0.04%	Apr12	$ 51.36	LOWER
95923	Autonomic nrv syst funj test	6.78	2.74	-60%	-$649,874	6,825	4,888	NEUROLOGY			0218	0218	$ 79.83	121.86	53%				$100.33	6.82	70.95	22.57	OPPS	0.00%	Feb01	$ 97.72	LOWER
95928	C motor evoked uppr limbs	7.11	3.06	-57%	-$36,909	18,701	278	NEUROLOGY			0218	0218	$ 79.83	121.86	53%				$87.44	19.79	23.47	44.18	OPPS	0.00%	Apr13	$ 109.14	LOWER
95929	C motor evoked lwr limbs	7.16	3.04	-58%	-$44,475	19,344	329	NEUROLOGY			0218	0215	$ 79.83	67.60	-15%				$88.49	20.84	23.47	44.18	OPPS	0.00%	Apr13	$ 108.42	LOWER
95933	Blink reflex test	2.08	1.54	-26%	-$8,413	818	531	NEUROLOGY			0215	0215	$ 43.11	67.60	57%				$24.85	4.51	9.24	11.10	OPPS	0.00%	Feb01	$ 54.92	LOWER
95956	Eeg monitor technol attended	47.24	25.35	-46%	-$2,101,659	7,117	2,989	NEUROLOGY			0209	0209	$ 806.13	856.18	6%				$663.61	117.97	157.89	387.75	OPPS	0.00%	Feb10	$ 904.12	LOWER
95958	EEG monitoring/function test	12.75	6.97	-45%	-$3,149	215	17	NEUROLOGY			0213	0209	$ 172.61	856.18	396%				$147.98	14.98	20.20	112.80	OPPS	0.00%	Mar04	$ 248.59	LOWER
96371	Sc ther infusion reset pump	2.97	1.15	-61%	-$34,939	582	582	INFECTIOUS DISEASE			0437		$ 39.13						$56.68	0.07	53.04	3.57	OPPS	0.00%	Apr07	$ 41.02	LOWER
96405	Chemo intralesional up to 7	1.92	1.48	-23%	-$21,167	1,812	1,688	DERMATOLOGY			0437	0437	$ 39.13	54.10	38%				$36.74	0.43	28.53	7.77	OPPS	0.00%	Apr08	$ 52.78	LOWER
96440	Chemotherapy intracavitary	23.70	5.48	-77%	-$13,440	63	22	THORACIC SURGERY	YES	YES	0439	0439	$ 146.24	201.73	38%				$507.23	4.56	460.73	41.94	OPPS	0.00%	Jan08	$ 195.45	LOWER
96446	Chemotx admn prtl cavity	5.44	4.49	-17%	-$24,299	1,001	974	GYNECOLOGY/ONCOLOGY			0439	0439	$ 146.24	201.73	38%				$136.79	1.41	30.31	105.07	OPPS	0.00%	Apr10	$ 160.14	LOWER
96910	Photochemotherapy with UV-B	2.23	1.09	-51%	-$13,147,272	355,369	355,369	DERMATOLOGY			0001	0001	$ 37.15	37.59	1%				$45.84	1.12	27.70	17.02	OPPS	0.00%	Feb01	$ 38.88	LOWER
96912	Photochemotherapy with UV-A	2.86	1.09	-62%	-$2,012,584	34,444	34,444	DERMATOL

CPT	Short Descriptor	Global	APC	OPPS Payment Rate	2013 wRVU	2013 NF PE	2013 FAC PE	2013 PLI	2014 wRVU	2014 NF PE	2014 FAC PE	2014 PLI
0058T	Cryopreservation ovary tiss	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0059T	Cryopreservation oocyte	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0101T	Extracorp shockwv tx hi enrg	XXX	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0102T	Extracorp shockwv tx anesth	XXX	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0106T	Touch quant sensory test	XXX	0341	$ 6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0107T	Vibrate quant sensory test	XXX	0341	$ 6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0108T	Cool quant sensory test	XXX	0341	$ 6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0109T	Heat quant sensory test	XXX	0341	$ 6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0110T	Nos quant sensory test	XXX	0341	$ 6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0126T	Chd risk imt study	XXX	0340	$ 49.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0171T	Lumbar spine proces distract	XXX	0052	$ 5,862.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0172T	Lumbar spine process addl	XXX	0052	$ 5,862.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0181T	Corneal hysteresis	XXX	0230	$ 48.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0183T	Wound ultrasound	XXX	0013	$ 71.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0199T	Physiologic tremor record	XXX	0215	$ 43.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0200T	Perq sacral augmt unilat inj	XXX	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0201T	Perq sacral augmt bilat inj	XXX	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0206T	Cptr dbs alys car elec dta	XXX	0340	$ 49.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0207T	Clear eyelid gland w/heat	XXX	0230	$ 48.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0221T	Plmt post facet implt lumb	XXX	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0222T	Plmt post facet implt addl	ZZZ	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0224T	Acoustic ecg 1+ analysis	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0225T	Acoustic ecg analy & reprog	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0226T	Anoscopy hra w/spec collect	XXX	0340	$ 49.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0232T	Njx platelet plasma	XXX	0340	$ 49.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0239T	Bioimpedance spectroscopy	YYY	0097	$ 66.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0240T	Esoph motility 3d topography	YYY	0361	$ 302.60	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
0241T	Esoph motility w/stim/perf	YYY	0361	$ 302.60	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
0272T	Interrogate crtd sns dev	XXX	0218	$ 79.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0273T	Interrogate crtd sns w/pgrmg	XXX	0218	$ 79.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0278T	Tempr	XXX	0215	$ 43.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0285T	Periph field stimul analys	XXX	0218	$ 79.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0296T	Ext ecg recording	XXX	0097	$ 66.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0297T	Ext ecg scan w/report	XXX	0097	$ 66.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0299T	Esw wound healing init wound	XXX	0133	$ 85.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0300T	Esw wound healing addl wound	ZZZ	0133	$ 85.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0305T	Icar ischm mntrng prgrm eval	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0306T	icar ischm mntr interr eval	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0310T	Motor function mapping ntms	XXX	0218	$ 79.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0317T	Elec alys vagus nrv pls gen	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0327T	Implt subq defib interogat	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0328T	Implt subq defib sys dev evl	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0330T	Tear film img uni/bi w/i&r	YYY	0230	$ 48.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10021	Fna w/o image	XXX	0002	$ 122.62	1.27	3.04	0.59	0.22	1.27	2.61	0.56	0.21
10040	Acne surgery	010	0013	$ 71.54	1.21	1.64	1.24	0.18	1.21	1.51	1.16	0.18
10060	Drainage of skin abscess	010	0006	$ 125.45	1.22	2.13	1.53	0.12	1.22	1.94	1.40	0.12
10061	Drainage of skin abscess	010	0006	$ 125.45	2.45	3.37	2.58	0.30	2.45	3.08	2.37	0.29
10080	Drainage of pilonidal cyst	010	0006	$ 125.45	1.22	4.03	1.68	0.20	1.22	3.65	1.53	0.20
10160	Puncture drainage of lesion	010	0006	$ 125.45	1.25	2.50	1.45	0.16	1.25	2.27	1.32	0.16
11001	Debride infected skin add-on	ZZZ	0013	$ 71.54	0.30	0.30	0.09	0.03	0.30	0.27	0.08	0.03
11010	Debride skin at fx site	010	0019	$ 336.38	4.19	9.97	3.36	0.76	4.19	8.88	3.06	0.73
11011	Debride skin musc at fx site	000	0019	$ 336.38	4.94	10.24	2.92	0.98	4.94	8.47	2.78	0.94
11012	Deb skin bone at fx site	000	0019	$ 336.38	6.87	13.15	4.31	1.31	6.87	9.86	4.11	1.25

11047	Deb bone add-on	ZZZ	0019	$ 336.38	1.80	1.55	0.79	0.33	1.80	1.43	0.77	0.32
11055	Trim skin lesion	000	0013	$ 71.54	0.35	1.05	0.09	0.02	0.35	0.97	0.09	0.02
11056	Trim skin lesions 2 to 4	000	0013	$ 71.54	0.50	1.20	0.13	0.03	0.50	1.10	0.12	0.03
11057	Trim skin lesions over 4	000	0015	$ 106.96	0.65	1.25	0.17	0.04	0.65	1.15	0.16	0.04
11100	Biopsy skin lesion	000	0015	$ 106.96	0.81	2.21	0.52	0.11	0.81	2.01	0.50	0.11
11101	Biopsy skin add-on	ZZZ	0013	$ 71.54	0.41	0.50	0.27	0.05	0.41	0.47	0.25	0.05
11200	Removal of skin tags <w/15	010	0013	$ 71.54	0.82	1.70	1.26	0.11	0.82	1.55	1.16	0.11
11201	Remove skin tags add-on	ZZZ	0013	$ 71.54	0.29	0.23	0.16	0.04	0.29	0.21	0.15	0.04
11300	Shave skin lesion 0.5 cm/<	000	0013	$ 71.54	0.60	2.27	0.35	0.08	0.60	2.05	0.34	0.08
11301	Shave skin lesion 0.6-1.0 cm	000	0013	$ 71.54	0.90	2.60	0.56	0.12	0.90	2.37	0.54	0.12
11302	Shave skin lesion 1.1-2.0 cm	000	0013	$ 71.54	1.05	3.08	0.66	0.14	1.05	2.79	0.63	0.14
11303	Shave skin lesion >2.0 cm	000	0015	$ 106.96	1.25	3.27	0.77	0.18	1.25	2.99	0.74	0.18
11305	Shave skin lesion 0.5 cm/<	000	0013	$ 71.54	0.80	2.09	0.27	0.06	0.80	1.91	0.26	0.06
11306	Shave skin lesion 0.6-1.0 cm	000	0013	$ 71.54	0.96	2.58	0.44	0.11	0.96	2.36	0.43	0.11
11307	Shave skin lesion 1.1-2.0 cm	000	0013	$ 71.54	1.20	2.97	0.61	0.15	1.20	2.71	0.59	0.15
11308	Shave skin lesion >2.0 cm	000	0015	$ 106.96	1.46	2.97	0.58	0.14	1.46	2.66	0.54	0.14
11310	Shave skin lesion 0.5 cm/<	000	0013	$ 71.54	0.80	2.52	0.48	0.11	0.80	2.30	0.47	0.11
11311	Shave skin lesion 0.6-1.0 cm	000	0013	$ 71.54	1.10	2.09	0.69	0.15	1.10	1.91	0.66	0.15
11312	Shave skin lesion 1.1-2.0 cm	000	0015	$ 106.96	1.30	3.36	0.82	0.20	1.30	3.06	0.78	0.20
11313	Shave skin lesion >2.0 cm	000	0015	$ 106.96	1.68	3.66	1.04	0.25	1.68	3.34	1.00	0.24
11400	Exc tr-ext b9+marg 0.5 cm<	010	0019	$ 336.38	0.90	2.71	1.37	0.12	0.90	2.46	1.26	0.12
11401	Exc tr-ext b9+marg 0.6-1 cm	010	0019	$ 336.38	1.28	3.01	1.63	0.20	1.28	2.74	1.50	0.20
11402	Exc tr-ext b9+marg 1.1-2 cm	010	0019	$ 336.38	1.45	3.30	1.72	0.24	1.45	3.00	1.59	0.23
11440	Exc face-mm b9+marg 0.5 cm/<	010	0019	$ 336.38	1.05	2.88	1.92	0.16	1.05	2.62	1.76	0.16
11441	Exc face-mm b9+marg 0.6-1 cm	010	0019	$ 336.38	1.53	3.29	2.18	0.24	1.53	3.00	2.00	0.23
11601	Exc tr-ext mal+marg 0.6-1 cm	010	0019	$ 336.38	2.07	4.49	2.06	0.31	2.07	4.11	1.92	0.30
11602	Exc tr-ext mal+marg 1.1-2 cm	010	0019	$ 336.38	2.27	4.85	2.27	0.34	2.27	4.44	2.12	0.32
11621	Exc s/n/h/f/g mal+mrg 0.6-1	010	0019	$ 336.38	2.08	4.53	2.08	0.31	2.08	4.13	1.94	0.30
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	010	0019	$ 336.38	1.67	4.13	1.82	0.26	1.67	3.75	1.69	0.25
11641	Exc f/e/e/n/l mal+mrg 0.6-1	010	0019	$ 336.38	2.17	4.66	2.17	0.33	2.17	4.26	2.02	0.32
11642	Exc f/e/e/n/l mal+mrg 1.1-2	010	0019	$ 336.38	2.62	5.14	2.47	0.39	2.62	4.70	2.32	0.37
11720	Debride nail 1-5	000	0013	$ 71.54	0.32	0.61	0.08	0.03	0.32	0.57	0.08	0.03
11721	Debride nail 6 or more	000	0013	$ 71.54	0.54	0.74	0.14	0.04	0.54	0.69	0.13	0.04
11730	Removal of nail plate	000	0013	$ 71.54	1.10	1.75	0.29	0.08	1.10	1.61	0.28	0.08
11732	Remove nail plate add-on	ZZZ	0013	$ 71.54	0.44	0.58	0.12	0.03	0.44	0.54	0.11	0.03
11750	Removal of nail bed	010	0019	$ 336.38	2.50	3.94	2.43	0.22	2.50	3.61	2.25	0.21
11755	Biopsy nail unit	000	0019	$ 336.38	1.31	2.61	0.90	0.11	1.31	2.37	0.83	0.11
11760	Repair of nail bed	010	0133	$ 85.75	1.63	5.18	2.12	0.26	1.63	3.53	1.93	0.25
11765	Excision of nail fold toe	010	0013	$ 71.54	1.22	3.70	1.47	0.08	1.22	3.37	1.35	0.08
11900	Inject skin lesions </w 7	000	0013	$ 71.54	0.52	1.08	0.34	0.07	0.52	1.00	0.33	0.07
11901	Inject skin lesions >7	000	0013	$ 71.54	0.80	1.17	0.53	0.11	0.80	1.08	0.51	0.11
11920	Correct skin color 6.0 cm/<	000	0134	$ 251.48	1.61	3.27	1.53	0.31	1.61	2.95	1.40	0.30
11921	Corect skin color 6.1-20.0cm	000	0134	$ 251.48	1.93	3.69	1.75	0.37	1.93	3.34	1.62	0.35
11922	Correct skin color ea 20.0cm	ZZZ	0134	$ 251.48	0.49	1.29	0.31	0.08	0.49	1.16	0.29	0.08
11950	Tx contour defects 1 cc/<	000	0134	$ 251.48	0.84	1.21	0.52	0.10	0.84	1.20	0.59	0.10
11951	Tx contour defects 1.1-5.0cc	000	0134	$ 251.48	1.19	1.74	0.81	0.24	1.19	1.56	0.80	0.23
11952	Tx contour defects 5.1-10cc	000	0134	$ 251.48	1.69	2.22	1.17	0.24	1.69	1.94	0.98	0.23
11954	Tx contour defects >10.0 cc	000	0133	$ 85.75	1.85	2.54	1.22	0.35	1.85	2.33	1.15	0.33
11970	Replace tissue expander	090	0051	$ 3,437.59	8.01	NA	8.73	1.57	8.01	NA	8.07	1.50
11976	Remove contraceptive capsule	000	0019	$ 336.38	1.78	2.24	0.76	0.30	1.78	2.07	0.73	0.29
11980	Implant hormone pellet(s)	000	0340	$ 49.64	1.48	1.34	0.64	0.23	1.48	1.23	0.61	0.22
11981	Insert drug implant device	XXX	0340	$ 49.64	1.48	2.35	0.65	0.24	1.48	1.47	0.64	0.23
11982	Remove drug implant device	XXX	0340	$ 49.64	1.78	2.57	0.81	0.24	1.78	1.63	0.80	0.23
11983	Remove/insert drug implant	XXX	0340	$ 49.64	3.30	2.60	1.24	0.35	3.30	2.06	1.24	0.33
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	000	0133	$ 85.75	0.84	1.74	0.34	0.14	0.84	1.54	0.31	0.14

12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	000	0133	$	85.75	1.14	1.96	0.42	0.19	1.14	1.75	0.39	0.19
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	000	0133	$	85.75	1.44	2.18	0.50	0.24	1.44	1.94	0.46	0.23
12005	Rpr s/n/a/gen/trk12.6-20.0cm	000	0133	$	85.75	1.97	2.69	0.64	0.33	1.97	2.05	0.59	0.32
12006	Rpr s/n/a/gen/trk20.1-30.0cm	000	0133	$	85.75	2.39	3.23	0.78	0.41	2.39	2.19	0.70	0.39
12007	Rpr s/n/ax/gen/trnk >30.0 cm	000	0133	$	85.75	2.90	3.46	1.09	0.50	2.90	2.50	0.94	0.48
12011	Rpr f/e/e/n/l/m 2.5 cm/<	000	0133	$	85.75	1.07	2.06	0.40	0.19	1.07	1.83	0.37	0.19
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	000	0133	$	85.75	1.22	2.21	0.42	0.20	1.22	1.83	0.39	0.20
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	000	0133	$	85.75	1.57	2.41	0.51	0.26	1.57	1.92	0.47	0.25
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	000	0133	$	85.75	1.98	2.86	0.61	0.33	1.98	2.02	0.56	0.32
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	000	0133	$	85.75	2.68	3.28	0.80	0.46	2.68	2.21	0.75	0.44
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	000	0133	$	85.75	3.18	NA	0.78	0.56	3.18	NA	0.71	0.54
12018	Rpr f/e/e/n/l/m >30.0 cm	000	0134	$	251.48	3.61	NA	1.74	0.64	3.61	NA	0.79	0.61
12021	Closure of split wound	010	0134	$	251.48	1.89	2.92	2.11	0.31	1.89	2.55	1.85	0.30
12031	Intmd rpr s/a/t/ext 2.5 cm/<	010	0134	$	251.48	2.00	4.86	2.28	0.32	2.00	4.41	2.10	0.31
12032	Intmd rpr s/a/t/ext 2.6-7.5	010	0134	$	251.48	2.52	6.27	2.95	0.38	2.52	5.71	2.74	0.36
12034	Intmd rpr s/tr/ext 7.6-12.5	010	0134	$	251.48	2.97	5.92	2.70	0.50	2.97	5.39	2.51	0.48
12035	Intmd rpr s/a/t/ext 12.6-20	010	0134	$	251.48	3.50	7.54	3.09	0.65	3.50	6.77	2.85	0.62
12036	Intmd rpr s/a/t/ext 20.1-30	010	0134	$	251.48	4.23	7.70	3.31	0.81	4.23	6.97	3.05	0.77
12037	Intmd rpr s/tr/ext >30.0 cm	010	0134	$	251.48	5.00	8.05	3.68	0.96	5.00	7.55	3.51	0.92
12041	Intmd rpr n-hf/genit 2.5cm/<	010	0133	$	85.75	2.10	4.87	2.26	0.32	2.10	3.67	2.09	0.31
12042	Intmd rpr n-hf/genit2.6-7.5	010	0134	$	251.48	2.79	5.47	2.78	0.41	2.79	5.00	2.60	0.39
12044	Intmd rpr n-hf/genit7.6-12.5	010	0134	$	251.48	3.19	7.13	2.69	0.52	3.19	6.48	2.53	0.50
12045	Intmd rpr n-hf/genit12.6-20	010	0134	$	251.48	3.75	7.72	3.73	0.64	3.75	6.95	3.37	0.61
12046	Intmd rpr n-hf/genit20.1-30	010	0134	$	251.48	4.30	11.00	5.00	0.84	4.30	8.39	3.70	0.80
12047	Intmd rpr n-hf/genit >30.0cm	010	0134	$	251.48	4.95	11.79	5.35	0.96	4.95	8.98	3.94	0.92
12051	Intmd rpr face/mm 2.5 cm/<	010	0134	$	251.48	2.33	5.10	2.45	0.36	2.33	4.64	2.28	0.34
12052	Intmd rpr face/mm 2.6-5.0 cm	010	0134	$	251.48	2.87	5.54	2.79	0.42	2.87	5.06	2.61	0.40
12053	Intmd rpr face/mm 5.1-7.5 cm	010	0134	$	251.48	3.17	6.76	2.81	0.50	3.17	6.15	2.64	0.48
12054	Intmd rpr face/mm 7.6-12.5cm	010	0133	$	85.75	3.50	7.04	2.74	0.59	3.50	4.15	2.54	0.56
12055	Intmd rpr face/mm 12.6-20 cm	010	0134	$	251.48	4.50	8.99	3.73	0.73	4.50	7.88	3.52	0.70
12056	Intmd rpr face/mm 20.1-30.0	010	0134	$	251.48	5.30	10.46	5.25	0.67	5.30	9.50	4.88	0.64
12057	Intmd rpr face/mm >30.0 cm	010	0134	$	251.48	6.00	9.82	4.41	0.76	6.00	8.56	4.16	0.73
13102	Cmplx rpr trunk addl 5cm/<	ZZZ	0134	$	251.48	1.24	2.19	0.73	0.23	1.24	2.00	0.70	0.22
13120	Cmplx rpr s/a/l 1.1-2.5 cm	010	0134	$	251.48	3.23	6.80	3.34	0.50	3.23	6.21	3.12	0.48
13121	Cmplx rpr s/a/l 2.6-7.5 cm	010	0134	$	251.48	4.00	8.24	3.36	0.61	4.00	7.54	3.17	0.58
13122	Cmplx rpr s/a/l addl 5 cm/>	ZZZ	0133	$	85.75	1.44	2.31	0.84	0.26	1.44	2.11	0.80	0.25
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	0134	$	251.48	3.73	7.28	3.16	0.57	3.73	6.67	2.99	0.54
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	ZZZ	0134	$	251.48	2.19	2.78	1.35	0.34	2.19	2.58	1.29	0.32
13153	Cmplx rpr e/n/e/l addl 5cm/<	ZZZ	0134	$	251.48	2.38	3.01	1.42	0.38	2.38	2.78	1.36	0.36
15004	Wound prep f/n/hf/g	000	0134	$	251.48	4.58	6.78	2.81	0.67	4.58	6.21	2.64	0.64
15040	Harvest cultured skin graft	000	0134	$	251.48	2.00	5.43	1.43	0.37	2.00	4.93	1.32	0.35
15050	Skin pinch graft	090	0134	$	251.48	5.57	10.71	6.96	0.90	5.57	9.63	6.37	0.86
15116	Epidrm a-grft f/n/hf/g addl	ZZZ	0134	$	251.48	2.50	1.48	0.99	0.49	2.50	1.35	0.93	0.47
15150	Cult skin grft t/arm/leg	090	0134	$	251.48	9.39	9.27	7.39	1.99	9.39	8.39	6.74	1.90
15151	Cult skin grft t/a/l addl	ZZZ	0134	$	251.48	2.00	1.09	0.79	0.42	2.00	1.00	0.75	0.40
15152	Cult skin graft t/a/l +%	ZZZ	0134	$	251.48	2.50	1.60	1.30	0.49	2.50	1.74	1.47	0.47
15155	Cult skin graft f/n/hf/g	090	0134	$	251.48	10.14	11.89	9.98	0.76	10.14	9.13	7.63	0.73
15156	Cult skin grft f/n/hfg add	ZZZ	0134	$	251.48	2.75	1.38	1.09	0.59	2.75	1.28	1.02	0.56
15157	Cult epiderm grft f/n/hfg +%	ZZZ	0134	$	251.48	3.00	2.23	1.81	0.22	3.00	1.45	1.16	0.21
15241	Skin full graft add-on	ZZZ	0134	$	251.48	1.86	3.38	1.12	0.33	1.86	3.09	1.07	0.32
15271	Skin sub graft trnk/arm/leg	000	0134	$	251.48	1.50	2.28	0.80	0.25	1.50	2.28	0.74	0.24
15272	Skin sub graft t/a/l add-on	ZZZ	0133	$	85.75	0.33	0.38	0.13	0.04	0.33	0.39	0.12	0.04
15274	Skn sub grft t/a/l child add	ZZZ	0134	$	251.48	0.80	0.92	0.32	0.10	0.80	1.05	0.37	0.10
15275	Skin sub graft face/nk/hf/g	000	0134	$	251.48	1.83	2.41	0.94	0.31	1.83	2.20	0.75	0.30
15276	Skin sub graft f/n/hf/g addl	ZZZ	0133	$	85.75	0.50	0.45	0.20	0.06	0.50	0.42	0.16	0.06

15278	Skn sub grft f/n/hf/g ch add	ZZZ	0134	$ 251.48	1.00	1.06	0.41	0.13	1.00	1.21	0.46	0.13
15775	Hair trnspl 1-15 punch grfts	000	0133	$ 85.75	3.95	4.40	2.06	0.29	3.95	4.04	1.94	0.28
15776	Hair trnspl >15 punch grafts	000	0133	$ 85.75	5.53	8.25	4.27	0.38	5.53	5.68	3.84	0.36
15781	Dermabrasion segmental face	090	0019	$ 336.38	5.02	10.94	7.29	0.76	5.02	9.98	6.70	0.73
15782	Dermabrasion other than face	090	0019	$ 336.38	4.44	12.05	6.93	0.63	4.44	12.83	7.63	0.60
15786	Abrasion lesion single	010	0013	$ 71.54	2.08	5.08	1.70	0.33	2.08	2.88	1.59	0.32
15787	Abrasion lesions add-on	ZZZ	0013	$ 71.54	0.33	1.14	0.15	0.04	0.33	1.02	0.14	0.04
15788	Chemical peel face epiderm	090	0013	$ 71.54	2.09	11.94	5.31	0.35	2.09	6.49	4.83	0.33
15789	Chemical peel face dermal	090	0015	$ 106.96	4.91	10.99	6.95	0.68	4.91	8.71	6.17	0.65
15792	Chemical peel nonfacial	090	0015	$ 106.96	1.86	11.34	5.91	0.30	1.86	7.67	5.39	0.29
15793	Chemical peel nonfacial	090	0013	$ 71.54	3.96	10.43	6.57	0.56	3.96	7.75	6.06	0.54
15819	Plastic surgery neck	090	0134	$ 251.48	10.65	NA	9.16	2.10	10.65	NA	8.48	2.01
15852	Dressing change not for burn	000	0340	$ 49.64	0.86	NA	0.37	0.14	0.86	NA	0.36	0.14
15860	Test for blood flow in graft	000	0340	$ 49.64	1.95	NA	0.97	0.38	1.95	NA	0.90	0.36
15920	Removal of tail bone ulcer	090	0019	$ 336.38	8.29	NA	8.21	1.71	8.29	NA	7.47	1.63
15999	Removal of pressure sore	YYY	0019	$ 336.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16000	Initial treatment of burn(s)	000	0013	$ 71.54	0.89	1.04	0.35	0.12	0.89	0.96	0.33	0.12
16020	Dress/debrid p-thick burn s	000	0015	$ 106.96	0.71	1.64	0.81	0.10	0.71	1.48	0.74	0.10
16025	Dress/debrid p-thick burn m	000	0015	$ 106.96	1.74	2.38	1.29	0.29	1.74	2.16	1.19	0.28
16030	Dress/debrid p-thick burn l	000	0015	$ 106.96	2.08	3.05	1.51	0.37	2.08	2.87	1.45	0.35
16035	Incision of burn scab initi	000	0015	$ 106.96	3.74	NA	1.50	0.63	3.74	NA	1.38	0.60
17000	Destruct premalg lesion	010	0013	$ 71.54	0.65	1.72	0.95	0.08	0.65	1.56	0.88	0.08
17110	Destruct b9 lesion 1-14	010	0013	$ 71.54	0.70	2.58	1.32	0.08	0.70	2.35	1.21	0.08
17111	Destruct lesion 15 or more	010	0015	$ 106.96	0.97	2.89	1.48	0.12	0.97	2.63	1.36	0.12
17250	Chemical cautery tissue	000	0015	$ 106.96	0.50	1.85	0.53	0.07	0.50	1.66	0.49	0.07
17260	Destruction of skin lesions	010	0015	$ 106.96	0.96	1.74	1.00	0.12	0.96	1.60	0.93	0.12
17261	Destruction of skin lesions	010	0015	$ 106.96	1.22	2.94	1.34	0.18	1.22	2.68	1.25	0.18
17262	Destruction of skin lesions	010	0015	$ 106.96	1.63	3.40	1.61	0.23	1.63	3.11	1.50	0.22
17263	Destruction of skin lesions	010	0015	$ 106.96	1.84	3.64	1.74	0.26	1.84	3.33	1.64	0.25
17264	Destruction of skin lesions	010	0015	$ 106.96	1.99	3.88	1.83	0.29	1.99	3.56	1.72	0.28
17270	Destruction of skin lesions	010	0015	$ 106.96	1.37	2.97	1.42	0.20	1.37	2.71	1.32	0.20
17271	Destruction of skin lesions	010	0015	$ 106.96	1.54	3.15	1.55	0.23	1.54	2.89	1.45	0.22
17272	Destruction of skin lesions	010	0015	$ 106.96	1.82	3.51	1.73	0.26	1.82	3.21	1.63	0.25
17280	Destruction of skin lesions	010	0015	$ 106.96	1.22	2.85	1.32	0.18	1.22	2.61	1.23	0.18
17311	Mohs 1 stage h/n/hf/g	000	0694	$ 367.87	6.20	12.46	4.09	0.87	6.20	10.16	3.92	0.83
17312	Mohs addl stage	ZZZ	0694	$ 367.87	3.30	7.94	2.17	0.45	3.30	7.26	2.08	0.43
17313	Mohs 1 stage t/a/l	000	0694	$ 367.87	5.56	11.48	3.67	0.78	5.56	10.54	3.52	0.75
17314	Mohs addl stage t/a/l	ZZZ	0694	$ 367.87	3.06	7.36	2.02	0.42	3.06	6.74	1.93	0.40
17315	Mohs surg addl block	ZZZ	0694	$ 367.87	0.87	1.34	0.57	0.11	0.87	1.23	0.55	0.11
17340	Cryotherapy of skin	010	0013	$ 71.54	0.77	0.65	0.57	0.10	0.77	0.61	0.54	0.10
17360	Skin peel therapy	010	0015	$ 106.96	1.46	2.19	1.26	0.22	1.46	2.03	1.19	0.21
17380	Hair removal by electrolysis	000	0015	$ 106.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19001	Drain breast lesion add-on	ZZZ	0002	$ 122.62	0.42	0.31	0.16	0.05	0.42	0.29	0.15	0.05
19105	Cryosurg ablate fa each	000	0029	$ 2,458.99	3.69	55.44	1.51	0.39	3.69	42.07	1.40	0.37
19290	Place needle wire breast	000	0340	$ 49.64	1.27	3.31	0.46	0.12	1.27	1.92	0.47	0.12
19295	Place breast clip percut	ZZZ	0340	$ 49.64	0.00	2.80	NA	0.01	0.00	1.46	NA	0.01
19303	Mast simple complete	090	0029	$ 2,458.99	15.85	NA	10.59	3.38	15.85	NA	9.69	3.23
19304	Mast subq	090	0029	$ 2,458.99	7.95	NA	7.49	1.67	7.95	NA	6.71	1.60
19316	Suspension of breast	090	0029	$ 2,458.99	11.09	NA	9.68	2.19	11.09	NA	9.04	2.09
19328	Removal of breast implant	090	0029	$ 2,458.99	6.48	NA	7.14	1.28	6.48	NA	6.59	1.22
19330	Removal of implant material	090	0029	$ 2,458.99	8.54	NA	8.81	1.66	8.54	NA	8.15	1.59
19355	Correct inverted nipple(s)	090	0029	$ 2,458.99	8.52	10.69	6.57	1.82	8.52	9.61	5.98	1.74
19366	Breast reconstruction	090	0029	$ 2,458.99	21.84	NA	15.17	4.46	21.84	NA	14.55	4.26
19370	Surgery of breast capsule	090	0029	$ 2,458.99	9.17	NA	9.65	1.80	9.17	NA	8.93	1.72
19371	Removal of breast capsule	090	0029	$ 2,458.99	10.62	NA	10.90	2.07	10.62	NA	10.10	1.98

19396	Design custom breast implant	000	0029	$ 2,458.99	2.17	6.32	1.79	0.45	2.17	5.70	1.67	0.43
20150	Excise epiphyseal bar	090	0051	$ 3,437.59	14.75	NA	12.19	2.93	14.75	NA	8.61	2.80
20250	Open bone biopsy	010	0050	$ 2,306.77	5.19	NA	5.15	1.22	5.19	NA	4.75	1.17
20251	Open bone biopsy	010	0050	$ 2,306.77	5.72	NA	5.42	1.32	5.72	NA	5.09	1.26
20520	Removal of foreign body	010	0019	$ 336.38	1.90	3.92	2.17	0.30	1.90	3.58	2.01	0.29
20555	Place ndl musc/tis for rt	000	0050	$ 2,306.77	6.00	NA	2.89	0.86	6.00	NA	2.74	0.82
20650	Insert and remove bone pin	010	0050	$ 2,306.77	2.28	3.59	2.04	0.29	2.28	3.24	1.87	0.28
20663	Application of thigh brace	090	0050	$ 2,306.77	5.74	NA	7.11	1.14	5.74	NA	6.05	1.09
20665	Removal of fixation device	010	0340	$ 49.64	1.36	1.59	1.15	0.11	1.36	1.49	1.10	0.11
20690	Apply bone fixation device	090	0050	$ 2,306.77	8.78	NA	7.11	1.62	8.78	NA	6.68	1.55
20692	Apply bone fixation device	090	0050	$ 2,306.77	16.27	NA	14.11	2.80	16.27	NA	13.15	2.68
20693	Adjust bone fixation device	090	0050	$ 2,306.77	6.06	NA	6.41	1.08	6.06	NA	5.79	1.03
20696	Comp multiplane ext fixation	090	0050	$ 2,306.77	17.56	NA	15.25	1.25	17.56	NA	13.71	1.19
20697	Comp ext fixate strut change	000	0139	$ 835.41	0.00	64.55	NA	0.01	0.00	13.78	NA	0.01
20900	Removal of bone for graft	000	0050	$ 2,306.77	3.00	9.27	2.71	0.56	3.00	8.38	1.98	0.54
20902	Removal of bone for graft	000	0050	$ 2,306.77	4.58	NA	3.64	0.87	4.58	NA	2.87	0.83
20924	Removal of tendon for graft	090	0050	$ 2,306.77	6.68	NA	7.17	1.20	6.68	NA	6.64	1.15
20950	Fluid pressure muscle	000	0006	$ 125.45	1.26	6.32	1.25	0.23	1.26	3.32	1.13	0.22
20979	Us bone stimulation	000	0340	$ 49.64	0.62	0.87	0.25	0.08	0.62	0.81	0.24	0.08
20982	Ablate bone tumor(s) perq	000	0051	$ 3,437.59	7.27	98.45	2.93	0.80	7.27	59.62	2.91	0.76
21010	Incision of jaw joint	090	0256	$ 3,278.89	11.04	NA	10.25	1.42	11.04	NA	9.08	1.36
21025	Excision of bone lower jaw	090	0256	$ 3,278.89	10.03	15.23	10.93	1.44	10.03	14.20	10.27	1.38
21026	Excision of facial bone(s)	090	0254	$ 1,799.78	5.70	12.22	8.51	0.83	5.70	11.22	7.89	0.79
21029	Contour of face bone lesion	090	0254	$ 1,799.78	8.39	13.51	9.44	1.65	8.39	12.41	8.77	1.58
21030	Excise max/zygoma b9 tumor	090	0254	$ 1,799.78	4.91	10.03	6.89	0.76	4.91	9.31	6.46	0.73
21031	Remove exostosis mandible	090	0254	$ 1,799.78	3.30	8.13	5.08	0.41	3.30	7.55	4.77	0.39
21032	Remove exostosis maxilla	090	0254	$ 1,799.78	3.34	8.33	4.95	0.42	3.34	7.70	4.63	0.40
21034	Excise max/zygoma mal tumor	090	0256	$ 3,278.89	17.38	19.86	14.93	2.44	17.38	18.19	13.78	2.33
21040	Excise mandible lesion	090	0254	$ 1,799.78	4.91	10.13	6.91	0.75	4.91	9.42	6.49	0.72
21044	Removal of jaw bone lesion	090	0254	$ 1,799.78	12.80	NA	11.83	1.78	12.80	NA	10.94	1.70
21046	Remove mandible cyst complex	090	0256	$ 3,278.89	14.21	NA	17.06	1.82	14.21	NA	16.07	1.74
21047	Excise lwr jaw cyst w/repair	090	0256	$ 3,278.89	20.07	NA	15.97	2.59	20.07	NA	15.09	2.48
21048	Remove maxilla cyst complex	090	0256	$ 3,278.89	14.71	NA	17.35	1.89	14.71	NA	16.39	1.81
21049	Excis uppr jaw cyst w/repair	090	0256	$ 3,278.89	19.32	NA	14.47	2.46	19.32	NA	13.45	2.35
21050	Removal of jaw joint	090	0256	$ 3,278.89	11.76	NA	11.90	2.30	11.76	NA	10.95	2.20
21060	Remove jaw joint cartilage	090	0256	$ 3,278.89	11.07	NA	11.23	2.34	11.07	NA	10.58	2.24
21070	Remove coronoid process	090	0256	$ 3,278.89	8.62	NA	9.42	1.10	8.62	NA	8.02	1.05
21073	Mnpj of tmj w/anesth	090	0254	$ 1,799.78	3.45	7.68	3.53	0.68	3.45	7.09	3.32	0.65
21076	Prepare face/oral prosthesis	010	0254	$ 1,799.78	13.40	14.38	9.31	1.70	13.40	13.67	9.06	1.62
21077	Prepare face/oral prosthesis	090	0256	$ 3,278.89	33.70	35.92	23.69	4.33	33.70	34.27	23.13	4.14
21079	Prepare face/oral prosthesis	090	0256	$ 3,278.89	22.31	24.77	15.81	2.87	22.31	23.35	15.14	2.74
21080	Prepare face/oral prosthesis	090	0256	$ 3,278.89	25.06	27.79	17.27	3.23	25.06	26.33	16.80	3.09
21081	Prepare face/oral prosthesis	090	0256	$ 3,278.89	22.85	25.93	16.03	2.95	22.85	24.60	15.61	2.82
21082	Prepare face/oral prosthesis	090	0256	$ 3,278.89	20.84	25.63	15.96	2.67	20.84	24.32	15.49	2.55
21083	Prepare face/oral prosthesis	090	0256	$ 3,278.89	19.27	25.18	14.93	1.37	19.27	23.83	14.48	1.31
21084	Prepare face/oral prosthesis	090	0256	$ 3,278.89	22.48	28.11	17.03	2.90	22.48	26.56	16.46	2.77
21086	Prepare face/oral prosthesis	090	0256	$ 3,278.89	24.88	27.03	17.44	3.20	24.88	25.77	17.02	3.06
21087	Prepare face/oral prosthesis	090	0256	$ 3,278.89	24.88	26.49	16.53	3.20	24.88	25.77	17.02	3.06
21088	Prepare face/oral prosthesis	090	0256	$ 3,278.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21089	Prepare face/oral prosthesis	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21100	Maxillofacial fixation	090	0256	$ 3,278.89	4.73	12.96	4.90	0.64	4.73	14.87	5.56	0.61
21120	Reconstruction of chin	090	0256	$ 3,278.89	5.10	12.91	8.98	1.01	5.10	11.44	8.00	0.97
21121	Reconstruction of chin	090	0254	$ 1,799.78	7.81	14.83	10.74	0.54	7.81	13.50	9.86	0.52
21122	Reconstruction of chin	090	0254	$ 1,799.78	8.71	NA	11.61	0.61	8.71	NA	10.62	0.58
21123	Reconstruction of chin	090	0254	$ 1,799.78	11.34	NA	13.94	0.80	11.34	NA	13.04	0.76

21125	Augmentation lower jaw bone	090	0254	$	1,799.78	10.80	92.91	10.42	2.14	10.80	40.10	10.45	2.05
21127	Augmentation lower jaw bone	090	0256	$	3,278.89	12.44	105.70	12.59	1.59	12.44	66.67	10.93	1.52
21137	Reduction of forehead	090	0254	$	1,799.78	10.24	NA	8.62	2.00	10.24	NA	9.66	1.91
21138	Reduction of forehead	090	0256	$	3,278.89	12.87	NA	10.11	1.82	12.87	NA	11.69	1.74
21139	Reduction of forehead	090	0256	$	3,278.89	15.02	NA	13.31	1.06	15.02	NA	14.85	1.01
21150	Lefort ii anterior intrusion	090	0256	$	3,278.89	25.96	NA	17.58	1.84	25.96	NA	24.23	1.76
21172	Reconstruct orbit/forehead	090	0256	$	3,278.89	28.20	NA	23.75	3.62	28.20	NA	22.36	3.46
21175	Reconstruct orbit/forehead	090	0256	$	3,278.89	33.56	NA	26.28	12.03	33.56	NA	16.49	11.50
21181	Contour cranial bone lesion	090	0256	$	3,278.89	10.28	NA	8.24	1.31	10.28	NA	9.28	1.25
21193	Reconst lwr jaw w/o graft	090	0256	$	3,278.89	18.90	NA	14.17	4.04	18.90	NA	14.66	3.86
21195	Reconst lwr jaw w/o fixation	090	0254	$	1,799.78	19.16	NA	18.43	2.45	19.16	NA	16.99	2.34
21198	Reconstr lwr jaw segment	090	0254	$	1,799.78	15.71	NA	16.83	2.18	15.71	NA	15.73	2.08
21199	Reconstr lwr jaw w/advance	090	0256	$	3,278.89	16.73	NA	11.03	2.15	16.73	NA	11.52	2.05
21206	Reconstruct upper jaw bone	090	0256	$	3,278.89	15.59	NA	19.04	3.09	15.59	NA	16.15	2.95
21208	Augmentation of facial bones	090	0256	$	3,278.89	11.42	45.30	12.15	2.25	11.42	41.04	11.24	2.15
21209	Reduction of facial bones	090	0256	$	3,278.89	7.82	16.11	9.91	1.54	7.82	14.60	9.06	1.47
21210	Face bone graft	090	0256	$	3,278.89	11.69	57.10	12.39	1.51	11.69	52.56	11.69	1.44
21215	Lower jaw bone graft	090	0256	$	3,278.89	12.23	111.40	12.76	2.40	12.23	66.84	12.06	2.29
21230	Rib cartilage graft	090	0254	$	1,799.78	11.17	NA	8.61	2.19	11.17	NA	8.01	2.09
21240	Reconstruction of jaw joint	090	0256	$	3,278.89	16.07	NA	14.67	2.04	16.07	NA	13.80	1.95
21242	Reconstruction of jaw joint	090	0256	$	3,278.89	14.59	NA	13.51	1.88	14.59	NA	12.77	1.80
21243	Reconstruction of jaw joint	090	0256	$	3,278.89	24.53	NA	21.93	3.16	24.53	NA	20.77	3.02
21244	Reconstruction of lower jaw	090	0256	$	3,278.89	13.62	NA	16.53	1.93	13.62	NA	15.36	1.84
21245	Reconstruction of jaw	090	0256	$	3,278.89	13.12	18.92	11.79	1.67	13.12	17.26	10.90	1.60
21246	Reconstruction of jaw	090	0256	$	3,278.89	12.92	NA	9.92	1.65	12.92	NA	9.22	1.58
21248	Reconstruction of jaw	090	0256	$	3,278.89	12.74	18.73	12.42	1.63	12.74	17.54	11.74	1.56
21249	Reconstruction of jaw	090	0256	$	3,278.89	18.77	23.91	15.45	2.40	18.77	22.65	16.07	2.29
21256	Reconstruction of orbit	090	0256	$	3,278.89	17.66	NA	16.70	2.26	17.66	NA	15.64	2.16
21260	Revise eye sockets	090	0256	$	3,278.89	17.90	NA	17.65	1.27	17.90	NA	19.48	1.21
21261	Revise eye sockets	090	0256	$	3,278.89	34.07	NA	23.66	6.72	34.07	NA	22.03	6.42
21263	Revise eye sockets	090	0256	$	3,278.89	31.01	NA	22.42	2.20	31.01	NA	20.85	2.10
21267	Revise eye sockets	090	0256	$	3,278.89	20.69	NA	25.15	4.08	20.69	NA	23.24	3.90
21270	Augmentation cheek bone	090	0256	$	3,278.89	10.63	17.36	9.96	1.51	10.63	16.03	9.38	1.44
21275	Revision orbitofacial bones	090	0256	$	3,278.89	11.76	NA	11.15	2.30	11.76	NA	10.35	2.20
21280	Revision of eyelid	090	0256	$	3,278.89	7.13	NA	9.18	1.40	7.13	NA	8.46	1.34
21296	Revision of jaw muscle/bone	090	0254	$	1,799.78	4.78	NA	7.96	0.61	4.78	NA	7.92	0.58
21299	Cranio/maxillofacial surgery	YYY	0250	$	78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21310	Closed tx nose fx w/o manj	000	0250	$	78.09	0.58	3.42	0.13	0.10	0.58	1.42	0.12	0.10
21325	Open tx nose fx uncomplicatd	090	0254	$	1,799.78	4.18	NA	9.41	0.67	4.18	NA	8.69	0.64
21330	Open tx nose fx w/skele fixj	090	0254	$	1,799.78	5.79	NA	10.62	0.73	5.79	NA	9.64	0.70
21335	Open tx nose & septal fx	090	0254	$	1,799.78	9.02	NA	11.67	1.22	9.02	NA	10.79	1.17
21338	Open nasoethmoid fx w/o fixj	090	0256	$	3,278.89	6.87	NA	14.65	1.36	6.87	NA	12.43	1.30
21339	Open nasoethmoid fx w/ fixj	090	0254	$	1,799.78	8.50	NA	15.67	1.66	8.50	NA	12.17	1.59
21340	Perq tx nasoethmoid fx	090	0256	$	3,278.89	11.49	NA	11.57	1.48	11.49	NA	8.73	1.41
21345	Closed tx nose/jaw fx	090	0254	$	1,799.78	9.06	15.08	9.80	1.17	9.06	12.04	7.77	1.12
21346	Opn tx nasomax fx w/fixj	090	0256	$	3,278.89	11.45	NA	14.54	1.48	11.45	NA	13.30	1.41
21355	Perq tx malar fracture	010	0256	$	3,278.89	4.45	8.11	4.65	0.56	4.45	7.36	4.28	0.54
21356	Opn tx dprsd zygomatic arch	010	0254	$	1,799.78	4.83	9.70	5.83	0.71	4.83	8.81	5.35	0.68
21360	Opn tx dprsd malar fracture	090	0256	$	3,278.89	7.19	NA	7.85	0.91	7.19	NA	7.34	0.87
21365	Opn tx complx malar fx	090	0256	$	3,278.89	16.77	NA	13.66	2.80	16.77	NA	12.86	2.68
21385	Opn tx orbit fx transantral	090	0256	$	3,278.89	9.57	NA	9.74	1.22	9.57	NA	8.97	1.17
21386	Opn tx orbit fx periorbital	090	0256	$	3,278.89	9.57	NA	9.55	1.88	9.57	NA	8.85	1.80
21387	Opn tx orbit fx combined	090	0256	$	3,278.89	10.11	NA	10.00	1.97	10.11	NA	9.21	1.88
21390	Opn tx orbit periorbtl implt	090	0256	$	3,278.89	11.23	NA	11.03	1.89	11.23	NA	10.27	1.81
21395	Opn tx orbit periorbt w/grft	090	0256	$	3,278.89	14.70	NA	12.76	1.88	14.70	NA	11.89	1.80

21406	Opn tx orbit fx w/o implant	090	0256	$ 3,278.89	7.42	NA	8.44	0.95	7.42	NA	6.48	0.91
21407	Opn tx orbit fx w/implant	090	0256	$ 3,278.89	9.02	NA	9.04	1.59	9.02	NA	8.40	1.52
21408	Opn tx orbit fx w/bone grft	090	0256	$ 3,278.89	12.78	NA	11.39	2.52	12.78	NA	10.98	2.41
21421	Treat mouth roof fracture	090	0256	$ 3,278.89	6.02	17.43	13.12	1.18	6.02	14.85	11.49	1.13
21440	Treat dental ridge fracture	090	0254	$ 1,799.78	3.44	13.77	10.36	0.67	3.44	12.68	9.56	0.64
21445	Treat dental ridge fracture	090	0254	$ 1,799.78	6.26	16.27	11.78	0.80	6.26	15.11	11.02	0.76
21453	Treat lower jaw fracture	090	0256	$ 3,278.89	6.64	20.34	16.23	1.05	6.64	18.66	14.94	1.00
21454	Treat lower jaw fracture	090	0256	$ 3,278.89	7.36	NA	7.92	0.93	7.36	NA	8.68	0.89
21461	Treat lower jaw fracture	090	0256	$ 3,278.89	9.31	55.62	17.95	1.40	9.31	51.07	16.58	1.34
21462	Treat lower jaw fracture	090	0256	$ 3,278.89	11.01	57.28	19.06	1.42	11.01	52.65	17.68	1.36
21465	Treat lower jaw fracture	090	0256	$ 3,278.89	13.12	NA	12.42	2.59	13.12	NA	12.79	2.48
21470	Treat lower jaw fracture	090	0256	$ 3,278.89	17.54	NA	15.60	2.90	17.54	NA	14.87	2.77
21480	Reset dislocated jaw	000	0250	$ 78.09	0.61	2.30	0.24	0.10	0.61	1.53	0.21	0.10
21485	Reset dislocated jaw	090	0254	$ 1,799.78	4.77	16.04	12.43	0.61	4.77	14.84	11.54	0.58
21490	Repair dislocated jaw	090	0256	$ 3,278.89	12.95	NA	12.26	2.56	12.95	NA	11.57	2.45
21499	Head surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21600	Partial removal of rib	090	0050	$ 2,306.77	7.26	NA	8.10	1.57	7.26	NA	7.36	1.50
21610	Partial removal of rib	090	0050	$ 2,306.77	15.91	NA	12.11	5.72	15.91	NA	12.81	5.47
21685	Hyoid myotomy & suspension	090	0254	$ 1,799.78	15.26	NA	12.58	1.96	15.26	NA	11.79	1.87
21725	Revision of neck muscle	090	0006	$ 125.45	7.19	NA	6.02	1.42	7.19	NA	4.92	1.36
21742	Repair stern/nuss w/o scope	090	0051	$ 3,437.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21743	Repair sternum/nuss w/scope	090	0051	$ 3,437.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21899	Neck/chest surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22315	Closed tx vert fx w/manj	090	0139	$ 835.41	10.11	13.73	10.34	2.55	10.11	12.66	9.58	2.44
22520	Percut vertebroplasty thor	010	0050	$ 2,306.77	9.22	58.41	4.60	1.06	9.22	42.64	4.36	1.01
22521	Percut vertebroplasty lumb	010	0050	$ 2,306.77	8.65	59.10	4.55	1.01	8.65	42.59	4.29	0.97
22522	Percut vertebroplasty addl	ZZZ	0050	$ 2,306.77	4.30	NA	1.73	0.54	4.30	NA	1.66	0.52
22523	Percut kyphoplasty thor	010	0052	$ 5,862.48	9.04	224.14	5.82	1.78	9.04	102.51	5.42	1.70
22524	Percut kyphoplasty lumbar	010	0052	$ 5,862.48	8.54	223.34	5.59	1.68	8.54	102.28	5.18	1.61
22525	Percut kyphoplasty add-on	ZZZ	0052	$ 5,862.48	4.47	139.24	2.13	0.95	4.47	98.82	2.00	0.91
22851	Apply spine prosth device	ZZZ	0050	$ 2,306.77	6.70	NA	3.47	1.89	6.70	NA	3.28	1.81
22899	Spine surgery procedure	YYY	0050	$ 2,306.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23020	Release shoulder joint	090	0050	$ 2,306.77	9.36	NA	9.32	1.80	9.36	NA	8.66	1.72
23040	Exploratory shoulder surgery	090	0050	$ 2,306.77	9.75	NA	9.72	1.91	9.75	NA	9.00	1.83
23044	Exploratory shoulder surgery	090	0050	$ 2,306.77	7.59	NA	7.82	1.50	7.59	NA	7.20	1.43
23101	Shoulder joint surgery	090	0050	$ 2,306.77	5.72	NA	6.40	1.13	5.72	NA	6.21	1.08
23105	Remove shoulder joint lining	090	0050	$ 2,306.77	8.48	NA	8.85	1.66	8.48	NA	8.19	1.59
23106	Incision of collarbone joint	090	0050	$ 2,306.77	6.13	NA	7.45	1.21	6.13	NA	6.88	1.16
23107	Explore treat shoulder joint	090	0050	$ 2,306.77	8.87	NA	9.08	1.71	8.87	NA	8.42	1.63
23120	Partial removal collar bone	090	0050	$ 2,306.77	7.39	NA	8.62	1.46	7.39	NA	7.95	1.40
23125	Removal of collar bone	090	0050	$ 2,306.77	9.64	NA	9.49	1.89	9.64	NA	8.82	1.81
23130	Remove shoulder bone part	090	0051	$ 3,437.59	7.77	NA	8.84	1.52	7.77	NA	8.17	1.45
23145	Removal of bone lesion	090	0050	$ 2,306.77	9.40	NA	9.36	1.85	9.40	NA	8.70	1.77
23146	Removal of bone lesion	090	0050	$ 2,306.77	8.08	NA	8.78	1.59	8.08	NA	8.13	1.52
23150	Removal of humerus lesion	090	0050	$ 2,306.77	8.91	NA	9.01	1.71	8.91	NA	8.32	1.63
23155	Removal of humerus lesion	090	0050	$ 2,306.77	10.86	NA	10.52	2.14	10.86	NA	9.78	2.05
23156	Removal of humerus lesion	090	0050	$ 2,306.77	9.11	NA	9.21	1.80	9.11	NA	8.55	1.72
23170	Remove collar bone lesion	090	0050	$ 2,306.77	7.21	NA	8.03	1.42	7.21	NA	7.42	1.36
23172	Remove shoulder blade lesion	090	0050	$ 2,306.77	7.31	NA	8.08	1.46	7.31	NA	7.48	1.40
23174	Remove humerus lesion	090	0050	$ 2,306.77	10.05	NA	10.50	1.97	10.05	NA	9.73	1.88
23180	Remove collar bone lesion	090	0050	$ 2,306.77	8.99	NA	9.09	1.81	8.99	NA	8.34	1.73
23182	Remove shoulder blade lesion	090	0050	$ 2,306.77	8.61	NA	9.40	1.69	8.61	NA	8.67	1.62
23184	Remove humerus lesion	090	0050	$ 2,306.77	9.90	NA	10.01	1.91	9.90	NA	9.29	1.83
23190	Partial removal of scapula	090	0050	$ 2,306.77	7.47	NA	7.99	1.48	7.47	NA	7.40	1.41
23195	Removal of head of humerus	090	0050	$ 2,306.77	10.36	NA	10.01	2.03	10.36	NA	9.30	1.94

23395	Muscle transfer shoulder/arm	090	0051	$ 3,437.59	18.54	NA	16.04	3.59	18.54	NA	14.96	3.43
23397	Muscle transfers	090	0052	$ 5,862.48	16.76	NA	13.69	3.31	16.76	NA	12.82	3.16
23400	Fixation of shoulder blade	090	0050	$ 2,306.77	13.87	NA	12.14	2.74	13.87	NA	11.33	2.62
23405	Incision of tendon & muscle	090	0050	$ 2,306.77	8.54	NA	8.45	1.66	8.54	NA	7.89	1.59
23406	Incise tendon(s) & muscle(s)	090	0050	$ 2,306.77	11.01	NA	9.72	2.16	11.01	NA	9.03	2.06
23410	Repair rotator cuff acute	090	0051	$ 3,437.59	11.39	NA	10.81	2.22	11.39	NA	10.04	2.12
23412	Repair rotator cuff chronic	090	0051	$ 3,437.59	11.93	NA	11.09	2.31	11.93	NA	10.31	2.21
23415	Release of shoulder ligament	090	0051	$ 3,437.59	9.23	NA	9.66	1.81	9.23	NA	8.97	1.73
23420	Repair of shoulder	090	0051	$ 3,437.59	13.54	NA	12.61	2.65	13.54	NA	11.72	2.53
23430	Repair biceps tendon	090	0051	$ 3,437.59	10.17	NA	10.14	1.97	10.17	NA	9.38	1.88
23440	Remove/transplant tendon	090	0050	$ 2,306.77	10.64	NA	9.73	2.07	10.64	NA	9.06	1.98
23450	Repair shoulder capsule	090	0052	$ 5,862.48	13.70	NA	11.68	2.71	13.70	NA	10.89	2.59
23455	Repair shoulder capsule	090	0052	$ 5,862.48	14.67	NA	12.18	2.86	14.67	NA	11.36	2.73
23460	Repair shoulder capsule	090	0052	$ 5,862.48	15.82	NA	13.31	3.13	15.82	NA	12.45	2.99
23462	Repair shoulder capsule	090	0051	$ 3,437.59	15.72	NA	12.78	3.12	15.72	NA	12.06	2.98
23465	Repair shoulder capsule	090	0052	$ 5,862.48	16.30	NA	13.61	3.21	16.30	NA	12.68	3.07
23466	Repair shoulder capsule	090	0051	$ 3,437.59	15.80	NA	14.44	3.12	15.80	NA	13.40	2.98
23480	Revision of collar bone	090	0051	$ 3,437.59	11.54	NA	10.51	2.26	11.54	NA	9.80	2.16
23485	Revision of collar bone	090	0052	$ 5,862.48	13.91	NA	11.77	2.72	13.91	NA	10.90	2.60
23490	Reinforce clavicle	090	0052	$ 5,862.48	12.16	NA	10.98	2.40	12.16	NA	10.24	2.29
23491	Reinforce shoulder bones	090	0052	$ 5,862.48	14.54	NA	12.63	2.87	14.54	NA	11.79	2.74
23505	Treat clavicle fracture	090	0139	$ 835.41	3.83	6.02	5.41	0.72	3.83	5.50	4.96	0.69
23605	Treat humerus fracture	090	0139	$ 835.41	5.06	7.90	6.69	0.98	5.06	7.20	6.13	0.94
23625	Treat humerus fracture	090	0139	$ 835.41	4.10	6.53	5.72	0.78	4.10	5.94	5.21	0.75
23800	Fusion of shoulder joint	090	0052	$ 5,862.48	14.73	NA	12.72	2.93	14.73	NA	11.89	2.80
23802	Fusion of shoulder joint	090	0052	$ 5,862.48	18.42	NA	15.99	3.62	18.42	NA	14.94	3.46
24000	Exploratory elbow surgery	090	0050	$ 2,306.77	6.08	NA	6.93	1.17	6.08	NA	6.42	1.12
24006	Release elbow joint	090	0050	$ 2,306.77	9.74	NA	9.57	1.82	9.74	NA	8.88	1.74
24101	Explore/treat elbow joint	090	0050	$ 2,306.77	6.30	NA	7.37	1.21	6.30	NA	6.80	1.16
24102	Remove elbow joint lining	090	0050	$ 2,306.77	8.26	NA	8.46	1.55	8.26	NA	7.86	1.48
24115	Remove/graft bone lesion	090	0050	$ 2,306.77	10.12	NA	9.75	1.99	10.12	NA	9.06	1.90
24116	Remove/graft bone lesion	090	0050	$ 2,306.77	12.23	NA	10.88	2.41	12.23	NA	10.15	2.30
24125	Remove/graft bone lesion	090	0050	$ 2,306.77	8.14	NA	8.69	1.59	8.14	NA	8.05	1.52
24126	Remove/graft bone lesion	090	0050	$ 2,306.77	8.62	NA	8.95	1.69	8.62	NA	8.29	1.62
24130	Removal of head of radius	090	0050	$ 2,306.77	6.42	NA	7.46	1.20	6.42	NA	6.91	1.15
24134	Removal of arm bone lesion	090	0050	$ 2,306.77	10.22	NA	9.93	2.00	10.22	NA	9.23	1.91
24136	Remove radius bone lesion	090	0050	$ 2,306.77	8.40	NA	8.67	1.65	8.40	NA	8.19	1.58
24138	Remove elbow bone lesion	090	0050	$ 2,306.77	8.50	NA	9.92	1.66	8.50	NA	9.16	1.59
24140	Partial removal of arm bone	090	0050	$ 2,306.77	9.55	NA	9.48	1.78	9.55	NA	8.74	1.70
24145	Partial removal of radius	090	0050	$ 2,306.77	7.81	NA	8.22	1.54	7.81	NA	7.62	1.47
24147	Partial removal of elbow	090	0050	$ 2,306.77	7.84	NA	9.15	1.51	7.84	NA	8.47	1.44
24149	Radical resection of elbow	090	0050	$ 2,306.77	16.22	NA	15.54	2.98	16.22	NA	14.52	2.85
24150	Resect distal humerus tumor	090	0051	$ 3,437.59	23.46	NA	17.93	4.63	23.46	NA	16.85	4.43
24152	Resect radius tumor	090	0051	$ 3,437.59	19.99	NA	16.07	3.93	19.99	NA	15.05	3.76
24155	Removal of elbow joint	090	0050	$ 2,306.77	12.09	NA	10.80	2.38	12.09	NA	10.07	2.27
24160	Remove elbow joint implant	090	0050	$ 2,306.77	8.00	NA	8.48	1.50	8.00	NA	7.86	1.43
24164	Remove radius head implant	090	0050	$ 2,306.77	6.43	NA	7.09	1.27	6.43	NA	6.56	1.21
24200	Removal of arm foreign body	010	0019	$ 336.38	1.81	4.07	2.05	0.31	1.81	3.71	1.87	0.30
24301	Muscle/tendon transfer	090	0050	$ 2,306.77	10.38	NA	9.74	2.03	10.38	NA	9.22	1.94
24305	Arm tendon lengthening	090	0050	$ 2,306.77	7.62	NA	8.14	1.36	7.62	NA	7.54	1.30
24320	Repair of arm tendon	090	0050	$ 2,306.77	10.86	NA	10.14	2.14	10.86	NA	9.44	2.05
24330	Revision of arm muscles	090	0052	$ 5,862.48	9.79	NA	9.57	1.92	9.79	NA	8.89	1.84
24331	Revision of arm muscles	090	0051	$ 3,437.59	10.95	NA	10.19	2.16	10.95	NA	9.48	2.06
24332	Tenolysis triceps	090	0050	$ 2,306.77	7.91	NA	8.74	1.55	7.91	NA	8.09	1.48
24340	Repair of biceps tendon	090	0051	$ 3,437.59	8.08	NA	8.63	1.58	8.08	NA	8.00	1.51

24341	Repair arm tendon/muscle	090	0051	$ 3,437.59	9.49	NA	10.97	1.85	9.49	NA	10.11	1.77
24342	Repair of ruptured tendon	090	0051	$ 3,437.59	10.86	NA	10.13	2.07	10.86	NA	9.41	1.98
24343	Repr elbow lat ligmnt w/tiss	090	0050	$ 2,306.77	9.16	NA	10.13	1.67	9.16	NA	9.39	1.60
24344	Reconstruct elbow lat ligmnt	090	0052	$ 5,862.48	15.21	NA	14.33	3.01	15.21	NA	13.37	2.88
24345	Repr elbw med ligmnt w/tissu	090	0050	$ 2,306.77	9.16	NA	10.02	1.67	9.16	NA	9.29	1.60
24346	Reconstruct elbow med ligmnt	090	0052	$ 5,862.48	15.21	NA	14.37	3.01	15.21	NA	13.37	2.88
24357	Repair elbow perc	090	0050	$ 2,306.77	5.44	NA	6.66	1.03	5.44	NA	6.15	0.98
24358	Repair elbow w/deb open	090	0050	$ 2,306.77	6.66	NA	7.66	1.25	6.66	NA	7.06	1.19
24359	Repair elbow deb/attch open	090	0050	$ 2,306.77	8.98	NA	8.91	1.67	8.98	NA	8.29	1.60
24400	Revision of humerus	090	0052	$ 5,862.48	11.33	NA	10.88	2.19	11.33	NA	10.01	2.09
24410	Revision of humerus	090	0051	$ 3,437.59	15.11	NA	13.94	2.99	15.11	NA	12.34	2.86
24420	Revision of humerus	090	0051	$ 3,437.59	13.73	NA	13.01	2.71	13.73	NA	12.11	2.59
24430	Repair of humerus	090	0052	$ 5,862.48	15.25	NA	13.17	2.95	15.25	NA	12.32	2.82
24435	Repair humerus with graft	090	0052	$ 5,862.48	14.99	NA	14.06	2.93	14.99	NA	13.14	2.80
24470	Revision of elbow joint	090	0051	$ 3,437.59	8.93	NA	6.56	1.77	8.93	NA	6.10	1.69
24495	Decompression of forearm	090	0050	$ 2,306.77	8.41	NA	8.96	1.80	8.41	NA	8.42	1.72
24498	Reinforce humerus	090	0052	$ 5,862.48	12.28	NA	11.03	2.41	12.28	NA	10.29	2.30
24620	Treat elbow fracture	090	0139	$ 835.41	7.22	NA	7.91	1.36	7.22	NA	7.27	1.30
24800	Fusion of elbow joint	090	0051	$ 3,437.59	11.41	NA	10.93	2.25	11.41	NA	10.17	2.15
24802	Fusion/graft of elbow joint	090	0052	$ 5,862.48	14.32	NA	12.50	2.83	14.32	NA	11.67	2.70
24935	Revision of amputation	090	0052	$ 5,862.48	16.45	NA	11.46	3.24	16.45	NA	10.48	3.10
25020	Decompress forearm 1 space	090	0050	$ 2,306.77	6.06	NA	10.09	1.06	6.06	NA	9.20	1.01
25023	Decompress forearm 1 space	090	0050	$ 2,306.77	13.83	NA	16.54	2.74	13.83	NA	15.07	2.62
25024	Decompress forearm 2 spaces	090	0050	$ 2,306.77	10.79	NA	10.44	2.12	10.79	NA	9.38	2.03
25025	Decompress forearm 2 spaces	090	0050	$ 2,306.77	17.94	NA	14.80	3.54	17.94	NA	13.85	3.38
25040	Explore/treat wrist joint	090	0050	$ 2,306.77	7.50	NA	7.80	1.36	7.50	NA	7.22	1.30
25101	Explore/treat wrist joint	090	0050	$ 2,306.77	4.83	NA	6.32	0.90	4.83	NA	5.80	0.86
25105	Remove wrist joint lining	090	0050	$ 2,306.77	6.02	NA	7.23	1.10	6.02	NA	6.69	1.05
25107	Remove wrist joint cartilage	090	0050	$ 2,306.77	7.70	NA	9.20	1.36	7.70	NA	8.53	1.30
25118	Excise wrist tendon sheath	090	0050	$ 2,306.77	4.51	NA	6.02	0.80	4.51	NA	5.54	0.76
25119	Partial removal of ulna	090	0050	$ 2,306.77	6.21	NA	7.33	1.22	6.21	NA	6.80	1.17
25120	Removal of forearm lesion	090	0050	$ 2,306.77	6.27	NA	7.35	1.17	6.27	NA	6.80	1.12
25125	Remove/graft forearm lesion	090	0050	$ 2,306.77	7.67	NA	8.51	1.51	7.67	NA	7.80	1.44
25126	Remove/graft forearm lesion	090	0050	$ 2,306.77	7.74	NA	8.47	1.52	7.74	NA	7.84	1.45
25130	Removal of wrist lesion	090	0050	$ 2,306.77	5.43	NA	6.88	0.99	5.43	NA	6.35	0.95
25135	Remove & graft wrist lesion	090	0050	$ 2,306.77	7.08	NA	8.11	1.39	7.08	NA	7.49	1.33
25136	Remove & graft wrist lesion	090	0050	$ 2,306.77	6.14	NA	7.32	1.21	6.14	NA	6.76	1.16
25145	Remove forearm bone lesion	090	0050	$ 2,306.77	6.54	NA	7.54	1.28	6.54	NA	6.97	1.22
25150	Partial removal of ulna	090	0050	$ 2,306.77	7.38	NA	8.01	1.36	7.38	NA	7.41	1.30
25151	Partial removal of radius	090	0050	$ 2,306.77	7.68	NA	8.18	1.51	7.68	NA	7.55	1.44
25170	Resect radius/ulnar tumor	090	0050	$ 2,306.77	22.21	NA	17.14	4.37	22.21	NA	16.09	4.18
25210	Removal of wrist bone	090	0050	$ 2,306.77	6.12	NA	7.29	1.08	6.12	NA	6.74	1.03
25215	Removal of wrist bones	090	0050	$ 2,306.77	8.14	NA	8.69	1.40	8.14	NA	8.07	1.34
25230	Partial removal of radius	090	0050	$ 2,306.77	5.37	NA	6.50	0.90	5.37	NA	5.98	0.86
25240	Partial removal of ulna	090	0050	$ 2,306.77	5.31	NA	6.49	0.91	5.31	NA	5.98	0.87
25250	Removal of wrist prosthesis	090	0050	$ 2,306.77	6.77	NA	7.65	1.32	6.77	NA	7.14	1.26
25251	Removal of wrist prosthesis	090	0050	$ 2,306.77	9.82	NA	9.57	1.93	9.82	NA	8.90	1.84
25259	Manipulate wrist w/anesthes	090	0139	$ 835.41	4.04	NA	7.69	0.72	4.04	NA	7.05	0.69
25260	Repair forearm tendon/muscle	090	0050	$ 2,306.77	8.04	NA	9.21	1.48	8.04	NA	8.53	1.41
25263	Repair forearm tendon/muscle	090	0050	$ 2,306.77	8.04	NA	9.08	1.58	8.04	NA	8.23	1.51
25265	Repair forearm tendon/muscle	090	0050	$ 2,306.77	10.10	NA	10.11	1.97	10.10	NA	9.39	1.88
25270	Repair forearm tendon/muscle	090	0050	$ 2,306.77	6.17	NA	7.24	1.16	6.17	NA	6.73	1.11
25272	Repair forearm tendon/muscle	090	0050	$ 2,306.77	7.21	NA	7.91	1.32	7.21	NA	7.31	1.26
25274	Repair forearm tendon/muscle	090	0050	$ 2,306.77	8.94	NA	9.12	1.77	8.94	NA	8.50	1.69
25275	Repair forearm tendon sheath	090	0050	$ 2,306.77	8.96	NA	9.31	1.77	8.96	NA	8.55	1.69

25280	Revise wrist/forearm tendon	090	0050	$ 2,306.77	7.39	NA	8.04	1.28	7.39	NA	7.41	1.22
25290	Incise wrist/forearm tendon	090	0050	$ 2,306.77	5.43	NA	6.54	0.98	5.43	NA	6.05	0.94
25300	Fusion of tendons at wrist	090	0050	$ 2,306.77	9.02	NA	9.65	1.78	9.02	NA	8.86	1.70
25301	Fusion of tendons at wrist	090	0050	$ 2,306.77	8.59	NA	8.90	1.57	8.59	NA	8.22	1.50
25310	Transplant forearm tendon	090	0050	$ 2,306.77	8.08	NA	8.84	1.39	8.08	NA	8.19	1.33
25312	Transplant forearm tendon	090	0051	$ 3,437.59	9.82	NA	9.68	1.78	9.82	NA	8.92	1.70
25315	Revise palsy hand tendon(s)	090	0050	$ 2,306.77	10.68	NA	10.04	2.10	10.68	NA	9.35	2.01
25316	Revise palsy hand tendon(s)	090	0052	$ 5,862.48	12.90	NA	11.94	1.61	12.90	NA	10.83	1.54
25320	Repair/revise wrist joint	090	0051	$ 3,437.59	12.75	NA	14.29	2.26	12.75	NA	13.17	2.16
25335	Realignment of hand	090	0051	$ 3,437.59	13.39	NA	12.50	0.95	13.39	NA	11.07	0.91
25337	Reconstruct ulna/radioulnar	090	0051	$ 3,437.59	11.73	NA	12.59	2.01	11.73	NA	11.59	1.92
25350	Revision of radius	090	0051	$ 3,437.59	9.09	NA	9.23	1.61	9.09	NA	8.59	1.54
25355	Revision of radius	090	0051	$ 3,437.59	10.53	NA	10.10	2.07	10.53	NA	9.39	1.98
25360	Revision of ulna	090	0051	$ 3,437.59	8.74	NA	9.02	1.65	8.74	NA	8.38	1.58
25365	Revise radius & ulna	090	0052	$ 5,862.48	12.91	NA	11.62	2.55	12.91	NA	10.84	2.44
25370	Revise radius or ulna	090	0051	$ 3,437.59	14.10	NA	12.92	2.78	14.10	NA	12.04	2.66
25375	Revise radius & ulna	090	0051	$ 3,437.59	13.55	NA	12.33	0.95	13.55	NA	11.16	0.91
25390	Shorten radius or ulna	090	0051	$ 3,437.59	10.70	NA	10.14	1.88	10.70	NA	9.42	1.80
25391	Lengthen radius or ulna	090	0052	$ 5,862.48	14.28	NA	12.36	2.83	14.28	NA	11.54	2.70
25392	Shorten radius & ulna	090	0050	$ 2,306.77	14.58	NA	12.52	2.90	14.58	NA	11.70	2.77
25393	Lengthen radius & ulna	090	0051	$ 3,437.59	16.56	NA	13.58	3.28	16.56	NA	12.72	3.13
25394	Repair carpal bone shorten	090	0051	$ 3,437.59	10.85	NA	10.23	2.14	10.85	NA	9.52	2.05
25400	Repair radius or ulna	090	0052	$ 5,862.48	11.28	NA	10.40	2.07	11.28	NA	9.67	1.98
25405	Repair/graft radius or ulna	090	0052	$ 5,862.48	15.01	NA	12.85	2.74	15.01	NA	12.01	2.62
25415	Repair radius & ulna	090	0052	$ 5,862.48	13.80	NA	12.10	2.72	13.80	NA	11.29	2.60
25420	Repair/graft radius & ulna	090	0052	$ 5,862.48	17.04	NA	14.13	3.38	17.04	NA	13.21	3.23
25425	Repair/graft radius or ulna	090	0052	$ 5,862.48	13.72	NA	12.06	2.71	13.72	NA	11.25	2.59
25426	Repair/graft radius & ulna	090	0051	$ 3,437.59	16.45	NA	13.52	3.24	16.45	NA	12.66	3.10
25430	Vasc graft into carpal bone	090	0051	$ 3,437.59	9.71	NA	10.09	1.21	9.71	NA	9.35	1.16
25431	Repair nonunion carpal bone	090	0051	$ 3,437.59	10.89	NA	10.34	2.15	10.89	NA	9.62	2.05
25440	Repair/graft wrist bone	090	0052	$ 5,862.48	10.68	NA	10.15	1.89	10.68	NA	9.44	1.81
25450	Revision of wrist joint	090	0051	$ 3,437.59	8.06	NA	8.64	1.58	8.06	NA	8.00	1.51
25455	Revision of wrist joint	090	0051	$ 3,437.59	9.71	NA	7.04	0.68	9.71	NA	9.18	0.65
25490	Reinforce radius	090	0051	$ 3,437.59	9.73	NA	9.67	1.25	9.73	NA	8.98	1.19
25491	Reinforce ulna	090	0051	$ 3,437.59	10.15	NA	9.77	1.99	10.15	NA	9.07	1.90
25492	Reinforce radius and ulna	090	0051	$ 3,437.59	12.66	NA	8.32	2.48	12.66	NA	10.82	2.37
25690	Treat wrist dislocation	090	0139	$ 835.41	5.72	NA	7.48	1.14	5.72	NA	6.89	1.09
25800	Fusion of wrist joint	090	0052	$ 5,862.48	10.07	NA	9.77	1.81	10.07	NA	9.08	1.73
25805	Fusion/graft of wrist joint	090	0052	$ 5,862.48	11.73	NA	10.98	2.30	11.73	NA	10.22	2.20
25810	Fusion/graft of wrist joint	090	0052	$ 5,862.48	11.95	NA	11.59	2.12	11.95	NA	10.80	2.03
25820	Fusion of hand bones	090	0051	$ 3,437.59	7.64	NA	9.28	1.37	7.64	NA	8.55	1.31
25825	Fuse hand bones with graft	090	0052	$ 5,862.48	9.69	NA	11.06	1.69	9.69	NA	10.26	1.62
25830	Fusion radioulnar jnt/ulna	090	0052	$ 5,862.48	10.88	NA	15.50	2.15	10.88	NA	14.12	2.05
26010	Drainage of finger abscess	010	0006	$ 125.45	1.59	6.21	2.30	0.27	1.59	4.37	2.08	0.26
26607	Treat metacarpal fracture	090	0139	$ 835.41	5.48	NA	7.05	1.06	5.48	NA	6.48	1.01
26706	Pin knuckle dislocation	090	0139	$ 835.41	5.31	NA	6.85	0.95	5.31	NA	6.29	0.91
27001	Incision of hip tendon	090	0050	$ 2,306.77	7.14	NA	7.61	1.40	7.14	NA	7.00	1.34
27003	Incision of hip tendon	090	0050	$ 2,306.77	7.81	NA	8.35	1.54	7.81	NA	7.73	1.47
27006	Incision of hip tendons	090	0050	$ 2,306.77	10.11	NA	9.85	1.96	10.11	NA	9.09	1.87
27027	Buttock fasciotomy	090	0050	$ 2,306.77	13.04	NA	11.14	0.91	13.04	NA	10.41	0.87
27033	Exploration of hip joint	090	0051	$ 3,437.59	14.11	NA	11.95	2.78	14.11	NA	11.18	2.66
27035	Denervation of hip joint	090	0050	$ 2,306.77	17.37	NA	8.90	3.43	17.37	NA	13.13	3.28
27066	Remove hip bone les deep	090	0050	$ 2,306.77	11.20	NA	10.71	2.20	11.20	NA	9.98	2.10
27067	Remove/graft hip bone lesion	090	0050	$ 2,306.77	14.72	NA	13.01	2.91	14.72	NA	12.13	2.78
27080	Removal of tail bone	090	0050	$ 2,306.77	6.89	NA	7.00	1.42	6.89	NA	6.39	1.36

27097	Revision of hip tendon	090	0050	$	2,306.77	9.27	NA	9.03	1.82	9.27	NA	8.48	1.74
27098	Transfer tendon to pelvis	090	0050	$	2,306.77	9.32	NA	9.44	1.84	9.32	NA	8.76	1.76
27100	Transfer of abdominal muscle	090	0051	$	3,437.59	11.35	NA	10.90	2.23	11.35	NA	9.96	2.13
27105	Transfer of spinal muscle	090	0051	$	3,437.59	12.04	NA	11.27	2.35	12.04	NA	10.50	2.25
27110	Transfer of iliopsoas muscle	090	0051	$	3,437.59	13.77	NA	12.20	2.72	13.77	NA	11.38	2.60
27111	Transfer of iliopsoas muscle	090	0051	$	3,437.59	12.60	NA	11.57	2.46	12.60	NA	10.78	2.35
27179	Revise head/neck of femur	090	0052	$	5,862.48	13.97	NA	12.18	2.75	13.97	NA	11.37	2.63
27235	Treat thigh fracture	090	0050	$	2,306.77	13.00	NA	11.40	2.56	13.00	NA	10.64	2.45
27307	Incision of thigh tendons	090	0050	$	2,306.77	6.06	NA	7.03	1.20	6.06	NA	6.49	1.15
27310	Exploration of knee joint	090	0050	$	2,306.77	10.00	NA	9.77	1.96	10.00	NA	9.08	1.87
27330	Biopsy knee joint lining	090	0050	$	2,306.77	5.11	NA	6.27	0.95	5.11	NA	5.89	0.91
27331	Explore/treat knee joint	090	0050	$	2,306.77	6.02	NA	7.00	1.18	6.02	NA	6.45	1.13
27332	Removal of knee cartilage	090	0050	$	2,306.77	8.46	NA	8.95	1.65	8.46	NA	8.27	1.58
27333	Removal of knee cartilage	090	0050	$	2,306.77	7.55	NA	8.37	1.50	7.55	NA	7.74	1.43
27334	Remove knee joint lining	090	0050	$	2,306.77	9.19	NA	9.36	1.81	9.19	NA	8.67	1.73
27335	Remove knee joint lining	090	0050	$	2,306.77	10.55	NA	10.09	2.07	10.55	NA	9.38	1.98
27350	Removal of kneecap	090	0050	$	2,306.77	8.66	NA	9.07	1.69	8.66	NA	8.42	1.62
27355	Remove femur lesion	090	0050	$	2,306.77	8.00	NA	8.35	1.58	8.00	NA	7.73	1.51
27356	Remove femur lesion/graft	090	0050	$	2,306.77	10.09	NA	9.86	1.97	10.09	NA	9.16	1.88
27357	Remove femur lesion/graft	090	0050	$	2,306.77	11.16	NA	10.80	2.20	11.16	NA	10.05	2.10
27358	Remove femur lesion/fixation	ZZZ	0050	$	2,306.77	4.73	NA	2.54	0.91	4.73	NA	2.44	0.87
27360	Partial removal leg bone(s)	090	0050	$	2,306.77	11.46	NA	11.67	2.26	11.46	NA	10.81	2.16
27380	Repair of kneecap tendon	090	0050	$	2,306.77	7.45	NA	8.82	1.47	7.45	NA	8.14	1.40
27381	Repair/graft kneecap tendon	090	0050	$	2,306.77	10.76	NA	10.86	2.12	10.76	NA	10.11	2.03
27385	Repair of thigh muscle	090	0050	$	2,306.77	6.93	NA	8.94	1.36	6.93	NA	8.21	1.30
27386	Repair/graft of thigh muscle	090	0050	$	2,306.77	11.13	NA	11.48	2.19	11.13	NA	10.58	2.09
27392	Incision of thigh tendons	090	0050	$	2,306.77	9.63	NA	9.61	1.89	9.63	NA	8.92	1.81
27393	Lengthening of thigh tendon	090	0050	$	2,306.77	6.59	NA	7.29	1.29	6.59	NA	6.74	1.23
27394	Lengthening of thigh tendons	090	0050	$	2,306.77	8.79	NA	8.87	1.70	8.79	NA	8.23	1.62
27395	Lengthening of thigh tendons	090	0051	$	3,437.59	12.24	NA	11.38	2.41	12.24	NA	10.60	2.30
27396	Transplant of thigh tendon	090	0050	$	2,306.77	8.15	NA	8.52	1.61	8.15	NA	7.91	1.54
27397	Transplants of thigh tendons	090	0051	$	3,437.59	12.66	NA	12.03	2.48	12.66	NA	11.19	2.37
27400	Revise thigh muscles/tendons	090	0051	$	3,437.59	9.33	NA	9.44	1.84	9.33	NA	8.77	1.76
27403	Repair of knee cartilage	090	0050	$	2,306.77	8.62	NA	8.75	1.67	8.62	NA	8.11	1.60
27405	Repair of knee ligament	090	0051	$	3,437.59	9.08	NA	9.28	1.80	9.08	NA	8.58	1.72
27407	Repair of knee ligament	090	0052	$	5,862.48	10.85	NA	10.51	2.14	10.85	NA	9.76	2.05
27409	Repair of knee ligaments	090	0052	$	5,862.48	13.71	NA	12.17	2.71	13.71	NA	11.35	2.59
27412	Autochondrocyte implant knee	090	0052	$	5,862.48	24.74	NA	19.33	4.89	24.74	NA	18.14	4.67
27415	Osteochondral knee allograft	090	0052	$	5,862.48	20.00	NA	16.78	3.93	20.00	NA	15.69	3.76
27416	Osteochondral knee autograft	090	0051	$	3,437.59	14.16	NA	12.08	2.79	14.16	NA	11.28	2.67
27418	Repair degenerated kneecap	090	0051	$	3,437.59	11.60	NA	10.86	2.26	11.60	NA	10.07	2.16
27420	Revision of unstable kneecap	090	0051	$	3,437.59	10.26	NA	9.36	2.00	10.26	NA	8.90	1.91
27422	Revision of unstable kneecap	090	0051	$	3,437.59	10.21	NA	9.90	1.99	10.21	NA	9.20	1.90
27424	Revision/removal of kneecap	090	0051	$	3,437.59	10.24	NA	9.93	2.00	10.24	NA	9.23	1.91
27425	Lat retinacular release open	090	0050	$	2,306.77	5.39	NA	6.92	1.06	5.39	NA	6.37	1.01
27427	Reconstruction knee	090	0052	$	5,862.48	9.79	NA	9.60	1.92	9.79	NA	8.86	1.84
27428	Reconstruction knee	090	0052	$	5,862.48	15.58	NA	14.40	3.09	15.58	NA	13.39	2.95
27429	Reconstruction knee	090	0052	$	5,862.48	17.54	NA	16.06	3.47	17.54	NA	15.05	3.32
27430	Revision of thigh muscles	090	0051	$	3,437.59	10.16	NA	9.88	1.99	10.16	NA	9.18	1.90
27435	Incision of knee joint	090	0050	$	2,306.77	10.88	NA	11.07	2.15	10.88	NA	10.27	2.05
27475	Surgery to stop leg growth	090	0050	$	2,306.77	8.93	NA	8.94	1.77	8.93	NA	8.30	1.69
27479	Surgery to stop leg growth	090	0050	$	2,306.77	13.16	NA	11.50	0.93	13.16	NA	10.74	0.89
27496	Decompression of thigh/knee	090	0050	$	2,306.77	6.78	NA	8.08	1.33	6.78	NA	7.45	1.27
27498	Decompression of thigh/knee	090	0050	$	2,306.77	8.66	NA	9.08	1.69	8.66	NA	8.42	1.62
27499	Decompression of thigh/knee	090	0050	$	2,306.77	9.43	NA	9.50	1.86	9.43	NA	8.82	1.78

27502	Treatment of thigh fracture	090	0139	$ 835.41	11.36	NA	9.34	2.19	11.36	NA	8.68	2.09
27532	Treat knee fracture	090	0139	$ 835.41	7.55	9.34	8.15	1.48	7.55	8.58	7.52	1.41
27602	Decompression of lower leg	090	0050	$ 2,306.77	7.82	NA	5.43	1.74	7.82	NA	4.94	1.66
27604	Drain lower leg bursa	090	0050	$ 2,306.77	4.59	9.28	4.77	0.78	4.59	7.85	4.18	0.75
27610	Explore/treat ankle joint	090	0050	$ 2,306.77	9.13	NA	8.59	1.63	9.13	NA	8.09	1.56
27612	Exploration of ankle joint	090	0050	$ 2,306.77	8.15	NA	7.31	1.16	8.15	NA	6.99	1.11
27620	Explore/treat ankle joint	090	0050	$ 2,306.77	6.15	NA	6.32	1.05	6.15	NA	5.89	1.00
27625	Remove ankle joint lining	090	0050	$ 2,306.77	8.49	NA	7.44	1.27	8.49	NA	6.95	1.21
27626	Remove ankle joint lining	090	0050	$ 2,306.77	9.10	NA	7.89	1.52	9.10	NA	7.41	1.45
27635	Remove lower leg bone lesion	090	0050	$ 2,306.77	8.03	NA	8.03	1.50	8.03	NA	7.46	1.43
27637	Remove/graft leg bone lesion	090	0050	$ 2,306.77	10.31	NA	10.26	2.01	10.31	NA	9.36	1.92
27638	Remove/graft leg bone lesion	090	0050	$ 2,306.77	10.99	NA	9.93	2.16	10.99	NA	9.07	2.06
27640	Partial removal of tibia	090	0050	$ 2,306.77	12.24	NA	10.38	2.20	12.24	NA	9.62	2.10
27641	Partial removal of fibula	090	0050	$ 2,306.77	9.84	NA	8.23	1.67	9.84	NA	7.78	1.60
27647	Resect talus/calcaneus tum	090	0050	$ 2,306.77	20.26	NA	8.27	2.03	20.26	NA	7.85	1.94
27650	Repair achilles tendon	090	0051	$ 3,437.59	9.21	NA	9.14	1.51	9.21	NA	8.40	1.44
27652	Repair/graft achilles tendon	090	0052	$ 5,862.48	10.78	NA	7.97	1.51	10.78	NA	7.58	1.44
27654	Repair of achilles tendon	090	0051	$ 3,437.59	10.53	NA	8.96	1.51	10.53	NA	8.39	1.44
27664	Repair of leg tendon each	090	0050	$ 2,306.77	4.73	NA	5.41	0.75	4.73	NA	4.92	0.72
27665	Repair of leg tendon each	090	0050	$ 2,306.77	5.57	NA	5.97	0.88	5.57	NA	5.49	0.84
27676	Repair lower leg tendons	090	0050	$ 2,306.77	8.73	NA	8.15	1.70	8.73	NA	7.30	1.62
27680	Release of lower leg tendon	090	0050	$ 2,306.77	5.88	NA	6.08	0.98	5.88	NA	5.50	0.94
27681	Release of lower leg tendons	090	0050	$ 2,306.77	7.05	NA	7.82	1.39	7.05	NA	7.22	1.33
27685	Revision of lower leg tendon	090	0050	$ 2,306.77	6.69	12.48	6.23	0.91	6.69	11.49	5.83	0.87
27686	Revise lower leg tendons	090	0050	$ 2,306.77	7.75	NA	7.39	1.29	7.75	NA	6.88	1.23
27687	Revision of calf tendon	090	0050	$ 2,306.77	6.41	NA	6.26	0.99	6.41	NA	5.71	0.95
27690	Revise lower leg tendon	090	0051	$ 3,437.59	9.17	NA	8.35	1.32	9.17	NA	7.72	1.26
27691	Revise lower leg tendon	090	0051	$ 3,437.59	10.49	NA	10.13	1.82	10.49	NA	9.41	1.74
27692	Revise additional leg tendon	ZZZ	0051	$ 3,437.59	1.87	NA	0.93	0.34	1.87	NA	0.87	0.32
27695	Repair of ankle ligament	090	0050	$ 2,306.77	6.70	NA	6.59	1.08	6.70	NA	6.04	1.03
27696	Repair of ankle ligaments	090	0050	$ 2,306.77	8.58	NA	6.94	1.16	8.58	NA	6.43	1.11
27698	Repair of ankle ligament	090	0050	$ 2,306.77	9.61	NA	8.03	1.51	9.61	NA	7.41	1.44
27705	Incision of tibia	090	0051	$ 3,437.59	10.86	NA	9.71	2.01	10.86	NA	9.01	1.92
27707	Incision of fibula	090	0050	$ 2,306.77	4.78	NA	6.44	0.90	4.78	NA	5.92	0.86
27709	Incision of tibia & fibula	090	0050	$ 2,306.77	17.48	NA	13.85	3.38	17.48	NA	12.91	3.23
27730	Repair of tibia epiphysis	090	0050	$ 2,306.77	7.70	NA	8.19	1.52	7.70	NA	7.59	1.45
27732	Repair of fibula epiphysis	090	0050	$ 2,306.77	5.46	NA	6.80	1.08	5.46	NA	4.42	1.03
27734	Repair lower leg epiphyses	090	0050	$ 2,306.77	8.83	NA	8.90	0.63	8.83	NA	8.26	0.60
27740	Repair of leg epiphyses	090	0050	$ 2,306.77	9.61	NA	6.78	1.89	9.61	NA	6.31	1.81
27742	Repair of leg epiphyses	090	0051	$ 3,437.59	10.63	NA	7.40	2.08	10.63	NA	6.89	1.99
27745	Reinforce tibia	090	0052	$ 5,862.48	10.49	NA	10.01	2.04	10.49	NA	9.28	1.95
27752	Treatment of tibia fracture	090	0139	$ 835.41	6.27	8.63	7.34	1.21	6.27	7.87	6.74	1.16
27762	Cltx med ankle fx w/mnpj	090	0139	$ 835.41	5.47	7.84	6.54	1.01	5.47	7.17	6.04	0.97
27781	Treatment of fibula fracture	090	0139	$ 835.41	4.59	7.09	6.15	0.87	4.59	6.48	5.64	0.83
27825	Treat lower leg fracture	090	0139	$ 835.41	6.69	8.28	6.71	1.28	6.69	7.64	6.23	1.22
27831	Treat lower leg dislocation	090	0139	$ 835.41	4.73	NA	6.28	0.91	4.73	NA	5.78	0.87
27870	Fusion of ankle joint open	090	0052	$ 5,862.48	15.41	NA	12.59	2.80	15.41	NA	11.72	2.68
27871	Fusion of tibiofibular joint	090	0052	$ 5,862.48	9.54	NA	9.11	1.85	9.54	NA	8.47	1.77
27889	Amputation of foot at ankle	090	0050	$ 2,306.77	10.86	NA	6.33	2.41	10.86	NA	6.06	2.30
27892	Decompression of leg	090	0050	$ 2,306.77	7.94	NA	6.89	1.63	7.94	NA	6.50	1.56
27893	Decompression of leg	090	0050	$ 2,306.77	7.90	NA	8.68	1.67	7.90	NA	8.03	1.60
27894	Decompression of leg	090	0050	$ 2,306.77	12.67	NA	10.68	2.67	12.67	NA	9.49	2.55
28405	Treatment of heel fracture	090	0139	$ 835.41	4.74	6.00	4.92	0.65	4.74	5.75	4.75	0.62
28575	Treat foot dislocation	090	0139	$ 835.41	3.49	6.85	5.75	0.68	3.49	6.25	5.25	0.65
28715	Fusion of foot bones	090	0052	$ 5,862.48	13.42	NA	12.17	2.28	13.42	NA	11.34	2.18

28890	Hi enrgy eswt plantar fascia	090	0050	$ 2,306.77	3.45	6.10	2.96	0.35	3.45	5.54	2.72	0.33
29000	Application of body cast	000	0058	$ 94.54	2.25	5.96	2.46	0.18	2.25	4.02	2.35	0.18
29020	Application of body cast	000	0058	$ 94.54	2.11	4.00	1.68	0.08	2.11	3.24	1.43	0.08
29025	Application of body cast	000	0058	$ 94.54	2.40	6.03	2.54	0.48	2.40	4.10	2.36	0.46
29040	Application of body cast	000	0058	$ 94.54	2.22	4.27	1.80	0.42	2.22	3.36	2.72	0.40
29049	Application of figure eight	000	0058	$ 94.54	0.89	1.93	1.03	0.18	0.89	1.76	0.96	0.18
29058	Application of shoulder cast	000	0058	$ 94.54	1.31	2.16	1.25	0.23	1.31	1.97	1.16	0.22
29085	Apply hand/wrist cast	000	0058	$ 94.54	0.87	1.87	1.00	0.14	0.87	1.70	0.92	0.14
29086	Apply finger cast	000	0058	$ 94.54	0.62	1.69	0.85	0.08	0.62	1.52	0.77	0.08
29105	Apply long arm splint	000	0058	$ 94.54	0.87	1.65	0.77	0.14	0.87	1.49	0.71	0.14
29125	Apply forearm splint	000	0058	$ 94.54	0.50	1.40	0.61	0.08	0.50	1.25	0.56	0.08
29126	Apply forearm splint	000	0058	$ 94.54	0.68	1.56	0.68	0.10	0.68	1.39	0.62	0.10
29440	Addition of walker to cast	000	0058	$ 94.54	0.57	0.69	0.23	0.08	0.57	0.64	0.22	0.08
29450	Application of leg cast	000	0058	$ 94.54	2.08	2.02	1.06	0.22	2.08	1.78	0.93	0.21
29505	Application long leg splint	000	0058	$ 94.54	0.69	1.74	0.70	0.11	0.69	1.55	0.63	0.11
29515	Application lower leg splint	000	0058	$ 94.54	0.73	1.35	0.66	0.10	0.73	1.21	0.60	0.10
29580	Application of paste boot	000	0058	$ 94.54	0.55	0.97	0.44	0.07	0.55	0.88	0.41	0.07
29581	Apply multlay comprs lwr leg	000	0058	$ 94.54	0.25	1.63	0.11	0.01	0.25	1.48	0.10	0.01
29700	Removal/revision of cast	000	0058	$ 94.54	0.57	1.33	0.33	0.10	0.57	1.09	0.30	0.10
29705	Removal/revision of cast	000	0058	$ 94.54	0.76	1.12	0.50	0.12	0.76	1.03	0.48	0.12
29715	Removal/revision of cast	000	0058	$ 94.54	0.94	1.36	0.49	0.12	0.94	1.11	0.36	0.12
29720	Repair of body cast	000	0058	$ 94.54	0.68	1.73	0.48	0.12	0.68	1.61	0.47	0.12
29730	Windowing of cast	000	0058	$ 94.54	0.75	1.10	0.47	0.11	0.75	1.00	0.44	0.11
29740	Wedging of cast	000	0058	$ 94.54	1.12	1.51	0.65	0.18	1.12	1.49	0.69	0.18
29750	Wedging of clubfoot cast	000	0058	$ 94.54	1.26	1.71	0.80	0.26	1.26	0.98	0.42	0.25
29799	Casting/strapping procedure	YYY	0058	$ 94.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29888	Knee arthroscopy/surgery	090	0052	$ 5,862.48	14.30	NA	12.30	2.80	14.30	NA	11.45	2.68
29889	Knee arthroscopy/surgery	090	0052	$ 5,862.48	17.41	NA	15.45	3.42	17.41	NA	14.43	3.27
29892	Ankle arthroscopy/surgery	090	0052	$ 5,862.48	10.27	NA	6.05	2.01	10.27	NA	5.66	1.92
30115	Removal of nose polyp(s)	090	0254	$ 1,799.78	4.44	NA	8.08	0.56	4.44	NA	7.31	0.54
30118	Removal of intranasal lesion	090	0254	$ 1,799.78	9.92	NA	11.69	1.31	9.92	NA	10.87	1.25
30120	Revision of nose	090	0254	$ 1,799.78	5.39	9.53	6.98	0.84	5.39	8.66	6.38	0.80
30124	Removal of nose lesion	090	0254	$ 1,799.78	3.20	NA	5.05	0.41	3.20	NA	4.60	0.39
30125	Removal of nose lesion	090	0256	$ 3,278.89	7.30	NA	10.11	0.93	7.30	NA	9.24	0.89
30130	Excise inferior turbinate	090	0254	$ 1,799.78	3.47	NA	7.66	0.44	3.47	NA	6.95	0.42
30140	Resect inferior turbinate	090	0254	$ 1,799.78	3.57	NA	9.49	0.45	3.57	NA	8.58	0.43
30150	Partial removal of nose	090	0256	$ 3,278.89	9.55	NA	12.12	1.42	9.55	NA	11.20	1.36
30160	Removal of nose	090	0256	$ 3,278.89	9.99	NA	11.97	1.28	9.99	NA	10.97	1.22
30300	Remove nasal foreign body	010	0340	$ 49.64	1.09	6.02	2.67	0.14	1.09	3.49	2.41	0.14
30320	Remove nasal foreign body	090	0254	$ 1,799.78	4.64	NA	8.48	0.60	4.64	NA	7.70	0.57
30400	Reconstruction of nose	090	0254	$ 1,799.78	10.86	NA	18.33	1.39	10.86	NA	16.67	1.33
30410	Reconstruction of nose	090	0256	$ 3,278.89	14.00	NA	19.90	1.80	14.00	NA	18.16	1.72
30420	Reconstruction of nose	090	0256	$ 3,278.89	16.90	NA	21.97	2.40	16.90	NA	20.13	2.29
30430	Revision of nose	090	0254	$ 1,799.78	8.24	NA	17.02	1.62	8.24	NA	15.42	1.55
30435	Revision of nose	090	0256	$ 3,278.89	12.73	NA	19.26	1.63	12.73	NA	20.60	1.56
30450	Revision of nose	090	0256	$ 3,278.89	19.66	NA	22.72	2.52	19.66	NA	20.84	2.41
30460	Revision of nose	090	0256	$ 3,278.89	10.32	NA	12.15	2.01	10.32	NA	9.33	1.92
30462	Revision of nose	090	0256	$ 3,278.89	20.28	NA	18.85	4.00	20.28	NA	20.92	3.82
30465	Repair nasal stenosis	090	0256	$ 3,278.89	12.36	NA	15.45	1.74	12.36	NA	14.19	1.66
30520	Repair of nasal septum	090	0254	$ 1,799.78	7.01	NA	11.00	0.90	7.01	NA	10.02	0.86
30540	Repair nasal defect	090	0256	$ 3,278.89	7.92	NA	11.83	1.02	7.92	NA	10.79	0.97
30545	Repair nasal defect	090	0256	$ 3,278.89	11.62	NA	12.89	0.82	11.62	NA	13.90	0.78
30580	Repair upper jaw fistula	090	0256	$ 3,278.89	6.88	11.62	7.24	0.87	6.88	10.81	6.83	0.83
30600	Repair mouth/nose fistula	090	0256	$ 3,278.89	6.16	10.41	5.85	0.78	6.16	9.84	5.75	0.75
30620	Intranasal reconstruction	090	0256	$ 3,278.89	6.16	NA	12.08	0.88	6.16	NA	10.53	0.84

30630	Repair nasal septum defect	090	0254	$ 1,799.78	7.29	NA	10.66	0.99	7.29	NA	9.72	0.95
30901	Control of nosebleed	000	0250	$ 78.09	1.10	1.63	0.40	0.16	1.10	1.46	0.39	0.16
30903	Control of nosebleed	000	0250	$ 78.09	1.54	4.59	0.58	0.23	1.54	1.87	0.54	0.22
30905	Control of nosebleed	000	0250	$ 78.09	1.97	5.64	0.70	0.30	1.97	1.99	0.66	0.29
30906	Repeat control of nosebleed	000	0250	$ 78.09	2.45	5.86	1.08	0.33	2.45	2.37	1.02	0.32
30930	Ther fx nasal inf turbinate	010	0254	$ 1,799.78	1.31	NA	2.28	0.18	1.31	NA	2.07	0.18
30999	Nasal surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31020	Exploration maxillary sinus	090	0254	$ 1,799.78	3.07	11.44	7.50	0.39	3.07	10.29	6.78	0.37
31030	Exploration maxillary sinus	090	0256	$ 3,278.89	6.01	14.15	9.01	0.75	6.01	12.91	8.32	0.72
31032	Explore sinus remove polyps	090	0256	$ 3,278.89	6.69	NA	9.68	0.87	6.69	NA	8.89	0.83
31040	Exploration behind upper jaw	090	0254	$ 1,799.78	9.77	NA	11.63	1.39	9.77	NA	10.74	1.33
31050	Exploration sphenoid sinus	090	0256	$ 3,278.89	5.37	NA	8.58	0.68	5.37	NA	7.81	0.65
31051	Sphenoid sinus surgery	090	0256	$ 3,278.89	7.25	NA	11.32	0.91	7.25	NA	10.31	0.87
31070	Exploration of frontal sinus	090	0256	$ 3,278.89	4.40	NA	8.38	0.59	4.40	NA	7.59	0.56
31075	Exploration of frontal sinus	090	0256	$ 3,278.89	9.51	NA	12.78	1.22	9.51	NA	11.68	1.17
31080	Removal of frontal sinus	090	0256	$ 3,278.89	12.74	NA	16.60	1.63	12.74	NA	15.17	1.56
31081	Removal of frontal sinus	090	0256	$ 3,278.89	14.19	NA	25.96	5.09	14.19	NA	23.13	4.86
31084	Removal of frontal sinus	090	0256	$ 3,278.89	14.95	NA	17.70	1.92	14.95	NA	16.23	1.84
31085	Removal of frontal sinus	090	0256	$ 3,278.89	15.64	NA	26.70	5.62	15.64	NA	23.83	5.37
31086	Removal of frontal sinus	090	0256	$ 3,278.89	14.36	NA	17.41	1.85	14.36	NA	15.94	1.77
31087	Removal of frontal sinus	090	0256	$ 3,278.89	14.57	NA	15.89	1.86	14.57	NA	14.60	1.78
31090	Exploration of sinuses	090	0256	$ 3,278.89	11.17	NA	18.29	1.47	11.17	NA	16.85	1.40
31200	Removal of ethmoid sinus	090	0254	$ 1,799.78	5.14	NA	11.54	0.73	5.14	NA	10.53	0.70
31201	Removal of ethmoid sinus	090	0254	$ 1,799.78	8.60	NA	12.69	1.14	8.60	NA	11.54	1.09
31205	Removal of ethmoid sinus	090	0254	$ 1,799.78	10.58	NA	15.15	1.59	10.58	NA	13.95	1.52
31239	Nasal/sinus endoscopy surg	010	0075	$ 2,026.82	9.33	NA	10.14	1.24	9.33	NA	9.34	1.19
31240	Nasal/sinus endoscopy surg	000	0075	$ 2,026.82	2.61	NA	1.84	0.34	2.61	NA	1.72	0.32
31254	Revision of ethmoid sinus	000	0075	$ 2,026.82	4.64	NA	2.85	0.60	4.64	NA	2.68	0.57
31255	Removal of ethmoid sinus	000	0075	$ 2,026.82	6.95	NA	4.00	0.88	6.95	NA	3.76	0.84
31256	Exploration maxillary sinus	000	0075	$ 2,026.82	3.29	NA	2.17	0.41	3.29	NA	2.03	0.39
31267	Endoscopy maxillary sinus	000	0075	$ 2,026.82	5.45	NA	3.25	0.69	5.45	NA	3.05	0.66
31276	Sinus endoscopy surgical	000	0075	$ 2,026.82	8.84	NA	4.94	1.14	8.84	NA	4.66	1.09
31287	Nasal/sinus endoscopy surg	000	0075	$ 2,026.82	3.91	NA	2.48	0.50	3.91	NA	2.33	0.48
31288	Nasal/sinus endoscopy surg	000	0075	$ 2,026.82	4.57	NA	2.81	0.60	4.57	NA	2.64	0.57
31292	Nasal/sinus endoscopy surg	010	0075	$ 2,026.82	15.90	NA	11.73	2.04	15.90	NA	10.95	1.95
31293	Nasal/sinus endoscopy surg	010	0075	$ 2,026.82	17.47	NA	12.50	2.23	17.47	NA	11.64	2.13
31294	Nasal/sinus endoscopy surg	010	0075	$ 2,026.82	20.31	NA	13.91	2.61	20.31	NA	12.99	2.49
31295	Sinus endo w/balloon dil	000	0075	$ 2,026.82	2.70	62.49	1.93	0.35	2.70	35.36	1.80	0.33
31296	Sinus endo w/balloon dil	000	0075	$ 2,026.82	3.29	62.82	2.24	0.42	3.29	35.67	2.08	0.40
31297	Sinus endo w/balloon dil	000	0075	$ 2,026.82	2.64	62.66	1.92	0.34	2.64	35.35	1.78	0.32
31299	Sinus surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31300	Removal of larynx lesion	090	0254	$ 1,799.78	15.91	NA	19.88	2.03	15.91	NA	18.23	1.94
31320	Diagnostic incision larynx	090	0256	$ 3,278.89	5.73	NA	13.63	0.72	5.73	NA	12.33	0.69
31400	Revision of larynx	090	0256	$ 3,278.89	11.60	NA	16.97	1.50	11.60	NA	15.48	1.43
31420	Removal of epiglottis	090	0256	$ 3,278.89	11.43	NA	12.11	1.47	11.43	NA	11.13	1.40
31505	Diagnostic laryngoscopy	000	0071	$ 77.30	0.61	1.88	0.81	0.07	0.61	1.70	0.74	0.07
31527	Laryngoscopy for treatment	000	0075	$ 2,026.82	3.27	NA	2.16	0.41	3.27	NA	2.02	0.39
31528	Laryngoscopy and dilation	000	0075	$ 2,026.82	2.37	NA	1.65	0.31	2.37	NA	1.53	0.30
31529	Laryngoscopy and dilation	000	0075	$ 2,026.82	2.68	NA	1.82	0.34	2.68	NA	1.70	0.32
31541	Larynscop w/tumr exc + scope	000	0075	$ 2,026.82	4.52	NA	2.78	0.59	4.52	NA	2.61	0.56
31545	Remove vc lesion w/scope	000	0075	$ 2,026.82	6.30	NA	3.72	0.80	6.30	NA	3.50	0.76
31546	Remove vc lesion scope/graft	000	0075	$ 2,026.82	9.73	NA	5.43	1.25	9.73	NA	5.12	1.19
31560	Laryngoscop w/arytenoidectom	000	0075	$ 2,026.82	5.45	NA	3.20	0.69	5.45	NA	3.01	0.66
31561	Larynscop remve cart + scop	000	0075	$ 2,026.82	5.99	NA	3.46	0.76	5.99	NA	3.26	0.73
31571	Laryngoscop w/vc inj + scope	000	0075	$ 2,026.82	4.26	NA	2.64	0.54	4.26	NA	2.49	0.52

31577	Remove foreign body larynx	000	0073	$ 337.25	2.47	4.64	1.67	0.33	2.47	4.16	1.54	0.32
31579	Diagnostic laryngoscopy	000	0073	$ 337.25	2.26	3.85	1.66	0.30	2.26	3.51	1.54	0.29
31580	Revision of larynx	090	0256	$ 3,278.89	14.66	NA	20.25	1.88	14.66	NA	18.49	1.80
31582	Revision of larynx	090	0256	$ 3,278.89	23.22	NA	30.78	2.99	23.22	NA	28.14	2.86
31588	Revision of larynx	090	0256	$ 3,278.89	14.99	NA	17.38	1.93	14.99	NA	15.94	1.84
31590	Reinnervate larynx	090	0256	$ 3,278.89	7.85	NA	18.27	1.02	7.85	NA	16.54	0.97
31595	Larynx nerve surgery	090	0256	$ 3,278.89	8.84	NA	13.07	1.14	8.84	NA	11.92	1.09
31599	Larynx surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31600	Incision of windpipe	000	0254	$ 1,799.78	7.17	NA	3.31	1.27	7.17	NA	3.08	1.21
31601	Incision of windpipe	000	0254	$ 1,799.78	4.44	NA	2.70	0.56	4.44	NA	2.53	0.54
31610	Incision of windpipe	090	0256	$ 3,278.89	9.38	NA	10.83	1.32	9.38	NA	9.93	1.26
31611	Surgery/speech prosthesis	090	0254	$ 1,799.78	6.00	NA	9.62	0.76	6.00	NA	8.78	0.73
31612	Puncture/clear windpipe	000	0256	$ 3,278.89	0.91	1.53	0.40	0.11	0.91	1.35	0.37	0.11
31613	Repair windpipe opening	090	0254	$ 1,799.78	4.71	NA	8.43	0.72	4.71	NA	7.65	0.69
31614	Repair windpipe opening	090	0256	$ 3,278.89	8.63	NA	13.17	1.18	8.63	NA	12.00	1.13
31626	Bronchoscopy w/markers	000	0415	$ 1,572.20	4.16	9.18	1.65	0.31	4.16	8.11	1.49	0.30
31629	Bronchoscopy/needle bx each	000	0415	$ 1,572.20	4.09	14.20	1.64	0.34	4.09	12.33	1.47	0.32
31630	Bronchoscopy dilate/fx repr	000	0415	$ 1,572.20	3.81	NA	1.68	0.49	3.81	NA	1.53	0.47
31631	Bronchoscopy dilate w/stent	000	0415	$ 1,572.20	4.36	NA	1.85	0.60	4.36	NA	1.73	0.57
31634	Bronch w/balloon occlusion	000	0415	$ 1,572.20	4.00	56.27	1.62	0.33	4.00	27.55	1.46	0.32
31636	Bronchoscopy bronch stents	000	0415	$ 1,572.20	4.30	NA	1.76	0.56	4.30	NA	1.59	0.54
31638	Bronchoscopy revise stent	000	0415	$ 1,572.20	4.88	NA	2.04	0.65	4.88	NA	1.89	0.62
31640	Bronchoscopy w/tumor excise	000	0415	$ 1,572.20	4.93	NA	2.08	0.64	4.93	NA	1.86	0.61
31641	Bronchoscopy treat blockage	000	0415	$ 1,572.20	5.02	NA	2.06	0.59	5.02	NA	1.90	0.56
31647	Bronchial valve init insert	000	0415	$ 1,572.20	4.40	NA	1.67	0.57	4.40	NA	1.41	0.54
31648	Bronchial valve remov init	000	0415	$ 1,572.20	4.20	NA	2.18	0.56	4.20	NA	1.36	0.54
31651	Bronchial valve addl insert	ZZZ	0415	$ 1,572.20	1.58	0.62	0.62	0.11	1.58	0.75	0.75	0.11
31660	Bronch thermoplsty 1 lobe	000	0415	$ 1,572.20	4.25	NA	1.86	0.55	4.25	NA	1.30	0.53
31661	Bronch thermoplsty 2/> lobes	000	0415	$ 1,572.20	4.50	NA	1.93	0.60	4.50	NA	1.35	0.57
31717	Bronchial brush biopsy	000	0073	$ 337.25	2.12	5.84	0.97	0.16	2.12	5.15	0.87	0.16
31730	Intro windpipe wire/tube	000	0073	$ 337.25	2.85	34.70	1.03	0.45	2.85	6.59	0.96	0.43
31750	Repair of windpipe	090	0256	$ 3,278.89	15.39	NA	24.00	2.27	15.39	NA	21.69	2.17
31755	Repair of windpipe	090	0256	$ 3,278.89	17.54	NA	32.65	2.25	17.54	NA	29.64	2.15
31785	Remove windpipe lesion	090	0254	$ 1,799.78	18.35	NA	11.16	2.61	18.35	NA	10.46	2.49
31820	Closure of windpipe lesion	090	0254	$ 1,799.78	4.64	8.01	4.60	0.67	4.64	7.22	4.22	0.64
31825	Repair of windpipe defect	090	0254	$ 1,799.78	7.07	10.24	6.36	0.99	7.07	9.34	5.87	0.95
31830	Revise windpipe scar	090	0254	$ 1,799.78	4.62	8.27	5.05	0.71	4.62	7.41	4.56	0.68
32201	Drain percut lung lesion	000	0070	$ 412.39	3.99	23.15	1.40	0.38	3.99	13.52	1.37	0.36
32400	Needle biopsy chest lining	000	0685	$ 713.56	1.76	2.53	0.61	0.18	1.76	2.35	0.60	0.18
32405	Percut bx lung/mediastinum	000	0685	$ 713.56	1.93	11.48	0.92	0.18	1.93	10.42	0.89	0.18
32551	Insertion of chest tube	000	0070	$ 412.39	3.29	NA	1.21	0.73	3.29	NA	1.14	0.70
32552	Remove lung catheter	010	0070	$ 412.39	2.53	2.65	1.86	0.60	2.53	2.40	1.69	0.57
32553	Ins mark thor for rt perq	000	0310	$ 984.49	3.80	12.91	1.51	0.88	3.80	11.93	1.46	0.84
32554	Aspirate pleura w/o imaging	000	0070	$ 412.39	1.82	14.66	0.65	0.17	1.82	13.30	0.62	0.17
32555	Aspirate pleura w/ imaging	000	0070	$ 412.39	2.27	16.70	0.80	0.23	2.27	15.15	0.77	0.22
32556	Insert cath pleura w/o image	000	0070	$ 412.39	2.50	14.80	0.87	0.25	2.50	12.86	0.84	0.24
32557	Insert cath pleura w/ image	000	0070	$ 412.39	3.12	24.68	1.07	0.69	3.12	22.04	1.01	0.66
32560	Treat pleurodesis w/agent	000	0070	$ 412.39	1.54	5.78	0.52	0.27	1.54	5.13	0.49	0.26
32561	Lyse chest fibrin init day	000	0070	$ 412.39	1.39	1.21	0.47	0.24	1.39	1.08	0.44	0.23
32562	Lyse chest fibrin subq day	000	0070	$ 412.39	1.24	1.10	0.41	0.23	1.24	0.98	0.39	0.22
32960	Therapeutic pneumothorax	000	0070	$ 412.39	1.84	2.29	0.81	0.42	1.84	2.05	0.75	0.40
32998	Perq rf ablate tx pul tumor	000	0423	$ 4,046.61	5.68	84.49	2.15	0.60	5.68	68.89	2.06	0.57
32999	Chest surgery procedure	YYY	0070	$ 412.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33010	Drainage of heart sac	000	0070	$ 412.39	2.24	NA	0.80	0.45	2.24	NA	0.77	0.43
33011	Repeat drainage of heart sac	000	0070	$ 412.39	2.24	NA	0.81	0.49	2.24	NA	0.77	0.47

33999	Cardiac surgery procedure	YYY	0070	$ 412.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35458	Repair arterial blockage	000	0083	$ 4,023.05	9.48	NA	3.32	2.14	9.48	NA	3.00	2.05
35460	Repair venous blockage	000	0083	$ 4,023.05	6.03	NA	2.21	1.32	6.03	NA	1.91	1.26
35471	Repair arterial blockage	000	0083	$ 4,023.05	10.05	66.08	3.63	1.99	10.05	59.48	3.36	1.90
35472	Repair arterial blockage	000	0083	$ 4,023.05	6.90	50.69	2.46	1.44	6.90	43.86	2.18	1.38
35475	Repair arterial blockage	000	0083	$ 4,023.05	5.75	41.47	2.22	0.92	5.75	36.98	2.06	0.88
35476	Repair venous blockage	000	0083	$ 4,023.05	4.71	39.06	2.18	0.65	4.71	35.03	2.01	0.62
36147	Access av dial grft for eval	XXX	0668	$ 716.01	3.72	21.76	1.33	0.50	3.72	13.14	1.24	0.48
36260	Insertion of infusion pump	090	0623	$ 2,228.00	9.91	NA	7.21	2.12	9.91	NA	5.92	2.03
36468	Injection(s) spider veins	000	0013	$ 71.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36469	Injection(s) spider veins	000	0015	$ 106.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36470	Injection therapy of vein	010	0015	$ 106.96	1.10	3.36	1.27	0.22	1.10	3.01	1.14	0.21
36471	Injection therapy of veins	010	0015	$ 106.96	1.65	3.35	1.06	0.33	1.65	3.02	0.98	0.32
36560	Insert tunneled cv cath	010	0623	$ 2,228.00	6.29	35.56	4.04	0.59	6.29	31.51	3.70	0.56
36561	Insert tunneled cv cath	010	0623	$ 2,228.00	6.04	29.67	3.52	1.10	6.04	26.41	3.24	1.05
36563	Insert tunneled cv cath	010	0623	$ 2,228.00	6.24	34.34	3.84	1.31	6.24	30.14	3.49	1.25
36565	Insert tunneled cv cath	010	0623	$ 2,228.00	6.04	23.70	3.22	1.29	6.04	20.80	2.92	1.23
36566	Insert tunneled cv cath	010	0623	$ 2,228.00	6.54	165.47	3.70	1.27	6.54	40.45	3.41	1.21
36575	Repair tunneled cv cath	000	0121	$ 439.63	0.67	4.43	0.28	0.10	0.67	3.93	0.26	0.10
36582	Replace tunneled cv cath	010	0623	$ 2,228.00	5.24	28.13	3.04	0.88	5.24	25.45	2.82	0.84
36583	Replace tunneled cv cath	010	0623	$ 2,228.00	5.29	36.58	3.66	1.14	5.29	32.41	3.34	1.09
36589	Removal tunneled cv cath	010	0121	$ 439.63	2.28	2.35	1.54	0.37	2.28	2.13	1.40	0.35
36591	Draw blood off venous device	XXX	0624	$ 49.13	0.00	0.69	NA	0.01	0.00	0.63	NA	0.01
36592	Collect blood from picc	XXX	0624	$ 49.13	0.00	0.80	NA	0.01	0.00	0.72	NA	0.01
36593	Declot vascular device	XXX	0676	$ 172.66	0.00	0.92	NA	0.01	0.00	0.84	NA	0.01
36598	Inj w/fluor eval cv device	000	0676	$ 172.66	0.74	2.50	0.26	0.07	0.74	2.31	0.25	0.07
36640	Insertion catheter artery	000	0623	$ 2,228.00	2.10	NA	1.39	0.42	2.10	NA	1.27	0.40
36680	Insert needle bone cavity	000	0002	$ 122.62	1.20	NA	0.34	0.22	1.20	NA	0.31	0.21
36860	External cannula declotting	000	0676	$ 172.66	2.01	4.02	1.03	0.26	2.01	3.73	1.02	0.25
37183	Remove hepatic shunt (tips)	000	0229	$ 8,656.82	7.99	172.52	2.89	0.73	7.99	156.23	2.79	0.70
37192	Redo endovas vena cava filtr	000	0623	$ 2,228.00	7.35	45.16	2.46	1.08	7.35	34.91	2.14	1.03
37193	Rem endovas vena cava filter	000	0623	$ 2,228.00	7.35	42.74	2.48	1.08	7.35	37.15	2.37	1.03
37195	Thrombolytic therapy stroke	XXX	0676	$ 172.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37197	Remove intrvas foreign body	000	0623	$ 2,228.00	6.29	39.71	2.16	0.57	6.29	35.96	2.00	0.54
37200	Transcatheter biopsy	000	0623	$ 2,228.00	4.55	NA	1.55	0.42	4.55	NA	1.49	0.40
37205	Transcath iv stent percut	000	0229	$ 8,656.82	8.27	124.29	2.80	1.57	8.27	111.13	2.59	1.50
37206	Transcath iv stent/perc addl	ZZZ	0229	$ 8,656.82	4.12	74.38	1.35	0.82	4.12	65.23	1.21	0.78
37207	Transcath iv stent open	000	0229	$ 8,656.82	8.27	NA	2.81	1.86	8.27	NA	2.51	1.78
37208	Transcath iv stent/open addl	ZZZ	0229	$ 8,656.82	4.12	NA	1.15	0.93	4.12	NA	1.02	0.89
37210	Embolization uterine fibroid	000	0229	$ 8,656.82	10.60	99.69	3.85	1.02	10.60	91.45	3.68	0.97
37220	Iliac revasc	000	0083	$ 4,023.05	8.15	90.85	2.65	1.67	8.15	69.00	2.43	1.60
37221	Iliac revasc w/stent	000	0229	$ 8,656.82	10.00	135.36	3.29	1.89	10.00	120.54	3.02	1.81
37222	Iliac revasc add-on	ZZZ	0083	$ 4,023.05	3.73	23.83	1.13	0.76	3.73	20.97	1.02	0.73
37223	Iliac revasc w/stent add-on	ZZZ	0083	$ 4,023.05	4.25	77.08	1.34	0.84	4.25	68.49	1.22	0.80
37224	Fem/popl revas w/tla	000	0083	$ 4,023.05	9.00	110.44	2.95	1.81	9.00	69.30	2.73	1.73
37225	Fem/popl revas w/ather	000	0229	$ 8,656.82	12.00	333.59	4.07	2.52	12.00	146.84	3.75	2.41
37226	Fem/popl revasc w/stent	000	0229	$ 8,656.82	10.49	274.30	3.45	1.29	10.49	146.22	3.18	1.23
37227	Fem/popl revasc stnt & ather	000	0319	$ 14,596.24	14.50	452.78	4.87	3.05	14.50	345.86	4.45	2.91
37228	Tib/per revasc w/tla	000	0083	$ 4,023.05	11.00	159.64	3.54	2.26	11.00	69.89	3.25	2.16
37229	Tib/per revasc w/ather	000	0229	$ 8,656.82	14.05	325.83	4.67	2.98	14.05	147.44	4.33	2.85
37230	Tib/per revasc w/stent	000	0229	$ 8,656.82	13.80	244.93	4.61	2.61	13.80	147.38	4.29	2.49
37231	Tib/per revasc stent & ather	000	0319	$ 14,596.24	15.00	399.37	5.02	2.84	15.00	346.01	4.82	2.71
37232	Tib/per revasc add-on	ZZZ	0083	$ 4,023.05	4.00	33.54	1.27	0.82	4.00	29.71	1.16	0.78
37233	Tibper revasc w/ather add-on	ZZZ	0229	$ 8,656.82	6.50	38.01	2.07	1.37	6.50	33.64	1.92	1.31
37234	Revsc opn/prq tib/pero stent	ZZZ	0083	$ 4,023.05	5.50	117.54	1.81	1.09	5.50	68.16	1.70	1.04

37235	Tib/per revasc stnt & ather	ZZZ	0083	$ 4,023.05	7.80	117.25	2.26	1.55	7.80	68.61	2.67	1.48
37799	Vascular surgery procedure	YYY	0624	$ 49.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40510	Partial excision of lip	090	0254	$ 1,799.78	4.82	9.21	5.21	0.71	4.82	8.50	4.88	0.68
40525	Reconstruct lip with flap	090	0254	$ 1,799.78	7.72	NA	7.74	1.27	7.72	NA	7.14	1.21
40527	Reconstruct lip with flap	090	0256	$ 3,278.89	9.32	NA	8.10	1.20	9.32	NA	7.50	1.15
40530	Partial removal of lip	090	0254	$ 1,799.78	5.54	10.09	5.83	0.86	5.54	9.16	5.33	0.82
40700	Repair cleft lip/nasal	090	0256	$ 3,278.89	14.17	NA	13.56	1.82	14.17	NA	10.35	1.74
40701	Repair cleft lip/nasal	090	0256	$ 3,278.89	17.23	NA	12.80	2.20	17.23	NA	9.85	2.10
40702	Repair cleft lip/nasal	090	0256	$ 3,278.89	14.27	NA	13.25	1.02	14.27	NA	10.53	0.97
40720	Repair cleft lip/nasal	090	0256	$ 3,278.89	14.72	NA	13.54	2.91	14.72	NA	12.59	2.78
40761	Repair cleft lip/nasal	090	0256	$ 3,278.89	15.84	NA	13.88	3.13	15.84	NA	12.94	2.99
40799	Lip surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40800	Drainage of mouth lesion	010	0006	$ 125.45	1.23	5.19	2.66	0.18	1.23	4.77	2.45	0.18
40804	Removal foreign body mouth	010	0340	$ 49.64	1.30	5.30	2.65	0.16	1.30	3.47	2.44	0.16
40805	Removal foreign body mouth	010	0254	$ 1,799.78	2.79	9.09	4.17	0.35	2.79	7.99	3.68	0.33
40814	Excise/repair mouth lesion	090	0254	$ 1,799.78	3.52	7.84	5.32	0.48	3.52	7.21	4.97	0.46
40816	Excision of mouth lesion	090	0254	$ 1,799.78	3.77	8.11	5.41	0.52	3.77	7.47	5.02	0.50
40840	Reconstruction of mouth	090	0254	$ 1,799.78	9.15	14.24	8.51	1.18	9.15	13.09	7.89	1.13
40842	Reconstruction of mouth	090	0256	$ 3,278.89	9.15	14.15	8.95	1.18	9.15	12.38	7.23	1.13
40843	Reconstruction of mouth	090	0254	$ 1,799.78	12.79	17.97	10.88	2.52	12.79	16.97	10.51	2.41
40844	Reconstruction of mouth	090	0256	$ 3,278.89	16.80	20.56	12.74	3.32	16.80	18.51	11.63	3.17
40845	Reconstruction of mouth	090	0256	$ 3,278.89	19.36	22.34	14.84	2.48	19.36	20.52	13.77	2.37
40899	Mouth surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41006	Drainage of mouth lesion	090	0254	$ 1,799.78	3.34	7.33	4.25	0.42	3.34	6.66	3.62	0.40
41007	Drainage of mouth lesion	090	0254	$ 1,799.78	3.20	7.33	3.87	0.41	3.20	6.64	3.55	0.39
41016	Drainage of mouth lesion	090	0254	$ 1,799.78	4.19	8.53	5.98	0.53	4.19	8.03	5.52	0.51
41019	Place needles h&n for rt	000	0254	$ 1,799.78	8.84	NA	3.92	0.72	8.84	NA	3.88	0.69
41108	Biopsy of floor of mouth	010	0019	$ 336.38	1.10	3.37	1.53	0.14	1.10	3.06	1.40	0.14
41114	Excision of tongue lesion	090	0254	$ 1,799.78	8.82	NA	9.16	1.17	8.82	NA	8.58	1.12
41116	Excision of mouth lesion	090	0254	$ 1,799.78	2.52	7.45	3.92	0.34	2.52	6.83	3.62	0.32
41120	Partial removal of tongue	090	0254	$ 1,799.78	11.14	NA	19.49	1.48	11.14	NA	17.76	1.41
41250	Repair tongue laceration	010	0250	$ 78.09	1.96	6.08	2.49	0.33	1.96	3.78	2.23	0.32
41512	Tongue suspension	090	0254	$ 1,799.78	6.86	NA	11.79	0.49	6.86	NA	10.73	0.47
41520	Reconstruction tongue fold	090	0254	$ 1,799.78	2.83	7.63	4.63	0.35	2.83	7.07	4.35	0.33
41530	Tongue base vol reduction	010	0254	$ 1,799.78	4.51	98.70	7.63	0.31	4.51	37.31	6.95	0.30
41599	Tongue and mouth surgery	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41800	Drainage of gum lesion	010	0006	$ 125.45	1.27	7.11	3.13	0.22	1.27	5.20	2.81	0.21
41805	Removal foreign body gum	010	0254	$ 1,799.78	1.34	6.17	3.76	0.18	1.34	5.68	3.49	0.18
41820	Excision gum each quadrant	000	0254	$ 1,799.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41823	Excision of gum lesion	090	0256	$ 3,278.89	3.77	8.84	5.58	0.48	3.77	8.23	5.25	0.46
41826	Excision of gum lesion	010	0254	$ 1,799.78	2.41	6.97	3.75	0.31	2.41	6.41	3.50	0.30
41827	Excision of gum lesion	090	0254	$ 1,799.78	3.83	9.22	5.00	0.49	3.83	8.48	4.64	0.47
41828	Excision of gum lesion	010	0254	$ 1,799.78	3.14	5.77	2.84	0.39	3.14	5.40	2.74	0.37
41830	Removal of gum tissue	010	0254	$ 1,799.78	3.45	8.12	4.71	0.44	3.45	7.56	4.45	0.42
41850	Treatment of gum lesion	000	0254	$ 1,799.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41870	Gum graft	000	0256	$ 3,278.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41872	Repair gum	090	0254	$ 1,799.78	3.01	8.16	4.59	0.60	3.01	7.02	3.97	0.57
41874	Repair tooth socket	090	0254	$ 1,799.78	3.19	7.84	4.13	0.39	3.19	7.31	3.87	0.37
41899	Dental surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42107	Excision lesion mouth roof	090	0256	$ 3,278.89	4.56	9.07	5.39	0.59	4.56	8.26	4.99	0.56
42120	Remove palate/lesion	090	0254	$ 1,799.78	11.86	NA	16.93	1.57	11.86	NA	15.44	1.50
42145	Repair palate pharynx/uvula	090	0256	$ 3,278.89	9.78	NA	10.40	1.25	9.78	NA	9.53	1.19
42182	Repair palate	010	0254	$ 1,799.78	3.87	5.45	3.38	0.49	3.87	4.98	3.12	0.47
42200	Reconstruct cleft palate	090	0256	$ 3,278.89	12.53	NA	11.58	1.61	12.53	NA	10.70	1.54
42205	Reconstruct cleft palate	090	0256	$ 3,278.89	13.66	NA	11.34	1.77	13.66	NA	10.52	1.69

42210	Reconstruct cleft palate	090	0256	$ 3,278.89	15.03	NA	12.85	2.97	15.03	NA	11.90	2.84
42215	Reconstruct cleft palate	090	0256	$ 3,278.89	8.99	NA	11.28	1.78	8.99	NA	8.69	1.70
42220	Reconstruct cleft palate	090	0256	$ 3,278.89	7.16	NA	8.10	0.50	7.16	NA	7.43	0.48
42225	Reconstruct cleft palate	090	0254	$ 1,799.78	9.77	NA	15.90	1.25	9.77	NA	14.47	1.19
42226	Lengthening of palate	090	0256	$ 3,278.89	10.35	NA	15.65	1.32	10.35	NA	14.27	1.26
42227	Lengthening of palate	090	0256	$ 3,278.89	9.90	NA	14.44	1.27	9.90	NA	13.17	1.21
42235	Repair palate	090	0254	$ 1,799.78	8.01	NA	13.50	1.03	8.01	NA	12.27	0.98
42260	Repair nose to lip fistula	090	0254	$ 1,799.78	10.22	14.08	9.65	1.31	10.22	12.12	7.74	1.25
42299	Palate/uvula surgery	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42305	Drainage of salivary gland	090	0254	$ 1,799.78	6.31	NA	5.78	0.86	6.31	NA	5.41	0.82
42335	Removal of salivary stone	090	0254	$ 1,799.78	3.41	7.79	4.02	0.42	3.41	7.09	3.71	0.40
42405	Biopsy of salivary gland	010	0254	$ 1,799.78	3.34	5.36	3.05	0.42	3.34	4.92	2.85	0.40
42408	Excision of salivary cyst	090	0254	$ 1,799.78	4.66	8.74	4.65	0.60	4.66	7.94	4.29	0.57
42409	Drainage of salivary cyst	090	0254	$ 1,799.78	2.91	7.13	3.52	0.37	2.91	6.45	3.22	0.35
42410	Excise parotid gland/lesion	090	0256	$ 3,278.89	9.57	NA	7.75	1.44	9.57	NA	7.16	1.38
42415	Excise parotid gland/lesion	090	0256	$ 3,278.89	17.16	NA	12.22	2.29	17.16	NA	11.37	2.19
42420	Excise parotid gland/lesion	090	0256	$ 3,278.89	19.53	NA	13.37	2.63	19.53	NA	12.46	2.51
42425	Excise parotid gland/lesion	090	0256	$ 3,278.89	13.42	NA	9.86	1.84	13.42	NA	9.17	1.76
42440	Excise submaxillary gland	090	0256	$ 3,278.89	6.14	NA	5.49	0.82	6.14	NA	5.07	0.78
42450	Excise sublingual gland	090	0256	$ 3,278.89	4.74	8.60	5.57	0.64	4.74	7.83	5.12	0.61
42500	Repair salivary duct	090	0254	$ 1,799.78	4.42	8.37	5.46	0.60	4.42	7.66	5.03	0.57
42505	Repair salivary duct	090	0256	$ 3,278.89	6.32	9.96	6.68	0.80	6.32	9.11	6.17	0.76
42507	Parotid duct diversion	090	0256	$ 3,278.89	6.25	NA	8.69	0.80	6.25	NA	7.94	0.76
42508	Parotid duct diversion	090	0254	$ 1,799.78	9.33	NA	11.22	1.20	9.33	NA	10.28	1.15
42509	Parotid duct diversion	090	0256	$ 3,278.89	11.76	NA	10.47	2.30	11.76	NA	11.43	2.20
42510	Parotid duct diversion	090	0256	$ 3,278.89	8.35	NA	9.74	1.08	8.35	NA	8.93	1.03
42665	Ligation of salivary duct	090	0256	$ 3,278.89	2.63	6.85	3.38	0.34	2.63	6.19	3.09	0.32
42699	Salivary surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42725	Drainage of throat abscess	090	0256	$ 3,278.89	12.41	NA	10.39	1.59	12.41	NA	9.55	1.52
42806	Biopsy of upper nose/throat	010	0254	$ 1,799.78	1.63	5.04	2.20	0.22	1.63	4.55	2.01	0.21
42808	Excise pharynx lesion	010	0254	$ 1,799.78	2.35	4.37	2.27	0.30	2.35	3.96	2.09	0.29
42809	Remove pharynx foreign body	010	0340	$ 49.64	1.86	3.19	1.92	0.27	1.86	2.74	1.74	0.26
42810	Excision of neck cyst	090	0254	$ 1,799.78	3.38	8.31	5.11	0.42	3.38	7.51	4.66	0.40
42815	Excision of neck cyst	090	0256	$ 3,278.89	7.31	NA	8.73	1.01	7.31	NA	7.99	0.97
42820	Remove tonsils and adenoids	090	0254	$ 1,799.78	4.22	NA	4.03	0.53	4.22	NA	3.72	0.51
42821	Remove tonsils and adenoids	090	0254	$ 1,799.78	4.36	NA	4.21	0.56	4.36	NA	3.88	0.54
42825	Removal of tonsils	090	0256	$ 3,278.89	3.51	NA	4.03	0.44	3.51	NA	3.69	0.42
42826	Removal of tonsils	090	0254	$ 1,799.78	3.45	NA	3.75	0.44	3.45	NA	3.44	0.42
42830	Removal of adenoids	090	0256	$ 3,278.89	2.65	NA	3.36	0.34	2.65	NA	3.07	0.32
42831	Removal of adenoids	090	0254	$ 1,799.78	2.81	NA	3.68	0.35	2.81	NA	3.36	0.33
42835	Removal of adenoids	090	0254	$ 1,799.78	2.38	NA	3.22	0.30	2.38	NA	2.51	0.29
42836	Removal of adenoids	090	0254	$ 1,799.78	3.26	NA	3.66	0.41	3.26	NA	3.35	0.39
42842	Extensive surgery of throat	090	0256	$ 3,278.89	12.23	NA	16.54	1.58	12.23	NA	15.11	1.51
42844	Extensive surgery of throat	090	0256	$ 3,278.89	17.78	NA	21.46	2.27	17.78	NA	19.66	2.17
42860	Excision of tonsil tags	090	0256	$ 3,278.89	2.30	NA	3.18	0.30	2.30	NA	2.91	0.29
42870	Excision of lingual tonsil	090	0254	$ 1,799.78	5.52	NA	11.67	0.71	5.52	NA	10.57	0.68
42890	Partial removal of pharynx	090	0256	$ 3,278.89	19.13	NA	21.17	2.52	19.13	NA	19.50	2.41
42892	Revision of pharyngeal walls	090	0256	$ 3,278.89	26.03	NA	27.30	3.42	26.03	NA	25.22	3.27
42900	Repair throat wound	010	0254	$ 1,799.78	5.29	NA	4.24	0.68	5.29	NA	3.93	0.65
42950	Reconstruction of throat	090	0256	$ 3,278.89	8.27	NA	14.96	1.14	8.27	NA	13.63	1.09
42955	Surgical opening of throat	090	0254	$ 1,799.78	8.01	NA	14.09	1.03	8.01	NA	12.81	0.98
42960	Control throat bleeding	010	0250	$ 78.09	2.38	NA	2.47	0.31	2.38	NA	2.28	0.30
42962	Control throat bleeding	090	0254	$ 1,799.78	7.40	NA	7.36	0.95	7.40	NA	6.77	0.91
42970	Control nose/throat bleeding	090	0250	$ 78.09	5.82	NA	5.76	0.84	5.82	NA	5.32	0.80
42999	Throat surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

43030	Throat muscle surgery	090	0254	$ 1,799.78	7.99	NA	6.49	1.17	7.99	NA	6.00	1.12
43130	Removal of esophagus pouch	090	0256	$ 3,278.89	12.53	NA	9.10	1.99	12.53	NA	8.53	1.90
43201	Esoph scope w/submucous inj	000	0419	$ 926.78	2.09	7.22	1.43	0.30	2.09	6.43	1.30	0.29
43205	Esophagus endoscopy/ligation	000	0419	$ 926.78	3.78	NA	2.34	0.56	3.78	NA	2.15	0.54
43206	Esoph optical endomicroscopy	YYY	0419	$ 926.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43215	Esophagus endoscopy	000	0419	$ 926.78	2.60	NA	1.60	0.41	2.60	NA	1.48	0.39
43217	Esophagus endoscopy	000	0419	$ 926.78	2.90	8.42	1.77	0.49	2.90	7.49	1.66	0.47
43220	Esoph endoscopy dilation	000	0419	$ 926.78	2.10	NA	1.39	0.31	2.10	NA	1.29	0.30
43226	Esoph endoscopy dilation	000	0419	$ 926.78	2.34	NA	1.50	0.37	2.34	NA	1.38	0.35
43227	Esoph endoscopy repair	000	0419	$ 926.78	3.59	NA	2.21	0.54	3.59	NA	2.03	0.52
43231	Esoph endoscopy w/us exam	000	0419	$ 926.78	3.19	NA	2.00	0.48	3.19	NA	1.87	0.46
43232	Esoph endoscopy w/us fn bx	000	0419	$ 926.78	4.47	NA	2.60	0.69	4.47	NA	2.36	0.66
43237	Endoscopic us exam esoph	000	0419	$ 926.78	3.98	NA	2.39	0.60	3.98	NA	2.22	0.57
43238	Uppr gi endoscopy w/us fn bx	000	0419	$ 926.78	5.02	NA	2.89	0.75	5.02	NA	2.71	0.72
43240	Esoph endoscope w/drain cyst	000	0419	$ 926.78	6.85	NA	3.91	1.03	6.85	NA	3.64	0.98
43242	Uppr gi endoscopy w/us fn bx	000	0419	$ 926.78	7.30	NA	4.20	1.08	7.30	NA	3.88	1.03
43244	Upper GI endoscopy/ligation	000	0419	$ 926.78	5.04	NA	3.00	0.73	5.04	NA	2.78	0.70
43245	Uppr gi scope dilate strictr	000	0419	$ 926.78	3.18	NA	1.93	0.50	3.18	NA	1.78	0.48
43246	Place gastrostomy tube	000	0419	$ 926.78	4.32	NA	2.49	0.69	4.32	NA	2.31	0.66
43249	Esoph endoscopy dilation	000	0419	$ 926.78	2.90	NA	1.86	0.42	2.90	NA	1.72	0.40
43250	Upper GI endoscopy/tumor	000	0419	$ 926.78	3.20	NA	1.93	0.52	3.20	NA	1.78	0.50
43251	Operative upper GI endoscopy	000	0419	$ 926.78	3.69	NA	2.26	0.56	3.69	NA	2.09	0.54
43252	Uppr gi opticl endomicrscopy	YYY	0419	$ 926.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43255	Operative upper GI endoscopy	000	0419	$ 926.78	4.81	NA	2.88	0.71	4.81	NA	2.66	0.68
43258	Operative upper GI endoscopy	000	0419	$ 926.78	4.54	NA	2.73	0.68	4.54	NA	2.53	0.65
43259	Endoscopic ultrasound exam	000	0419	$ 926.78	5.19	NA	3.09	0.75	5.19	NA	2.86	0.72
43420	Repair esophagus opening	090	0254	$ 1,799.78	16.78	NA	11.55	2.15	16.78	NA	10.79	2.05
43450	Dilate esophagus	000	0140	$ 483.05	1.38	3.14	1.08	0.22	1.38	2.80	1.00	0.21
43453	Dilate esophagus	000	0140	$ 483.05	1.51	7.41	1.14	0.23	1.51	6.54	1.04	0.22
43456	Dilate esophagus	000	0140	$ 483.05	2.57	15.65	1.68	0.38	2.57	9.65	1.53	0.36
43458	Dilate esophagus	000	0419	$ 926.78	3.06	8.37	1.89	0.45	3.06	7.46	1.75	0.43
43752	Nasal/orogastric w/stent	000	0272	$ 114.26	0.81	NA	0.30	0.08	0.81	NA	0.28	0.08
43753	Tx gastro intub w/asp	000	0340	$ 49.64	0.45	NA	0.12	0.03	0.45	NA	0.12	0.03
43754	Dx gastr intub w/asp spec	000	0340	$ 49.64	0.45	2.44	0.52	0.04	0.45	1.34	0.47	0.04
43755	Dx gastr intub w/asp specs	000	0097	$ 66.52	0.94	3.40	0.72	0.08	0.94	1.82	0.65	0.08
43756	Dx duod intub w/asp spec	000	0272	$ 114.26	0.77	5.98	0.73	0.05	0.77	2.61	0.67	0.05
43757	Dx duod intub w/asp specs	000	0272	$ 114.26	1.26	8.20	0.99	0.08	1.26	2.87	0.91	0.08
43760	Change gastrostomy tube	000	0676	$ 172.66	0.90	14.59	0.39	0.14	0.90	3.24	0.36	0.14
44100	Biopsy of bowel	000	0419	$ 926.78	2.01	NA	1.04	0.31	2.01	NA	0.98	0.30
44500	Intro gastrointestinal tube	000	0121	$ 439.63	0.49	NA	0.18	0.04	0.49	NA	0.18	0.04
45303	Proctosigmoidoscopy dilate	000	0147	$ 715.56	1.50	28.48	1.00	0.26	1.50	12.80	0.92	0.25
45305	Proctosigmoidoscopy w/bx	000	0147	$ 715.56	1.25	4.63	0.91	0.23	1.25	4.14	0.83	0.22
45308	Proctosigmoidoscopy removal	000	0147	$ 715.56	1.40	4.90	0.97	0.26	1.40	4.58	0.88	0.25
45309	Proctosigmoidoscopy removal	000	0147	$ 715.56	1.50	4.95	1.02	0.27	1.50	4.64	0.92	0.26
45315	Proctosigmoidoscopy removal	000	0147	$ 715.56	1.80	4.96	1.16	0.33	1.80	4.40	1.09	0.32
45317	Proctosigmoidoscopy bleed	000	0147	$ 715.56	2.00	5.21	1.22	0.33	2.00	4.66	1.11	0.32
45334	Sigmoidoscopy for bleeding	000	0147	$ 715.56	2.73	NA	1.77	0.39	2.73	NA	1.63	0.37
45337	Sigmoidoscopy & decompress	000	0147	$ 715.56	2.36	NA	1.54	0.38	2.36	NA	1.41	0.36
45338	Sigmoidoscopy w/tumr remove	000	0147	$ 715.56	2.34	7.31	1.53	0.35	2.34	6.51	1.41	0.33
45339	Sigmoidoscopy w/ablate tumr	000	0147	$ 715.56	3.14	7.01	1.95	0.48	3.14	6.27	1.80	0.46
45340	Sig w/balloon dilation	000	0147	$ 715.56	1.89	13.39	1.30	0.30	1.89	11.83	1.18	0.29
45341	Sigmoidoscopy w/ultrasound	000	0147	$ 715.56	2.60	NA	1.71	0.38	2.60	NA	1.56	0.36
45342	Sigmoidoscopy w/us guide bx	000	0147	$ 715.56	4.05	NA	2.48	0.60	4.05	NA	2.30	0.57
45520	Treatment of rectal prolapse	000	0015	$ 106.96	0.55	4.31	0.60	0.07	0.55	3.85	0.55	0.07
46083	Incise external hemorrhoid	010	0164	$ 152.75	1.45	3.70	1.51	0.24	1.45	3.30	1.37	0.23

46600	Diagnostic anoscopy	000	0340	$ 49.64	0.55	2.10	0.60	0.08	0.55	1.42	0.55	0.08
46604	Anoscopy and dilation	000	0147	$ 715.56	1.03	18.47	0.80	0.16	1.03	12.60	0.74	0.16
46606	Anoscopy and biopsy	000	0147	$ 715.56	1.20	5.60	0.87	0.23	1.20	5.02	0.81	0.22
46608	Anoscopy remove for body	000	0147	$ 715.56	1.30	5.68	0.89	0.24	1.30	4.91	0.79	0.23
46611	Anoscopy	000	0147	$ 715.56	1.30	3.84	0.92	0.23	1.30	3.50	0.85	0.22
46916	Cryosurgery anal lesion(s)	010	0015	$ 106.96	1.91	4.82	2.14	0.27	1.91	3.90	1.97	0.26
47000	Needle biopsy of liver	000	0685	$ 713.56	1.90	8.93	0.95	0.20	1.90	8.09	0.91	0.20
47382	Percut ablate liver rf	010	0423	$ 4,046.61	15.22	135.85	5.99	1.48	15.22	72.73	5.81	1.41
47525	Change bile duct catheter	000	0427	$ 1,201.60	1.54	13.35	0.81	0.14	1.54	12.79	0.77	0.14
47530	Revise/reinsert bile tube	090	0427	$ 1,201.60	6.05	35.28	3.72	0.61	6.05	23.54	3.46	0.58
47556	Biliary endoscopy thru skin	000	0423	$ 4,046.61	8.55	NA	2.98	0.80	8.55	NA	2.89	0.76
48102	Needle biopsy pancreas	010	0685	$ 713.56	4.70	10.65	1.94	0.44	4.70	9.86	1.89	0.42
49082	Abd paracentesis	000	0070	$ 412.39	1.24	3.96	0.78	0.11	1.24	4.08	0.78	0.11
49083	Abd paracentesis w/imaging	000	0070	$ 412.39	2.00	7.39	1.11	0.18	2.00	6.15	0.97	0.18
49084	Peritoneal lavage	000	0070	$ 412.39	2.00	NA	0.81	0.18	2.00	NA	0.75	0.18
49180	Biopsy abdominal mass	000	0685	$ 713.56	1.73	2.93	0.61	0.16	1.73	2.72	0.60	0.16
49411	Ins mark abd/pel for rt perq	000	0310	$ 984.49	3.82	12.07	1.58	0.35	3.82	10.77	1.55	0.33
49423	Exchange drainage catheter	000	0427	$ 1,201.60	1.46	15.16	0.54	0.12	1.46	13.82	0.52	0.12
49435	Insert subq exten to ip cath	ZZZ	0427	$ 1,201.60	2.25	NA	0.81	0.45	2.25	NA	0.75	0.43
49436	Embedded ip cath exit-site	010	0427	$ 1,201.60	2.72	NA	2.29	0.59	2.72	NA	2.07	0.56
49440	Place gastrostomy tube perc	010	0419	$ 926.78	4.18	27.42	1.97	0.48	4.18	17.26	1.87	0.46
49441	Place duod/jej tube perc	010	0419	$ 926.78	4.77	30.72	2.24	0.54	4.77	17.53	2.12	0.52
49446	Change g-tube to g-j perc	000	0419	$ 926.78	3.31	26.84	1.16	0.31	3.31	16.45	1.12	0.30
49450	Replace g/c tube perc	000	0121	$ 439.63	1.36	19.04	0.48	0.12	1.36	7.73	0.47	0.12
49451	Replace duod/jej tube perc	000	0121	$ 439.63	1.84	20.34	0.65	0.20	1.84	7.90	0.63	0.20
49452	Replace g-j tube perc	000	0121	$ 439.63	2.86	24.35	1.00	0.27	2.86	8.25	0.98	0.26
49460	Fix g/colon tube w/device	000	0121	$ 439.63	0.96	21.57	0.35	0.10	0.96	7.60	0.35	0.10
49465	Fluoro exam of g/colon tube	000	0277	$ 122.82	0.62	4.37	0.22	0.05	0.62	3.83	0.22	0.05
50200	Renal biopsy perq	000	0685	$ 713.56	2.63	14.90	1.28	0.31	2.63	13.05	1.21	0.30
50384	Remove ureter stent percut	000	0161	$ 1,131.27	5.00	23.30	1.76	0.48	5.00	20.42	1.73	0.46
50386	Remove stent via transureth	000	0160	$ 509.76	3.30	18.80	1.49	0.31	3.30	9.90	1.43	0.30
50387	Change ext/int ureter stent	000	0427	$ 1,201.60	2.00	14.58	0.68	0.20	2.00	13.26	0.67	0.20
50389	Remove renal tube w/fluoro	000	0160	$ 509.76	1.10	7.89	0.39	0.10	1.10	7.24	0.38	0.10
50390	Drainage of kidney lesion	000	0685	$ 713.56	1.96	NA	0.68	0.18	1.96	NA	0.67	0.18
50391	Instll rx agnt into rnal tub	000	0126	$ 81.99	1.96	1.39	0.69	0.20	1.96	1.31	0.68	0.20
50392	Insert kidney drain	000	0161	$ 1,131.27	3.37	NA	1.55	0.31	3.37	NA	1.48	0.30
50396	Measure kidney pressure	000	0164	$ 152.75	2.09	NA	0.99	0.20	2.09	NA	1.10	0.20
50398	Change kidney tube	000	0427	$ 1,201.60	1.46	13.54	0.54	0.12	1.46	12.37	0.53	0.12
50551	Kidney endoscopy	000	0160	$ 509.76	5.59	4.27	2.38	0.54	5.59	4.04	2.31	0.52
50555	Kidney endoscopy & biopsy	000	0160	$ 509.76	6.52	4.76	2.71	0.63	6.52	4.52	2.64	0.60
50562	Renal scope w/tumor resect	090	0160	$ 509.76	10.90	NA	4.82	1.06	10.90	NA	4.68	1.01
50570	Kidney endoscopy	000	0160	$ 509.76	9.53	NA	3.71	0.91	9.53	NA	3.64	0.87
50572	Kidney endoscopy	000	0160	$ 509.76	10.33	NA	3.99	1.01	10.33	NA	3.91	0.97
50574	Kidney endoscopy & biopsy	000	0160	$ 509.76	11.00	NA	4.23	1.08	11.00	NA	4.15	1.03
50576	Kidney endoscopy & treatment	000	0161	$ 1,131.27	10.97	NA	4.22	1.06	10.97	NA	4.14	1.01
50580	Kidney endoscopy & treatment	000	0161	$ 1,131.27	11.84	NA	4.52	1.16	11.84	NA	4.44	1.11
50592	Perc rf ablate renal tumor	010	0423	$ 4,046.61	6.80	87.17	3.13	0.64	6.80	69.87	3.04	0.61
50593	Perc cryo ablate renal tum	010	0423	$ 4,046.61	9.13	129.85	4.11	0.86	9.13	70.85	3.91	0.82
50686	Measure ureter pressure	000	0126	$ 81.99	1.51	2.70	1.02	0.22	1.51	2.60	0.97	0.21
50688	Change of ureter tube/stent	010	0427	$ 1,201.60	1.20	NA	1.04	0.11	1.20	NA	0.99	0.11
50951	Endoscopy of ureter	000	0160	$ 509.76	5.83	4.46	2.46	0.56	5.83	4.24	2.40	0.54
50953	Endoscopy of ureter	000	0160	$ 509.76	6.23	4.68	2.98	0.61	6.23	4.42	2.52	0.58
50970	Ureter endoscopy	000	0160	$ 509.76	7.13	NA	2.87	0.68	7.13	NA	2.81	0.65
50972	Ureter endoscopy & catheter	000	0160	$ 509.76	6.88	NA	2.79	0.67	6.88	NA	2.72	0.64
50974	Ureter endoscopy & biopsy	000	0161	$ 1,131.27	9.16	NA	3.59	0.88	9.16	NA	3.51	0.84

50976	Ureter endoscopy & treatment	000	0161	$ 1,131.27	9.03	NA	3.54	0.87	9.03	NA	3.46	0.83
51045	Incise bladder/drain ureter	090	0160	$ 509.76	7.81	NA	5.47	1.06	7.81	NA	5.17	1.01
51100	Drain bladder by needle	000	0164	$ 152.75	0.78	0.96	0.26	0.08	0.78	0.86	0.27	0.08
51101	Drain bladder by trocar/cath	000	0126	$ 81.99	1.02	2.60	0.39	0.12	1.02	1.74	0.38	0.12
51700	Irrigation of bladder	000	0164	$ 152.75	0.88	1.48	0.32	0.08	0.88	1.36	0.31	0.08
51701	Insert bladder catheter	000	0340	$ 49.64	0.50	1.07	0.25	0.05	0.50	0.99	0.24	0.05
51702	Insert temp bladder cath	000	0340	$ 49.64	0.50	1.55	0.33	0.05	0.50	1.15	0.31	0.05
51703	Insert bladder cath complex	000	0126	$ 81.99	1.47	2.19	0.74	0.14	1.47	2.03	0.72	0.14
51705	Change of bladder tube	000	0164	$ 152.75	0.90	1.69	0.52	0.09	0.90	1.56	0.51	0.09
51710	Change of bladder tube	000	0121	$ 439.63	1.35	1.26	0.85	0.12	1.35	2.14	0.81	0.12
51720	Treatment of bladder lesion	000	0156	$ 232.32	1.50	1.52	0.67	0.14	1.50	1.43	0.65	0.14
51725	Simple cystometrogram	000	0156	$ 232.32	1.51	3.95	NA	0.13	1.51	3.62	NA	0.13
51726	Complex cystometrogram	000	0156	$ 232.32	1.71	6.00	NA	0.17	1.71	4.44	NA	0.17
51727	Cystometrogram w/up	000	0156	$ 232.32	2.11	7.09	NA	0.23	2.11	4.63	NA	0.22
51728	Cystometrogram w/vp	000	0156	$ 232.32	2.11	7.08	NA	0.19	2.11	4.57	NA	0.19
51729	Cystometrogram w/vp&up	000	0156	$ 232.32	2.51	7.45	NA	0.25	2.51	4.76	NA	0.24
51736	Urine flow measurement	XXX	0340	$ 49.64	0.17	0.26	NA	0.02	0.17	0.24	NA	0.02
51741	Electro-uroflowmetry first	XXX	0126	$ 81.99	0.17	0.27	NA	0.02	0.17	0.25	NA	0.02
51784	Anal/urinary muscle study	000	0126	$ 81.99	1.53	4.06	NA	0.13	1.53	1.91	NA	0.13
51785	Anal/urinary muscle study	000	0164	$ 152.75	1.53	5.97	NA	0.13	1.53	3.16	NA	0.13
51792	Urinary reflex study	000	0126	$ 81.99	1.10	5.14	NA	0.11	1.10	4.70	NA	0.11
51797	Intraabdominal pressure test	ZZZ	0164	$ 152.75	0.80	2.48	NA	0.06	0.80	2.27	NA	0.06
51798	Us urine capacity measure	XXX	0340	$ 49.64	0.00	0.57	NA	0.01	0.00	0.52	NA	0.01
52000	Cystoscopy	000	0160	$ 509.76	2.23	3.49	1.20	0.23	2.23	3.24	1.15	0.22
52001	Cystoscopy removal of clots	000	0161	$ 1,131.27	5.44	4.76	2.32	0.53	5.44	4.49	2.27	0.51
52010	Cystoscopy & duct catheter	000	0160	$ 509.76	3.02	7.46	1.47	0.30	3.02	6.91	1.42	0.29
52260	Cystoscopy and treatment	000	0161	$ 1,131.27	3.91	NA	1.79	0.39	3.91	NA	1.73	0.37
52265	Cystoscopy and treatment	000	0160	$ 509.76	2.94	7.57	1.49	0.35	2.94	6.98	1.43	0.33
52270	Cystoscopy & revise urethra	000	0161	$ 1,131.27	3.36	6.71	1.57	0.33	3.36	6.23	1.51	0.32
52281	Cystoscopy and treatment	000	0161	$ 1,131.27	2.75	4.92	1.38	0.29	2.75	4.57	1.33	0.28
52285	Cystoscopy and treatment	000	0161	$ 1,131.27	3.60	4.15	1.72	0.37	3.60	3.87	1.66	0.35
52287	Cystoscopy chemodenervation	000	0161	$ 1,131.27	3.20	5.56	1.35	0.33	3.20	5.16	1.31	0.32
52310	Cystoscopy and treatment	000	0161	$ 1,131.27	2.81	3.97	1.29	0.29	2.81	3.70	1.24	0.28
53600	Dilate urethra stricture	000	0156	$ 232.32	1.21	1.09	0.51	0.11	1.21	1.02	0.50	0.11
53601	Dilate urethra stricture	000	0126	$ 81.99	0.98	1.29	0.47	0.08	0.98	1.20	0.46	0.08
53605	Dilate urethra stricture	000	0161	$ 1,131.27	1.28	NA	0.45	0.12	1.28	NA	0.45	0.12
53621	Dilate urethra stricture	000	0164	$ 152.75	1.35	1.71	0.60	0.12	1.35	1.60	0.59	0.12
53660	Dilation of urethra	000	0126	$ 81.99	0.71	1.29	0.43	0.07	0.71	1.20	0.41	0.07
53661	Dilation of urethra	000	0126	$ 81.99	0.72	1.24	0.38	0.07	0.72	1.15	0.37	0.07
53855	Insert prost urethral stent	000	0164	$ 152.75	1.64	21.56	0.58	0.16	1.64	3.10	0.57	0.16
53899	Urology surgery procedure	YYY	0126	$ 81.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54050	Destruction penis lesion(s)	010	0015	$ 106.96	1.29	2.50	1.68	0.16	1.29	2.28	1.54	0.16
54056	Cryosurgery penis lesion(s)	010	0013	$ 71.54	1.29	2.82	1.87	0.18	1.29	2.59	1.74	0.18
54200	Treatment of penis lesion	010	0164	$ 152.75	1.11	1.94	1.24	0.10	1.11	1.80	1.16	0.10
54220	Treatment of penis lesion	000	0164	$ 152.75	2.42	3.27	1.23	0.26	2.42	3.05	1.15	0.25
54235	Penile injection	000	0164	$ 152.75	1.19	1.33	0.84	0.11	1.19	1.24	0.79	0.11
54240	Penis study	000	0126	$ 81.99	1.31	1.51	NA	0.09	1.31	1.42	NA	0.09
54250	Penis study	000	0164	$ 152.75	2.22	1.10	NA	0.15	2.22	1.06	NA	0.15
54450	Preputial stretching	000	0156	$ 232.32	1.12	0.79	0.43	0.10	1.12	0.75	0.42	0.10
55876	Place rt device/marker pros	000	0310	$ 984.49	1.73	2.06	1.02	0.16	1.73	1.93	0.99	0.16
55899	Genital surgery procedure	YYY	0126	$ 81.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
56405	I & D of vulva/perineum	010	0188	$ 118.56	1.49	1.55	1.53	0.26	1.49	1.42	1.40	0.25
56420	Drainage of gland abscess	010	0188	$ 118.56	1.44	2.00	1.07	0.24	1.44	1.82	0.99	0.23
56606	Biopsy of vulva/perineum	ZZZ	0188	$ 118.56	0.55	0.48	0.24	0.08	0.55	0.45	0.23	0.08
56820	Exam of vulva w/scope	000	0188	$ 118.56	1.50	1.57	0.80	0.26	1.50	1.46	0.76	0.25

56821	Exam/biopsy of vulva w/scope	000	0188	$ 118.56	2.05	2.01	1.03	0.34	2.05	1.87	0.99	0.32
57150	Treat vagina infection	000	0188	$ 118.56	0.55	0.73	0.23	0.08	0.55	0.67	0.22	0.08
57160	Insert pessary/other device	000	0188	$ 118.56	0.89	1.27	0.37	0.14	0.89	1.17	0.36	0.14
57170	Fitting of diaphragm/cap	000	0191	$ 8.25	0.91	0.76	0.39	0.14	0.91	0.53	0.38	0.14
57180	Treat vaginal bleeding	010	0188	$ 118.56	1.63	2.35	1.26	0.27	1.63	2.16	1.18	0.26
57452	Exam of cervix w/scope	000	0188	$ 118.56	1.50	1.52	1.01	0.24	1.50	1.40	0.96	0.23
57511	Cryocautery of cervix	010	0188	$ 118.56	1.95	2.10	1.71	0.33	1.95	1.94	1.59	0.32
58100	Biopsy of uterus lining	000	0188	$ 118.56	1.53	1.49	0.84	0.26	1.53	1.38	0.80	0.25
58301	Remove intrauterine device	000	0188	$ 118.56	1.27	1.38	0.54	0.22	1.27	1.27	0.52	0.21
58999	Genital surgery procedure	YYY	0191	$ 8.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
59020	Fetal contract stress test	000	0188	$ 118.56	0.66	1.32	NA	0.17	0.66	1.21	NA	0.17
59025	Fetal non-stress test	000	0188	$ 118.56	0.53	0.79	NA	0.13	0.53	0.73	NA	0.13
59070	Transabdom amnioinfus w/us	000	0188	$ 118.56	5.24	5.67	2.61	1.51	5.24	4.57	2.47	1.44
59200	Insert cervical dilator	000	0188	$ 118.56	0.79	1.17	0.34	0.23	0.79	1.08	0.33	0.22
59897	Fetal invas px w/us	YYY	0191	$ 8.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
59899	Maternity care procedure	YYY	0191	$ 8.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60252	Removal of thyroid	090	0256	$ 3,278.89	22.01	NA	13.26	3.88	22.01	NA	12.27	3.71
60260	Repeat thyroid surgery	090	0256	$ 3,278.89	18.26	NA	11.04	3.13	18.26	NA	10.30	2.99
60271	Removal of thyroid	090	0256	$ 3,278.89	17.62	NA	10.73	3.01	17.62	NA	9.96	2.88
60500	Explore parathyroid glands	090	0256	$ 3,278.89	15.60	NA	10.07	3.01	15.60	NA	9.30	2.88
60502	Re-explore parathyroids	090	0254	$ 1,799.78	21.15	NA	12.90	4.15	21.15	NA	11.88	3.97
60520	Removal of thymus gland	090	0256	$ 3,278.89	17.16	NA	10.17	3.47	17.16	NA	9.44	3.32
61070	Brain canal shunt procedure	000	0121	$ 439.63	0.89	NA	1.50	0.20	0.89	NA	0.63	0.20
61330	Decompress eye socket	090	0256	$ 3,278.89	25.30	NA	20.47	9.09	25.30	NA	19.32	8.69
61334	Explore orbit/remove object	090	0256	$ 3,278.89	19.60	NA	9.24	7.02	19.60	NA	14.08	6.71
62000	Treat skull fracture	090	0254	$ 1,799.78	13.93	NA	11.77	5.01	13.93	NA	10.74	4.79
62225	Replace/irrigate catheter	090	0427	$ 1,201.60	6.19	NA	7.44	2.20	6.19	NA	6.65	2.10
62269	Needle biopsy spinal cord	000	0685	$ 713.56	5.01	NA	2.24	0.56	5.01	NA	2.16	0.54
65235	Remove foreign body from eye	090	0233	$ 1,129.46	9.01	NA	11.40	1.24	9.01	NA	10.46	1.19
65400	Removal of eye lesion	090	0233	$ 1,129.46	7.50	12.20	9.84	1.03	7.50	11.21	9.10	0.98
65410	Biopsy of cornea	000	0233	$ 1,129.46	1.47	2.68	1.49	0.31	1.47	2.47	1.40	0.30
65420	Removal of eye lesion	090	0233	$ 1,129.46	4.36	10.75	6.49	0.56	4.36	9.71	5.92	0.54
65436	Curette/treat cornea	090	0233	$ 1,129.46	4.82	6.31	5.83	0.84	4.82	5.83	5.41	0.80
65450	Treatment of corneal lesion	090	0231	$ 144.89	3.47	5.98	5.88	0.48	3.47	5.49	5.40	0.46
65772	Correction of astigmatism	090	0233	$ 1,129.46	5.09	7.97	6.60	0.65	5.09	7.33	6.10	0.62
65775	Correction of astigmatism	090	0233	$ 1,129.46	6.91	NA	8.93	0.49	6.91	NA	8.26	0.47
65778	Cover eye w/membrane	010	0233	$ 1,129.46	1.19	41.82	0.80	0.18	1.19	34.00	0.76	0.18
65779	Cover eye w/membrane suture	010	0233	$ 1,129.46	3.92	33.49	4.16	0.56	3.92	30.13	3.88	0.54
65865	Incise inner eye adhesions	090	0233	$ 1,129.46	5.77	NA	7.84	0.39	5.77	NA	7.23	0.37
65880	Incise inner eye adhesions	090	0233	$ 1,129.46	8.36	NA	10.68	0.60	8.36	NA	9.89	0.57
66020	Injection treatment of eye	010	0233	$ 1,129.46	1.64	3.84	2.14	0.11	1.64	3.50	1.98	0.11
66030	Injection treatment of eye	010	0233	$ 1,129.46	1.30	3.60	1.90	0.18	1.30	3.26	1.74	0.18
66250	Follow-up surgery of eye	090	0233	$ 1,129.46	7.10	14.83	8.89	1.40	7.10	13.54	8.24	1.34
66700	Destruction ciliary body	090	0233	$ 1,129.46	5.14	7.87	6.12	0.49	5.14	7.24	5.68	0.47
66710	Ciliary transsleral therapy	090	0233	$ 1,129.46	5.14	7.56	6.11	1.02	5.14	6.97	5.68	0.97
66720	Destruction ciliary body	090	0233	$ 1,129.46	5.00	8.75	7.19	0.68	5.00	7.98	6.58	0.65
66840	Removal of lens material	090	0233	$ 1,129.46	9.18	NA	10.75	1.81	9.18	NA	9.98	1.73
67028	Injection eye drug	000	0238	$ 231.76	1.44	1.45	1.40	0.20	1.44	1.35	1.30	0.20
67345	Destroy nerve of eye muscle	010	0238	$ 231.76	3.01	3.76	3.02	0.80	3.01	3.48	2.81	0.76
67500	Inject/treat eye socket	000	0231	$ 144.89	1.44	0.79	0.59	0.11	1.44	0.69	0.52	0.11
67505	Inject/treat eye socket	000	0238	$ 231.76	1.27	1.26	1.02	0.26	1.27	1.18	0.98	0.25
67515	Inject/treat eye socket	000	0238	$ 231.76	1.40	1.35	1.11	0.26	1.40	1.26	1.05	0.25
67599	Orbit surgery procedure	YYY	0238	$ 231.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
67700	Drainage of eyelid abscess	010	0238	$ 231.76	1.40	6.63	1.94	0.23	1.40	5.76	1.80	0.22
67800	Remove eyelid lesion	010	0238	$ 231.76	1.41	2.26	1.54	0.24	1.41	2.08	1.43	0.23

67805	Remove eyelid lesions	010	0238	$ 231.76	2.27	3.56	2.42	0.44	2.27	3.26	2.26	0.42
67810	Biopsy eyelid & lid margin	000	0238	$ 231.76	1.18	3.89	0.78	0.18	1.18	3.53	0.75	0.18
67825	Revise eyelashes	010	0238	$ 231.76	1.43	2.29	2.08	0.27	1.43	2.10	1.92	0.26
67880	Revision of eyelid	090	0233	$ 1,129.46	4.60	8.76	5.99	0.82	4.60	8.01	5.53	0.78
67938	Remove eyelid foreign body	010	0231	$ 144.89	1.38	5.86	1.96	0.22	1.38	4.35	1.80	0.21
67999	Revision of eyelid	YYY	0238	$ 231.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68020	Incise/drain eyelid lining	010	0238	$ 231.76	1.42	2.03	1.76	0.20	1.42	1.87	1.63	0.20
68130	Remove eyelid lining lesion	090	0233	$ 1,129.46	5.10	10.66	6.76	0.35	5.10	9.73	6.25	0.33
68200	Treat eyelid by injection	000	0230	$ 48.41	0.49	0.69	0.50	0.08	0.49	0.64	0.47	0.08
68399	Eyelid lining surgery	YYY	0238	$ 231.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68400	Incise/drain tear gland	010	0238	$ 231.76	1.74	6.76	2.03	0.34	1.74	5.85	1.88	0.32
68440	Incise tear duct opening	010	0238	$ 231.76	0.99	2.00	1.91	0.20	0.99	1.83	1.75	0.20
68530	Clearance of tear duct	010	0238	$ 231.76	3.70	8.83	3.58	0.72	3.70	8.07	3.36	0.69
68705	Revise tear duct opening	010	0238	$ 231.76	2.11	4.82	2.66	0.41	2.11	4.40	2.47	0.39
68760	Close tear duct opening	010	0238	$ 231.76	1.78	4.13	2.43	0.34	1.78	3.76	2.25	0.32
68761	Close tear duct opening	010	0238	$ 231.76	1.41	2.92	2.04	0.22	1.41	2.67	1.88	0.21
68810	Probe nasolacrimal duct	010	0238	$ 231.76	2.15	4.96	3.28	0.39	2.15	4.52	3.01	0.37
68840	Explore/irrigate tear ducts	010	0231	$ 144.89	1.30	2.44	2.10	0.24	1.30	2.24	1.93	0.23
68899	Tear duct system surgery	YYY	0238	$ 231.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69000	Drain external ear lesion	010	0006	$ 125.45	1.50	4.06	1.92	0.22	1.50	3.65	1.75	0.21
69020	Drain outer ear canal lesion	010	0006	$ 125.45	1.53	5.51	2.63	0.20	1.53	4.96	2.39	0.20
69120	Removal of external ear	090	0254	$ 1,799.78	4.14	NA	7.77	0.60	4.14	NA	6.98	0.57
69140	Remove ear canal lesion(s)	090	0256	$ 3,278.89	8.14	NA	17.67	1.05	8.14	NA	16.06	1.00
69150	Extensive ear canal surgery	090	0254	$ 1,799.78	13.61	NA	15.98	1.95	13.61	NA	14.79	1.86
69200	Clear outer ear canal	000	0340	$ 49.64	0.77	2.94	0.88	0.10	0.77	1.70	0.81	0.10
69210	Remove impacted ear wax	000	0340	$ 49.64	0.61	0.88	0.28	0.07	0.61	0.80	0.27	0.07
69220	Clean out mastoid cavity	000	0013	$ 71.54	0.83	3.36	0.94	0.10	0.83	2.12	0.87	0.10
69300	Revise external ear	YYY	0254	$ 1,799.78	6.69	14.96	6.78	0.86	6.69	13.54	6.24	0.82
69310	Rebuild outer ear canal	090	0256	$ 3,278.89	10.97	NA	20.97	1.44	10.97	NA	19.00	1.38
69320	Rebuild outer ear canal	090	0256	$ 3,278.89	17.18	NA	27.09	2.20	17.18	NA	24.67	2.10
69399	Outer ear surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69440	Exploration of middle ear	090	0256	$ 3,278.89	7.71	NA	12.42	0.99	7.71	NA	11.29	0.95
69450	Eardrum revision	090	0256	$ 3,278.89	5.69	NA	10.32	0.72	5.69	NA	9.35	0.69
69501	Mastoidectomy	090	0256	$ 3,278.89	9.21	NA	11.85	1.18	9.21	NA	10.85	1.13
69502	Mastoidectomy	090	0256	$ 3,278.89	12.56	NA	15.25	1.69	12.56	NA	13.97	1.62
69505	Remove mastoid structures	090	0256	$ 3,278.89	13.17	NA	21.80	1.70	13.17	NA	19.83	1.62
69511	Extensive mastoid surgery	090	0256	$ 3,278.89	13.70	NA	22.07	1.77	13.70	NA	20.09	1.69
69530	Extensive mastoid surgery	090	0256	$ 3,278.89	20.38	NA	27.06	2.61	20.38	NA	24.73	2.49
69550	Remove ear lesion	090	0256	$ 3,278.89	11.15	NA	19.17	1.44	11.15	NA	17.43	1.38
69552	Remove ear lesion	090	0256	$ 3,278.89	19.81	NA	25.12	2.55	19.81	NA	22.97	2.44
69601	Mastoid surgery revision	090	0256	$ 3,278.89	13.45	NA	16.59	1.71	13.45	NA	15.19	1.63
69602	Mastoid surgery revision	090	0256	$ 3,278.89	13.76	NA	17.55	1.77	13.76	NA	16.05	1.69
69603	Mastoid surgery revision	090	0256	$ 3,278.89	14.20	NA	22.32	1.82	14.20	NA	20.33	1.74
69604	Mastoid surgery revision	090	0256	$ 3,278.89	14.20	NA	17.77	1.82	14.20	NA	16.27	1.74
69605	Mastoid surgery revision	090	0256	$ 3,278.89	18.69	NA	26.21	2.40	18.69	NA	23.93	2.29
69610	Repair of eardrum	010	0254	$ 1,799.78	4.47	6.63	3.67	0.59	4.47	6.06	3.41	0.56
69620	Repair of eardrum	090	0254	$ 1,799.78	6.03	14.53	8.03	0.76	6.03	13.10	7.32	0.73
69631	Repair eardrum structures	090	0256	$ 3,278.89	10.05	NA	15.71	1.29	10.05	NA	14.30	1.23
69632	Rebuild eardrum structures	090	0256	$ 3,278.89	12.96	NA	18.23	1.66	12.96	NA	16.66	1.59
69633	Rebuild eardrum structures	090	0256	$ 3,278.89	12.31	NA	17.90	1.59	12.31	NA	16.36	1.52
69635	Repair eardrum structures	090	0256	$ 3,278.89	13.51	NA	22.18	1.74	13.51	NA	20.29	1.66
69636	Rebuild eardrum structures	090	0256	$ 3,278.89	15.43	NA	24.59	1.97	15.43	NA	22.39	1.88
69637	Rebuild eardrum structures	090	0256	$ 3,278.89	15.32	NA	24.77	2.00	15.32	NA	22.33	1.91
69641	Revise middle ear & mastoid	090	0256	$ 3,278.89	12.89	NA	17.12	1.67	12.89	NA	15.66	1.60
69642	Revise middle ear & mastoid	090	0256	$ 3,278.89	17.06	NA	21.37	2.19	17.06	NA	19.55	2.09

69643	Revise middle ear & mastoid	090	0256	$ 3,278.89	15.59	NA	19.56	2.00	15.59	NA	17.92	1.91
69644	Revise middle ear & mastoid	090	0256	$ 3,278.89	17.23	NA	25.48	2.22	17.23	NA	23.20	2.12
69645	Revise middle ear & mastoid	090	0256	$ 3,278.89	16.71	NA	25.18	2.18	16.71	NA	23.06	2.08
69646	Revise middle ear & mastoid	090	0256	$ 3,278.89	18.37	NA	26.05	2.35	18.37	NA	23.80	2.25
69650	Release middle ear bone	090	0256	$ 3,278.89	9.80	NA	13.43	1.25	9.80	NA	12.26	1.19
69660	Revise middle ear bone	090	0256	$ 3,278.89	12.03	NA	14.53	1.55	12.03	NA	13.31	1.48
69661	Revise middle ear bone	090	0256	$ 3,278.89	15.92	NA	18.69	2.00	15.92	NA	17.10	1.91
69662	Revise middle ear bone	090	0256	$ 3,278.89	15.60	NA	17.45	2.00	15.60	NA	15.94	1.91
69666	Repair middle ear structures	090	0254	$ 1,799.78	9.89	NA	13.44	1.28	9.89	NA	12.30	1.22
69667	Repair middle ear structures	090	0254	$ 1,799.78	9.90	NA	13.45	1.28	9.90	NA	12.33	1.22
69670	Remove mastoid air cells	090	0256	$ 3,278.89	11.73	NA	15.47	1.51	11.73	NA	14.14	1.44
69676	Remove middle ear nerve	090	0254	$ 1,799.78	9.69	NA	14.46	1.24	9.69	NA	13.18	1.19
69700	Close mastoid fistula	090	0254	$ 1,799.78	8.37	NA	11.43	1.08	8.37	NA	10.45	1.03
69711	Remove/repair hearing aid	090	0256	$ 3,278.89	10.62	NA	14.28	1.36	10.62	NA	13.04	1.30
69720	Release facial nerve	090	0256	$ 3,278.89	14.71	NA	19.61	1.89	14.71	NA	18.00	1.81
69725	Release facial nerve	090	0256	$ 3,278.89	27.64	NA	25.39	3.55	27.64	NA	23.44	3.39
69740	Repair facial nerve	090	0256	$ 3,278.89	16.27	NA	16.90	2.08	16.27	NA	15.54	1.99
69745	Repair facial nerve	090	0256	$ 3,278.89	17.02	NA	18.35	2.18	17.02	NA	16.87	2.08
69799	Middle ear surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69805	Explore inner ear	090	0256	$ 3,278.89	14.71	NA	15.24	1.89	14.71	NA	14.02	1.81
69806	Explore inner ear	090	0256	$ 3,278.89	12.63	NA	14.33	1.63	12.63	NA	13.23	1.56
69820	Establish inner ear window	090	0256	$ 3,278.89	10.52	NA	14.23	1.36	10.52	NA	13.00	1.30
69840	Revise inner ear window	090	0256	$ 3,278.89	10.44	NA	14.13	0.73	10.44	NA	16.67	0.70
69905	Remove inner ear	090	0256	$ 3,278.89	11.26	NA	15.24	1.46	11.26	NA	13.92	1.40
69910	Remove inner ear & mastoid	090	0256	$ 3,278.89	13.91	NA	15.07	1.80	13.91	NA	13.84	1.72
69915	Incise inner ear nerve	090	0256	$ 3,278.89	22.77	NA	20.58	2.97	22.77	NA	19.01	2.84
69949	Inner ear surgery procedure	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69955	Release facial nerve	090	0256	$ 3,278.89	29.42	NA	26.29	3.78	29.42	NA	24.31	3.61
69960	Release inner ear canal	090	0256	$ 3,278.89	29.42	NA	24.56	3.78	29.42	NA	22.76	3.61
69970	Remove inner ear lesion	090	0256	$ 3,278.89	32.41	NA	27.77	4.16	32.41	NA	25.70	3.98
69979	Temporal bone surgery	YYY	0250	$ 78.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
70370	Throat x-ray & fluoroscopy	XXX	0272	$ 114.26	0.32	2.12	NA	0.02	0.32	1.96	NA	0.02
70371	Speech evaluation complex	XXX	0272	$ 114.26	0.84	1.87	NA	0.04	0.84	1.73	NA	0.04
71023	Chest x-ray and fluoroscopy	XXX	0272	$ 114.26	0.38	1.58	NA	0.02	0.38	1.45	NA	0.02
71034	Chest x-ray&fluoro 4/> views	XXX	0272	$ 114.26	0.46	2.10	NA	0.02	0.46	1.98	NA	0.02
74240	X-ray upper gi delay w/o kub	XXX	0277	$ 122.82	0.69	2.70	NA	0.05	0.69	2.52	NA	0.05
74241	X-rayupper gi delay w/kub	XXX	0277	$ 122.82	0.69	2.87	NA	0.04	0.69	2.66	NA	0.04
74245	X-ray upper gi&small intest	XXX	0277	$ 122.82	0.91	4.40	NA	0.06	0.91	4.09	NA	0.06
74246	Contrst x-ray uppr gi tract	XXX	0277	$ 122.82	0.69	3.14	NA	0.05	0.69	2.92	NA	0.05
74247	Contrst x-ray uppr gi tract	XXX	0277	$ 122.82	0.69	3.58	NA	0.05	0.69	3.32	NA	0.05
74249	Contrst x-ray uppr gi tract	XXX	0277	$ 122.82	0.91	4.83	NA	0.06	0.91	4.49	NA	0.06
74251	X-ray exam of small bowel	XXX	0277	$ 122.82	0.69	11.93	NA	0.05	0.69	10.96	NA	0.05
74270	Contrast x-ray exam of colon	XXX	0277	$ 122.82	0.69	4.02	NA	0.05	0.69	3.73	NA	0.05
74280	Contrast x-ray exam of colon	XXX	0277	$ 122.82	0.99	5.60	NA	0.06	0.99	5.20	NA	0.06
74283	Contrast x-ray exam of colon	XXX	0277	$ 122.82	2.02	3.93	NA	0.06	2.02	3.69	NA	0.06
74475	X-ray control cath insert	XXX	0161	$ 1,131.27	0.54	2.34	NA	0.04	0.54	2.14	NA	0.04
74480	X-ray control cath insert	XXX	0161	$ 1,131.27	0.54	2.34	NA	0.04	0.54	2.14	NA	0.04
74485	X-ray guide gu dilation	XXX	0161	$ 1,131.27	0.54	2.35	NA	0.04	0.54	2.15	NA	0.04
75571	Ct hrt w/o dye w/ca test	XXX	0340	$ 49.64	0.58	2.76	NA	0.02	0.58	2.35	NA	0.02
75746	Artery x-rays lung	XXX	0668	$ 716.01	1.14	3.84	NA	0.08	1.14	3.49	NA	0.08
75756	Artery x-rays chest	XXX	0668	$ 716.01	1.14	4.32	NA	0.23	1.14	3.80	NA	0.22
75791	Av dialysis shunt imaging	XXX	0668	$ 716.01	1.71	8.23	NA	0.11	1.71	7.44	NA	0.11
75820	Vein x-ray arm/leg	XXX	0668	$ 716.01	0.70	3.03	NA	0.05	0.70	2.75	NA	0.05
75822	Vein x-ray arms/legs	XXX	0668	$ 716.01	1.06	3.56	NA	0.08	1.06	3.24	NA	0.08
75827	Vein x-ray chest	XXX	0668	$ 716.01	1.14	3.33	NA	0.08	1.14	2.96	NA	0.08

75860	Vein x-ray neck	XXX	0668	$ 716.01	1.14	3.39	NA	0.09	1.14	3.10	NA	0.09
75870	Vein x-ray skull	XXX	0668	$ 716.01	1.14	3.39	NA	0.08	1.14	3.17	NA	0.08
75872	Vein x-ray skull epidural	XXX	0668	$ 716.01	1.14	3.39	NA	0.08	1.14	3.07	NA	0.08
75880	Vein x-ray eye socket	XXX	0668	$ 716.01	0.70	6.35	NA	0.05	0.70	3.04	NA	0.05
75887	Vein x-ray liver w/o hemodyn	XXX	0668	$ 716.01	1.44	3.50	NA	0.06	1.44	3.23	NA	0.06
75962	Repair arterial blockage	XXX	0083	$ 4,023.05	0.54	3.92	NA	0.04	0.54	3.51	NA	0.04
75966	Repair arterial blockage	XXX	0083	$ 4,023.05	1.31	3.89	NA	0.08	1.31	3.50	NA	0.08
76000	Fluoroscope examination	XXX	0272	$ 114.26	0.17	1.37	NA	0.02	0.17	1.23	NA	0.02
76120	Cine/video x-rays	XXX	0272	$ 114.26	0.38	1.85	NA	0.04	0.38	2.19	NA	0.04
76496	Fluoroscopic procedure	XXX	0272	$ 114.26	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
76511	Ophth us quant a only	XXX	0266	$ 99.32	0.94	2.08	NA	0.02	0.94	1.94	NA	0.02
76512	Ophth us b w/non-quant a	XXX	0266	$ 99.32	0.94	1.83	NA	0.05	0.94	1.67	NA	0.05
76513	Echo exam of eye water bath	XXX	0266	$ 99.32	0.66	2.25	NA	0.02	0.66	2.04	NA	0.02
76519	Echo exam of eye	XXX	0266	$ 99.32	0.54	2.00	NA	0.04	0.54	1.81	NA	0.04
76536	Us exam of head and neck	XXX	0266	$ 99.32	0.56	3.07	NA	0.04	0.56	2.82	NA	0.04
76700	Us exam abdom complete	XXX	0266	$ 99.32	0.81	3.35	NA	0.05	0.81	3.09	NA	0.05
76705	Echo exam of abdomen	XXX	0266	$ 99.32	0.59	2.61	NA	0.04	0.59	2.41	NA	0.04
76770	Us exam abdo back wall comp	XXX	0266	$ 99.32	0.74	3.18	NA	0.05	0.74	2.94	NA	0.05
76775	Us exam abdo back wall lim	XXX	0266	$ 99.32	0.58	2.64	NA	0.04	0.58	1.22	NA	0.04
76776	Us exam k transpl w/doppler	XXX	0266	$ 99.32	0.76	3.79	NA	0.05	0.76	3.19	NA	0.05
76800	Us exam spinal canal	XXX	0266	$ 99.32	1.13	2.74	NA	0.05	1.13	2.74	NA	0.05
76801	Ob us < 14 wks single fetus	XXX	0266	$ 99.32	0.99	2.76	NA	0.04	0.99	2.54	NA	0.04
76805	Ob us >/= 14 wks sngl fetus	XXX	0266	$ 99.32	0.99	3.40	NA	0.04	0.99	3.12	NA	0.04
76810	Ob us >/= 14 wks addl fetus	ZZZ	0266	$ 99.32	0.98	1.87	NA	0.04	0.98	1.73	NA	0.04
76818	Fetal biophys profile w/nst	XXX	0266	$ 99.32	1.05	2.61	NA	0.04	1.05	2.39	NA	0.04
76819	Fetal biophys profil w/o nst	XXX	0266	$ 99.32	0.77	1.88	NA	0.04	0.77	1.71	NA	0.04
76830	Transvaginal us non-ob	XXX	0266	$ 99.32	0.69	1.51	NA	0.04	0.69	1.39	NA	0.04
76856	Us exam pelvic complete	XXX	0266	$ 99.32	0.69	3.00	NA	0.04	0.69	2.77	NA	0.04
76870	Us exam scrotum	XXX	0266	$ 99.32	0.64	3.04	NA	0.05	0.64	1.38	NA	0.05
76872	Us transrectal	XXX	0266	$ 99.32	0.69	1.42	NA	0.05	0.69	1.31	NA	0.05
76881	Us xtr non-vasc complete	XXX	0266	$ 99.32	0.63	2.98	NA	0.05	0.63	2.67	NA	0.05
76936	Echo guide for artery repair	XXX	0096	$ 108.61	1.99	6.20	NA	0.24	1.99	5.46	NA	0.23
76977	Us bone density measure	XXX	0340	$ 49.64	0.05	0.14	NA	0.02	0.05	0.13	NA	0.02
77280	Set radiation therapy field	XXX	0304	$ 109.73	0.70	4.58	NA	0.04	0.70	3.51	NA	0.04
77285	Set radiation therapy field	XXX	0305	$ 290.99	1.05	8.30	NA	0.06	1.05	7.67	NA	0.06
77290	Set radiation therapy field	XXX	0305	$ 290.99	1.56	13.98	NA	0.08	1.56	9.18	NA	0.08
77295	Set radiation therapy field	XXX	0310	$ 984.49	4.56	8.25	NA	0.28	4.56	7.72	NA	0.27
77299	Radiation therapy planning	XXX	0304	$ 109.73	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
77300	Radiation therapy dose plan	XXX	0304	$ 109.73	0.62	1.30	NA	0.04	0.62	1.23	NA	0.04
77301	Radiotherapy dose plan imrt	XXX	0310	$ 984.49	7.99	49.88	NA	0.63	7.99	32.16	NA	0.60
77305	Teletx isodose plan simple	XXX	0304	$ 109.73	0.70	0.98	NA	0.04	0.70	0.93	NA	0.04
77310	Teletx isodose plan intermed	XXX	0304	$ 109.73	1.05	1.37	NA	0.06	1.05	1.31	NA	0.06
77315	Teletx isodose plan complex	XXX	0305	$ 290.99	1.56	2.29	NA	0.08	1.56	2.15	NA	0.08
77321	Special teletx port plan	XXX	0305	$ 290.99	0.95	1.67	NA	0.05	0.95	1.56	NA	0.05
77326	Brachytx isodose calc simp	XXX	0304	$ 109.73	0.93	3.30	NA	0.07	0.93	3.06	NA	0.07
77327	Brachytx isodose calc interm	XXX	0305	$ 290.99	1.39	4.50	NA	0.10	1.39	4.20	NA	0.10
77328	Brachytx isodose plan compl	XXX	0305	$ 290.99	2.09	5.78	NA	0.14	2.09	5.37	NA	0.14
77331	Special radiation dosimetry	XXX	0304	$ 109.73	0.87	0.90	NA	0.05	0.87	0.87	NA	0.05
77336	Radiation physics consult	XXX	0304	$ 109.73	0.00	1.28	NA	0.01	0.00	1.18	NA	0.01
77338	Design mlc device for imrt	XXX	0305	$ 290.99	4.29	10.17	NA	0.27	4.29	9.47	NA	0.26
77370	Radiation physics consult	XXX	0304	$ 109.73	0.00	3.43	NA	0.04	0.00	3.15	NA	0.04
77399	External radiation dosimetry	XXX	0304	$ 109.73	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
77401	Radiation treatment delivery	XXX	0300	$ 95.50	0.00	0.60	NA	0.01	0.00	0.57	NA	0.01
77402	Radiation treatment delivery	XXX	0300	$ 95.50	0.00	4.55	NA	0.01	0.00	3.91	NA	0.01
77403	Radiation treatment delivery	XXX	0300	$ 95.50	0.00	3.75	NA	0.01	0.00	2.81	NA	0.01

77404	Radiation treatment delivery	XXX	0300	$	95.50	0.00	4.17	NA	0.01	0.00	2.81	NA	0.01
77406	Radiation treatment delivery	XXX	0300	$	95.50	0.00	4.17	NA	0.01	0.00	2.81	NA	0.01
77407	Radiation treatment delivery	XXX	0300	$	95.50	0.00	6.63	NA	0.01	0.00	7.27	NA	0.01
77408	Radiation treatment delivery	XXX	0301	$	179.52	0.00	5.17	NA	0.01	0.00	4.74	NA	0.01
77409	Radiation treatment delivery	XXX	0301	$	179.52	0.00	5.76	NA	0.01	0.00	5.27	NA	0.01
77411	Radiation treatment delivery	XXX	0301	$	179.52	0.00	5.79	NA	0.01	0.00	5.24	NA	0.01
77412	Radiation treatment delivery	XXX	0301	$	179.52	0.00	7.05	NA	0.01	0.00	5.28	NA	0.01
77413	Radiation treatment delivery	XXX	0301	$	179.52	0.00	6.79	NA	0.01	0.00	5.28	NA	0.01
77414	Radiation treatment delivery	XXX	0301	$	179.52	0.00	7.64	NA	0.01	0.00	5.28	NA	0.01
77416	Radiation treatment delivery	XXX	0301	$	179.52	0.00	7.63	NA	0.01	0.00	5.28	NA	0.01
77422	Neutron beam tx simple	XXX	0301	$	179.52	0.00	8.30	NA	0.01	0.00	5.28	NA	0.01
77423	Neutron beam tx complex	XXX	0301	$	179.52	0.00	8.46	NA	0.01	0.00	5.28	NA	0.01
77470	Special radiation treatment	XXX	0299	$	392.41	2.09	2.25	NA	0.11	2.09	2.13	NA	0.11
77600	Hyperthermia treatment	XXX	0299	$	392.41	1.56	11.02	NA	0.10	1.56	10.20	NA	0.10
77605	Hyperthermia treatment	XXX	0299	$	392.41	2.09	31.63	NA	0.41	2.09	12.36	NA	0.39
77610	Hyperthermia treatment	XXX	0299	$	392.41	1.56	30.51	NA	0.10	1.56	12.12	NA	0.10
77615	Hyperthermia treatment	XXX	0299	$	392.41	2.09	27.69	NA	0.17	2.09	12.38	NA	0.17
77620	Hyperthermia treatment	XXX	0299	$	392.41	1.56	15.63	NA	0.08	1.56	8.55	NA	0.08
77750	Infuse radioactive materials	090	0301	$	179.52	5.00	5.31	NA	0.29	5.00	5.04	NA	0.28
77789	Apply surface radiation	000	0300	$	95.50	1.14	2.27	NA	0.06	1.14	2.10	NA	0.06
80500	Lab pathology consultation	XXX	0433	$	23.43	0.37	0.20	0.13	0.03	0.37	0.19	0.13	0.03
80502	Lab pathology consultation	XXX	0342	$	12.71	1.33	0.52	0.45	0.07	1.33	0.52	0.46	0.07
85097	Bone marrow interpretation	XXX	0343	$	38.10	0.94	1.54	0.41	0.05	0.94	1.42	0.40	0.05
86077	Phys blood bank serv xmatch	XXX	0342	$	12.71	0.94	0.58	0.47	0.05	0.94	0.55	0.45	0.05
86078	Phys blood bank serv reactj	XXX	0433	$	23.43	0.94	0.59	0.47	0.05	0.94	0.55	0.45	0.05
86079	Phys blood bank serv authrj	XXX	0433	$	23.43	0.94	0.58	0.47	0.05	0.94	0.54	0.44	0.05
86152	Cell enumeration & id	XXX	0342	$	12.71	0.00	0.00	0.00	0.00				
86153	Cell enumeration phys interp		0342	$	12.71								
86485	Skin test candida	XXX	0341	$	6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
86486	Skin test nos antigen	XXX	0341	$	6.82	0.00	0.16	NA	0.01	0.00	0.13	NA	0.01
86490	Coccidioidomycosis skin test	XXX	0341	$	6.82	0.00	0.14	NA	0.01	0.00	0.13	NA	0.01
86510	Histoplasmosis skin test	XXX	0341	$	6.82	0.00	0.18	NA	0.01	0.00	0.16	NA	0.01
86580	TB intradermal test	XXX	0341	$	6.82	0.00	0.23	NA	0.01	0.00	0.20	NA	0.01
88104	Cytopath fl nongyn smears	XXX	0433	$	23.43	0.56	1.66	NA	0.02	0.56	0.94	NA	0.02
88106	Cytopath fl nongyn filter	XXX	0433	$	23.43	0.37	2.12	NA	0.02	0.37	0.86	NA	0.02
88108	Cytopath concentrate tech	XXX	0433	$	23.43	0.44	1.86	NA	0.02	0.44	0.88	NA	0.02
88112	Cytopath cell enhance tech	XXX	0433	$	23.43	1.18	1.99	NA	0.05	1.18	1.16	NA	0.05
88120	Cytp urne 3-5 probes ea spec	XXX	0661	$	157.05	1.20	16.99	NA	0.06	1.20	5.05	NA	0.06
88121	Cytp urine 3-5 probes cmptr	XXX	0661	$	157.05	1.00	15.36	NA	0.04	1.00	13.98	NA	0.04
88125	Forensic cytopathology	XXX	0433	$	23.43	0.26	0.38	NA	0.02	0.26	0.34	NA	0.02
88160	Cytopath smear other source	XXX	0342	$	12.71	0.50	1.35	NA	0.02	0.50	0.60	NA	0.02
88161	Cytopath smear other source	XXX	0342	$	12.71	0.50	1.26	NA	0.02	0.50	0.57	NA	0.02
88162	Cytopath smear other source	XXX	0433	$	23.43	0.76	2.03	NA	0.04	0.76	1.04	NA	0.04
88172	Cytp dx eval fna 1st ea site	XXX	0433	$	23.43	0.69	0.90	NA	0.02	0.69	0.82	NA	0.02
88173	Cytopath eval fna report	XXX	0343	$	38.10	1.39	2.97	NA	0.05	1.39	1.72	NA	0.05
88177	Cytp fna eval ea addl	ZZZ	0342	$	12.71	0.42	0.43	NA	0.02	0.42	0.38	NA	0.02
88182	Cell marker study	XXX	0343	$	38.10	0.77	2.38	NA	0.06	0.77	1.35	NA	0.06
88184	Flowcytometry/ tc 1 marker	XXX	0433	$	23.43	0.00	2.60	NA	0.01	0.00	0.69	NA	0.01
88185	Flowcytometry/tc add-on	ZZZ	0342	$	12.71	0.00	1.58	NA	0.01	0.00	0.37	NA	0.01
88187	Flowcytometry/read 2-8	XXX	0433	$	23.43	1.36	0.58	0.58	0.08	1.36	0.58	0.58	0.08
88188	Flowcytometry/read 9-15	XXX	0433	$	23.43	1.69	0.79	0.79	0.10	1.69	0.75	0.75	0.10
88189	Flowcytometry/read 16 & >	XXX	0433	$	23.43	2.23	0.78	0.78	0.12	2.23	0.77	0.77	0.12
88199	Cytopathology procedure	XXX	0342	$	12.71	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
88299	Cytogenetic study	XXX	0342	$	12.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88300	Surgical path gross	XXX	0342	$	12.71	0.08	0.33	NA	0.02	0.08	0.30	NA	0.02

88302	Tissue exam by pathologist	XXX	0433	$	23.43	0.13	0.76	NA	0.02	0.13	0.70	NA	0.02
88304	Tissue exam by pathologist	XXX	0433	$	23.43	0.22	1.07	NA	0.02	0.22	0.78	NA	0.02
88305	Tissue exam by pathologist	XXX	0343	$	38.10	0.75	1.29	NA	0.02	0.75	1.21	NA	0.02
88307	Tissue exam by pathologist	XXX	0344	$	60.45	1.59	7.10	NA	0.05	1.59	2.52	NA	0.05
88309	Tissue exam by pathologist	XXX	0661	$	157.05	2.80	10.30	NA	0.11	2.80	5.93	NA	0.11
88311	Decalcify tissue	XXX	0342	$	12.71	0.24	0.34	NA	0.02	0.24	0.32	NA	0.02
88312	Special stains group 1	XXX	0433	$	23.43	0.54	2.31	NA	0.02	0.54	0.91	NA	0.02
88313	Special stains group 2	XXX	0433	$	23.43	0.24	1.73	NA	0.02	0.24	0.79	NA	0.02
88314	Histochemical stains add-on	XXX	0433	$	23.43	0.45	1.91	NA	0.02	0.45	0.88	NA	0.02
88319	Enzyme histochemistry	XXX	0433	$	23.43	0.53	2.00	NA	0.04	0.53	0.92	NA	0.04
88321	Microslide consultation	XXX	0342	$	12.71	1.63	1.01	0.72	0.10	1.63	0.96	0.69	0.10
88323	Microslide consultation	XXX	0343	$	38.10	1.83	2.28	NA	0.05	1.83	1.73	NA	0.05
88325	Comprehensive review of data	XXX	0344	$	60.45	2.50	3.56	1.17	0.12	2.50	2.95	1.19	0.12
88329	Path consult introp	XXX	0342	$	12.71	0.67	0.98	0.34	0.04	0.67	0.71	0.31	0.04
88331	Path consult intraop 1 bloc	XXX	0433	$	23.43	1.19	1.72	NA	0.02	1.19	1.26	NA	0.02
88332	Path consult intraop addl	XXX	0342	$	12.71	0.59	0.67	NA	0.02	0.59	0.63	NA	0.02
88333	Intraop cyto path consult 1	XXX	0433	$	23.43	1.20	1.84	NA	0.05	1.20	1.25	NA	0.05
88334	Intraop cyto path consult 2	XXX	0342	$	12.71	0.73	1.16	NA	0.04	0.73	0.72	NA	0.04
88342	Immunohistochemistry	XXX	0343	$	38.10	0.85	2.50	NA	0.04	0.85	1.48	NA	0.04
88346	Immunofluorescent study	XXX	0343	$	38.10	0.86	2.33	NA	0.02	0.86	1.46	NA	0.02
88347	Immunofluorescent study	XXX	0433	$	23.43	0.86	1.45	NA	0.02	0.86	1.00	NA	0.02
88348	Electron microscopy	XXX	0661	$	157.05	1.51	19.69	NA	0.12	1.51	5.23	NA	0.12
88349	Scanning electron microscopy	XXX	0661	$	157.05	0.76	12.03	NA	0.07	0.76	4.99	NA	0.07
88355	Analysis skeletal muscle	XXX	0343	$	38.10	1.85	3.46	NA	0.06	1.85	1.60	NA	0.06
88356	Analysis nerve	XXX	0343	$	38.10	3.02	4.96	NA	0.18	3.02	4.63	NA	0.18
88358	Analysis tumor	XXX	0343	$	38.10	0.95	1.42	NA	0.04	0.95	1.35	NA	0.04
88360	Tumor immunohistochem/manual	XXX	0343	$	38.10	1.10	2.60	NA	0.04	1.10	1.54	NA	0.04
88361	Tumor immunohistochem/comput	XXX	0343	$	38.10	1.18	3.37	NA	0.05	1.18	1.57	NA	0.05
88362	Nerve teasing preparations	XXX	0344	$	60.45	2.17	6.86	NA	0.14	2.17	2.69	NA	0.14
88363	Xm archive tissue molec anal	XXX	0342	$	12.71	0.37	1.27	0.17	0.03	0.37	0.54	0.15	0.03
88365	Insitu hybridization (fish)	XXX	0343	$	38.10	1.20	4.01	NA	0.04	1.20	1.59	NA	0.04
88367	Insitu hybridization auto	XXX	0343	$	38.10	1.30	6.23	NA	0.06	1.30	1.54	NA	0.06
88368	Insitu hybridization manual	XXX	0344	$	60.45	1.40	5.37	NA	0.05	1.40	2.16	NA	0.05
88375	Optical endomicroscpy interp	YYY	0342	$	12.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88399	Surgical pathology procedure	XXX	0342	$	12.71	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
89049	Chct for mal hyperthermia	XXX	0342	$	12.71	1.40	6.62	0.42	0.10	1.40	5.73	0.35	0.10
89220	Sputum specimen collection	XXX	0433	$	23.43	0.00	0.51	NA	0.01	0.00	0.48	NA	0.01
89230	Collect sweat for test	XXX	0343	$	38.10	0.00	0.06	NA	0.01	0.00	0.13	NA	0.01
89240	Pathology lab procedure	XXX	0342	$	12.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
89250	Cultr oocyte/embryo <4 days	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89251	Cultr oocyte/embryo <4 days	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89253	Embryo hatching	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89254	Oocyte identification	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89255	Prepare embryo for transfer	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89257	Sperm identification	XXX	0433	$	23.43	0.00	0.00	0.00	0.00				
89258	Cryopreservation embryo(s)	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89259	Cryopreservation sperm	XXX	0433	$	23.43	0.00	0.00	0.00	0.00				
89260	Sperm isolation simple	XXX	0343	$	38.10	0.00	0.00	0.00	0.00				
89261	Sperm isolation complex	XXX	0343	$	38.10	0.00	0.00	0.00	0.00				
89264	Identify sperm tissue	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89268	Insemination of oocytes	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89272	Extended culture of oocytes	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89280	Assist oocyte fertilization	XXX	0343	$	38.10	0.00	0.00	0.00	0.00				
89281	Assist oocyte fertilization	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				
89290	Biopsy oocyte polar body	XXX	0344	$	60.45	0.00	0.00	0.00	0.00				

89291	Biopsy oocyte polar body	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89335	Cryopreserve testicular tiss	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89342	Storage/year embryo(s)	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89343	Storage/year sperm/semen	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89344	Storage/year reprod tissue	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89346	Storage/year oocyte(s)	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89352	Thawing cryopresrved embryo	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89353	Thawing cryopresrved sperm	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89354	Thaw cryoprsvrd reprod tiss	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89356	Thawing cryopresrved oocyte	XXX	0344	$ 60.45	0.00	0.00	0.00	0.00				
89398	Unlisted reprod med lab proc	XXX	0342	$ 12.71	0.00	0.00	0.00	0.00				
90471	Immunization admin	XXX	0437	$ 39.13	0.17	0.58	NA	0.01	0.17	0.52	NA	0.01
90911	Biofeedback peri/uro/rectal	000	0126	$ 81.99	0.89	1.54	0.33	0.07	0.89	1.43	0.33	0.07
91010	Esophagus motility study	000	0361	$ 302.60	1.28	4.16	NA	0.08	1.28	3.71	NA	0.08
91013	Esophgl motil w/stim/perfus	ZZZ	0361	$ 302.60	0.18	0.54	NA	0.02	0.18	0.49	NA	0.02
91020	Gastric motility studies	000	0361	$ 302.60	1.44	5.90	NA	0.08	1.44	5.20	NA	0.08
91022	Duodenal motility study	000	0361	$ 302.60	1.44	3.84	NA	0.06	1.44	3.35	NA	0.06
91030	Acid perfusion of esophagus	000	0361	$ 302.60	0.91	3.41	NA	0.05	0.91	3.02	NA	0.05
91034	Gastroesophageal reflux test	000	0361	$ 302.60	0.97	4.91	NA	0.05	0.97	4.40	NA	0.05
91035	G-esoph reflx tst w/electrod	000	0361	$ 302.60	1.59	13.78	NA	0.08	1.59	9.64	NA	0.08
91037	Esoph imped function test	000	0360	$ 137.27	0.97	4.02	NA	0.08	0.97	3.60	NA	0.08
91038	Esoph imped funct test > 1hr	000	0361	$ 302.60	1.10	13.34	NA	0.06	1.10	9.41	NA	0.06
91040	Esoph balloon distension tst	000	0360	$ 137.27	0.97	8.00	NA	0.04	0.97	4.45	NA	0.04
91065	Breath hydrogen test	000	0360	$ 137.27	0.20	2.73	NA	0.02	0.20	2.35	NA	0.02
91111	Esophageal capsule endoscopy	XXX	0419	$ 926.78	1.00	22.78	NA	0.05	1.00	19.96	NA	0.05
91112	Gi wireless capsule measure	XXX	0361	$ 302.60	2.10	32.69	NA	0.10	2.10	28.68	NA	0.10
91117	Colon motility 6 hr study	000	0156	$ 232.32	2.45	NA	1.89	0.38	2.45	NA	1.48	0.36
91120	Rectal sensation test	XXX	0126	$ 81.99	0.97	11.51	NA	0.09	0.97	2.83	NA	0.09
91122	Anal pressure record	000	0156	$ 232.32	1.77	4.84	NA	0.11	1.77	4.42	NA	0.11
91132	Electrogastrography	XXX	0360	$ 137.27	0.52	4.41	NA	0.04	0.52	3.84	NA	0.04
91133	Electrogastrography w/test	XXX	0360	$ 137.27	0.66	5.02	NA	0.05	0.66	4.36	NA	0.05
91299	Gastroenterology procedure	XXX	0360	$ 137.27	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
92002	Eye exam new patient	XXX	0606	$ 96.96	0.88	1.49	0.47	0.07	0.88	1.36	0.46	0.07
92004	Eye exam new patient	XXX	0606	$ 96.96	1.82	2.51	1.00	0.12	1.82	2.31	0.96	0.12
92020	Special eye evaluation	XXX	0230	$ 48.41	0.37	0.41	0.23	0.03	0.37	0.38	0.22	0.03
92025	Corneal topography	XXX	0230	$ 48.41	0.35	0.76	NA	0.02	0.35	0.70	NA	0.02
92060	Special eye evaluation	XXX	0230	$ 48.41	0.69	1.23	NA	0.04	0.69	1.13	NA	0.04
92065	Orthoptic/pleoptic training	XXX	0230	$ 48.41	0.37	1.24	NA	0.02	0.37	1.12	NA	0.02
92081	Visual field examination(s)	XXX	0230	$ 48.41	0.30	0.69	NA	0.04	0.30	0.63	NA	0.04
92082	Visual field examination(s)	XXX	0230	$ 48.41	0.40	1.03	NA	0.05	0.40	0.94	NA	0.05
92132	Cmptr ophth dx img ant segmt	XXX	0230	$ 48.41	0.35	0.68	NA	0.04	0.35	0.62	NA	0.04
92133	Cmptr ophth img optic nerve	XXX	0230	$ 48.41	0.50	0.79	NA	0.04	0.50	0.73	NA	0.04
92134	Cptr ophth dx img post segmt	XXX	0230	$ 48.41	0.50	0.82	NA	0.04	0.50	0.76	NA	0.04
92140	Glaucoma provocative tests	XXX	0230	$ 48.41	0.50	1.38	0.25	0.03	0.50	1.24	0.24	0.03
92225	Special eye exam initial	XXX	0230	$ 48.41	0.38	0.40	0.23	0.03	0.38	0.38	0.22	0.03
92226	Special eye exam subsequent	XXX	0230	$ 48.41	0.33	0.39	0.22	0.01	0.33	0.37	0.20	0.01
92235	Eye exam with photos	XXX	0231	$ 144.89	0.81	2.48	NA	0.04	0.81	2.25	NA	0.04
92240	Icg angiography	XXX	0231	$ 144.89	1.10	6.68	NA	0.04	1.10	6.01	NA	0.04
92250	Eye exam with photos	XXX	0230	$ 48.41	0.44	1.93	NA	0.02	0.44	1.74	NA	0.02
92260	Ophthalmoscopy/dynamometry	XXX	0230	$ 48.41	0.20	0.36	0.12	0.01	0.20	0.33	0.11	0.01
92265	Eye muscle evaluation	XXX	0230	$ 48.41	0.81	1.56	NA	0.02	0.81	1.35	NA	0.02
92270	Electro-oculography	XXX	0230	$ 48.41	0.81	1.91	NA	0.04	0.81	1.69	NA	0.04
92275	Electroretinography	XXX	0231	$ 144.89	1.01	3.80	NA	0.05	1.01	3.43	NA	0.05
92283	Color vision examination	XXX	0230	$ 48.41	0.17	1.50	NA	0.02	0.17	1.36	NA	0.02
92284	Dark adaptation eye exam	XXX	0230	$ 48.41	0.24	1.62	NA	0.02	0.24	1.43	NA	0.02

92285	Eye photography	XXX	0230	$ 48.41	0.05	0.56	NA	0.02	0.05	0.51	NA	0.02
92312	Contact lens fitting	XXX	0230	$ 48.41	1.26	2.17	0.55	0.05	1.26	1.96	0.52	0.05
92317	Rx corneoscleral cntact lens	XXX	0230	$ 48.41	0.45	1.85	0.17	0.01	0.45	1.59	0.16	0.01
92326	Replacement of contact lens	XXX	0230	$ 48.41	0.00	1.07	NA	0.01	0.00	0.99	NA	0.01
92354	Fit spectacles single system	XXX	0230	$ 48.41	0.00	0.41	NA	0.01	0.00	0.37	NA	0.01
92355	Fit spectacles compound lens	XXX	0230	$ 48.41	0.00	0.64	NA	0.01	0.00	0.57	NA	0.01
92358	Aphakia prosth service temp	XXX	0230	$ 48.41	0.00	0.34	NA	0.01	0.00	0.30	NA	0.01
92499	Eye service or procedure	XXX	0230	$ 48.41	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
92511	Nasopharyngoscopy	000	0071	$ 77.30	0.61	3.59	0.81	0.03	0.61	3.08	0.74	0.03
92550	Tympanometry & reflex thresh	XXX	0364	$ 35.88	0.35	0.25	NA	0.01	0.35	0.23	NA	0.01
92552	Pure tone audiometry air	XXX	0364	$ 35.88	0.00	0.94	NA	0.01	0.00	0.84	NA	0.01
92555	Speech threshold audiometry	XXX	0364	$ 35.88	0.00	0.71	NA	0.01	0.00	0.63	NA	0.01
92556	Speech audiometry complete	XXX	0364	$ 35.88	0.00	1.12	NA	0.01	0.00	1.01	NA	0.01
92562	Loudness balance test	XXX	0364	$ 35.88	0.00	1.43	NA	0.01	0.00	1.27	NA	0.01
92563	Tone decay hearing test	XXX	0364	$ 35.88	0.00	0.96	NA	0.01	0.00	0.84	NA	0.01
92564	Sisi hearing test	XXX	0364	$ 35.88	0.00	0.87	NA	0.01	0.00	0.78	NA	0.01
92565	Stenger test pure tone	XXX	0364	$ 35.88	0.00	0.51	NA	0.01	0.00	0.45	NA	0.01
92567	Tympanometry	XXX	0364	$ 35.88	0.20	0.21	0.10	0.01	0.20	0.20	0.10	0.01
92568	Acoustic refl threshold tst	XXX	0364	$ 35.88	0.29	0.15	0.15	0.01	0.29	0.14	0.14	0.01
92571	Filtered speech hearing test	XXX	0364	$ 35.88	0.00	0.83	NA	0.01	0.00	0.74	NA	0.01
92575	Sensorineural acuity test	XXX	0364	$ 35.88	0.00	2.32	NA	0.01	0.00	2.08	NA	0.01
92576	Synthetic sentence test	XXX	0364	$ 35.88	0.00	1.04	NA	0.01	0.00	0.96	NA	0.01
92583	Select picture audiometry	XXX	0364	$ 35.88	0.00	1.58	NA	0.01	0.00	1.05	NA	0.01
92586	Auditor evoke potent limit	XXX	0218	$ 79.83	0.00	2.62	NA	0.01	0.00	2.35	NA	0.01
92596	Ear protector evaluation	XXX	0364	$ 35.88	0.00	1.32	NA	0.01	0.00	1.05	NA	0.01
92700	Ent procedure/service	XXX	0364	$ 35.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
92920	Prq cardiac angioplast 1 art	000	0083	$ 4,023.05	10.10	NA	3.70	2.19	10.10	NA	3.49	2.09
92921	Prq cardiac angio addl art	ZZZ	0083	$ 4,023.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
92977	Dissolve clot heart vessel	XXX	0676	$ 172.66	0.00	1.64	NA	0.03	0.00	3.48	NA	0.03
92986	Revision of aortic valve	090	0083	$ 4,023.05	22.85	NA	11.50	4.98	22.85	NA	10.66	4.76
92987	Revision of mitral valve	090	0083	$ 4,023.05	23.63	NA	11.93	5.14	23.63	NA	10.95	4.91
92990	Revision of pulmonary valve	090	0083	$ 4,023.05	18.27	NA	9.66	3.99	18.27	NA	8.98	3.81
92997	Pul art balloon repr percut	000	0083	$ 4,023.05	11.98	NA	4.55	2.61	11.98	NA	4.29	2.49
92998	Pul art balloon repr percut	ZZZ	0083	$ 4,023.05	5.99	NA	2.17	1.31	5.99	NA	2.05	1.25
93225	Ecg monit/reprt up to 48 hrs	XXX	0097	$ 66.52	0.00	0.82	NA	0.01	0.00	0.73	NA	0.01
93226	Ecg monit/reprt up to 48 hrs	XXX	0097	$ 66.52	0.00	1.16	NA	0.01	0.00	1.04	NA	0.01
93229	Remote 30 day ecg tech supp	XXX	0213	$ 172.61	0.00	21.62	NA	0.01	0.00	20.12	NA	0.01
93270	Remote 30 day ecg rev/report	XXX	0097	$ 66.52	0.00	0.27	NA	0.01	0.00	0.24	NA	0.01
93271	Ecg/monitoring and analysis	XXX	0692	$ 111.47	0.00	5.50	NA	0.01	0.00	3.28	NA	0.01
93279	Pm device progr eval sngl	XXX	0690	$ 33.95	0.65	0.77	NA	0.04	0.65	0.72	NA	0.04
93280	Pm device progr eval dual	XXX	0690	$ 33.95	0.77	0.87	NA	0.04	0.77	0.82	NA	0.04
93281	Pm device progr eval multi	XXX	0690	$ 33.95	0.90	1.02	NA	0.04	0.90	0.98	NA	0.04
93282	Icd device progr eval 1 sngl	XXX	0690	$ 33.95	0.85	0.93	NA	0.04	0.85	0.88	NA	0.04
93283	Icd device progr eval dual	XXX	0690	$ 33.95	1.15	1.14	NA	0.05	1.15	1.08	NA	0.05
93284	Icd device progr eval mult	XXX	0690	$ 33.95	1.25	1.28	NA	0.05	1.25	1.21	NA	0.05
93285	Ilr device eval progr	XXX	0690	$ 33.95	0.52	0.66	NA	0.02	0.52	0.62	NA	0.02
93288	Pm device eval in person	XXX	0690	$ 33.95	0.43	0.63	NA	0.02	0.43	0.58	NA	0.02
93289	Icd device interrogate	XXX	0690	$ 33.95	0.92	0.93	NA	0.04	0.92	0.87	NA	0.04
93291	Ilr device interrogate	XXX	0690	$ 33.95	0.43	0.59	NA	0.02	0.43	0.56	NA	0.02
93292	Wcd device interrogate	XXX	0690	$ 33.95	0.43	0.49	NA	0.02	0.43	0.44	NA	0.02
93293	Pm phone r-strip device eval	XXX	0690	$ 33.95	0.32	1.22	NA	0.02	0.32	1.11	NA	0.02
93296	Pm/icd remote tech serv	XXX	0690	$ 33.95	0.00	0.76	NA	0.01	0.00	0.70	NA	0.01
93299	Icm/ilr remote tech serv	XXX	0690	$ 33.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93724	Analyze pacemaker system	000	0690	$ 33.95	4.88	2.70	NA	0.19	4.88	2.60	NA	0.19
93745	Set-up cardiovert-defibrill	XXX	0690	$ 33.95	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00

93750	Interrogation vad in person	XXX	0692	$	111.47	0.92	0.61	0.32	0.05	0.92	0.57	0.30	0.05
93786	Ambulatory BP recording	XXX	0097	$	66.52	0.00	0.92	NA	0.01	0.00	0.82	NA	0.01
93788	Ambulatory BP analysis	XXX	0097	$	66.52	0.00	0.16	NA	0.01	0.00	0.14	NA	0.01
93799	Cardiovascular procedure	XXX	0097	$	66.52	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
93890	Tcd vasoreactivity study	XXX	0266	$	99.32	1.00	7.75	NA	0.05	1.00	7.03	NA	0.05
93892	Tcd emboli detect w/o inj	XXX	0266	$	99.32	1.15	8.73	NA	0.06	1.15	8.19	NA	0.06
93893	Tcd emboli detect w/inj	XXX	0266	$	99.32	1.15	9.40	NA	0.06	1.15	8.51	NA	0.06
93922	Upr/l xtremity art 2 levels	XXX	0097	$	66.52	0.25	2.50	NA	0.02	0.25	2.04	NA	0.02
93923	Upr/lxtr art stdy 3+ lvls	XXX	0096	$	108.61	0.45	3.80	NA	0.05	0.45	3.33	NA	0.05
93924	Lwr xtr vasc stdy bilat	XXX	0096	$	108.61	0.50	4.84	NA	0.05	0.50	3.35	NA	0.05
93926	Lower extremity study	XXX	0266	$	99.32	0.50	3.77	NA	0.07	0.50	3.38	NA	0.07
93931	Upper extremity study	XXX	0266	$	99.32	0.31	4.48	NA	0.04	0.31	4.04	NA	0.04
93965	Extremity study	XXX	0096	$	108.61	0.35	3.31	NA	0.04	0.35	2.99	NA	0.04
93971	Extremity study	XXX	0266	$	99.32	0.45	2.94	NA	0.05	0.45	2.69	NA	0.05
93979	Vascular study	XXX	0266	$	99.32	0.44	4.33	NA	0.05	0.44	3.87	NA	0.05
93982	Aneurysm pressure sens study	XXX	0097	$	66.52	0.30	0.95	NA	0.05	0.30	0.86	NA	0.05
93990	Doppler flow testing	XXX	0266	$	99.32	0.25	5.87	NA	0.05	0.25	5.16	NA	0.05
94011	Spirometry up to 2 yrs old	XXX	0367	$	45.06	2.00	NA	0.77	0.14	2.00	NA	0.77	0.13
94012	Spirmtry w/brnchdil inf-2 yr	XXX	0367	$	45.06	3.10	NA	1.26	0.23	3.10	NA	1.22	0.22
94150	Vital capacity test	XXX	0367	$	45.06	0.07	0.68	NA	0.02	0.07	0.62	NA	0.02
94200	Lung function test (MBC/MVV)	XXX	0367	$	45.06	0.11	0.64	NA	0.02	0.11	0.56	NA	0.02
94250	Expired gas collection	XXX	0367	$	45.06	0.11	0.65	NA	0.02	0.11	0.60	NA	0.02
94375	Respiratory flow volume loop	XXX	0367	$	45.06	0.31	0.86	NA	0.02	0.31	0.76	NA	0.02
94400	CO2 breathing response curve	XXX	0367	$	45.06	0.40	1.34	NA	0.02	0.40	1.14	NA	0.02
94644	Cbt 1st hour	XXX	0340	$	49.64	0.00	1.37	NA	0.01	0.00	1.21	NA	0.01
94645	Cbt each addl hour	XXX	0340	$	49.64	0.00	0.43	NA	0.01	0.00	0.40	NA	0.01
94690	Exhaled air analysis	XXX	0367	$	45.06	0.07	1.43	NA	0.02	0.07	1.27	NA	0.02
94726	Pulm funct tst plethysmograp	XXX	0367	$	45.06	0.26	1.50	NA	0.03	0.26	1.19	NA	0.03
94727	Pulm function test by gas	XXX	0367	$	45.06	0.26	1.12	NA	0.02	0.26	0.90	NA	0.02
94728	Pulm funct test oscillometry	XXX	0367	$	45.06	0.26	1.07	NA	0.02	0.26	0.84	NA	0.02
94750	Pulmonary compliance study	XXX	0367	$	45.06	0.23	2.31	NA	0.02	0.23	1.40	NA	0.02
94762	Measure blood oxygen level	XXX	0097	$	66.52	0.00	0.73	NA	0.01	0.00	0.67	NA	0.01
94775	Ped home apnea rec hk-up	YYY	0097	$	66.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
94776	Ped home apnea rec downld	YYY	0097	$	66.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
94780	Car seat/bed test 60 min	XXX	0340	$	49.64	0.48	1.03	0.17	0.03	0.48	0.94	0.14	0.03
94781	Car seat/bed test + 30 min	ZZZ	0340	$	49.64	0.17	0.43	0.06	0.01	0.17	0.39	0.06	0.01
94799	Pulmonary service/procedure	XXX	0367	$	45.06	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
95012	Exhaled nitric oxide meas	XXX	0367	$	45.06	0.00	0.60	NA	0.01	0.00	0.54	NA	0.01
95076	Ingest challenge ini 120 min	XXX	0361	$	302.60	1.50	1.89	0.56	0.05	1.50	1.74	0.54	0.05
95079	Ingest challenge addl 60 min	ZZZ	0360	$	137.27	1.38	0.99	0.51	0.05	1.38	0.93	0.50	0.05
95144	Antigen therapy services	XXX	0437	$	39.13	0.06	0.31	0.02	0.01	0.06	0.28	0.02	0.01
95148	Antigen therapy services	XXX	0437	$	39.13	0.06	1.54	0.02	0.01	0.06	1.39	0.02	0.01
95149	Antigen therapy services	XXX	0437	$	39.13	0.06	2.10	0.02	0.01	0.06	1.90	0.02	0.01
95170	Antigen therapy services	XXX	0437	$	39.13	0.06	0.22	0.02	0.01	0.06	0.20	0.02	0.01
95250	Glucose monitoring cont	XXX	0606	$	96.96	0.00	4.88	NA	0.01	0.00	2.85	NA	0.01
95782	Polysom <6 yrs 4/> paramtrs	XXX	0209	$	806.13	2.60	27.83	NA	0.29	2.60	25.01	NA	0.28
95783	Polysom <6 yrs cpap/bilvl	XXX	0209	$	806.13	2.83	29.63	NA	0.33	2.83	26.63	NA	0.31
95800	Slp stdy unattended	XXX	0213	$	172.61	1.05	4.26	NA	0.05	1.05	3.91	NA	0.05
95801	Slp stdy unatnd w/anal	XXX	0213	$	172.61	1.00	1.75	NA	0.05	1.00	1.61	NA	0.05
95803	Actigraphy testing	XXX	0218	$	79.83	0.90	3.53	NA	0.05	0.90	2.64	NA	0.05
95805	Multiple sleep latency test	XXX	0209	$	806.13	1.20	11.34	NA	0.08	1.20	10.48	NA	0.08
95806	Sleep study unatt&resp efft	XXX	0213	$	172.61	1.25	4.06	NA	0.08	1.25	3.50	NA	0.08
95807	Sleep study attended	XXX	0209	$	806.13	1.28	13.26	NA	0.15	1.28	11.80	NA	0.15
95808	Polysom any age 1-3> param	XXX	0209	$	806.13	1.74	17.33	NA	0.17	1.74	15.86	NA	0.17
95810	Polysom 6/> yrs 4/> param	XXX	0209	$	806.13	2.50	16.27	NA	0.21	2.50	14.54	NA	0.21

95811	Polysom 6/>yrs cpap 4/> parm	XXX	0209	$	806.13	2.60	17.08	NA	0.23	2.60	15.28	NA	0.23
95812	Eeg 41-60 minutes	XXX	0213	$	172.61	1.08	12.17	NA	0.07	1.08	5.58	NA	0.07
95813	Eeg over 1 hour	XXX	0213	$	172.61	1.73	13.47	NA	0.11	1.73	5.87	NA	0.11
95816	Eeg awake and drowsy	XXX	0213	$	172.61	1.08	11.06	NA	0.08	1.08	5.58	NA	0.08
95819	Eeg awake and asleep	XXX	0213	$	172.61	1.08	12.89	NA	0.07	1.08	5.58	NA	0.07
95822	Eeg coma or sleep only	XXX	0213	$	172.61	1.08	11.40	NA	0.07	1.08	5.58	NA	0.07
95827	Eeg all night recording	XXX	0213	$	172.61	1.08	22.67	NA	0.13	1.08	5.57	NA	0.13
95857	Cholinesterase challenge	XXX	0218	$	79.83	0.53	1.01	0.29	0.04	0.53	0.98	0.27	0.04
95860	Muscle test one limb	XXX	0218	$	79.83	0.96	2.74	NA	0.04	0.96	2.41	NA	0.04
95861	Muscle test 2 limbs	XXX	0218	$	79.83	1.54	3.53	NA	0.06	1.54	3.11	NA	0.06
95863	Muscle test 3 limbs	XXX	0218	$	79.83	1.87	4.32	NA	0.08	1.87	3.23	NA	0.08
95864	Muscle test 4 limbs	XXX	0218	$	79.83	1.99	5.12	NA	0.08	1.99	3.29	NA	0.08
95865	Muscle test larynx	XXX	0218	$	79.83	1.57	2.39	NA	0.05	1.57	2.20	NA	0.05
95866	Muscle test hemidiaphragm	XXX	0218	$	79.83	1.25	2.79	NA	0.06	1.25	2.40	NA	0.06
95867	Muscle test cran nerv unilat	XXX	0218	$	79.83	0.79	2.56	NA	0.04	0.79	1.79	NA	0.04
95868	Muscle test cran nerve bilat	XXX	0218	$	79.83	1.18	3.02	NA	0.05	1.18	2.42	NA	0.05
95869	Muscle test thor paraspinal	XXX	0215	$	43.11	0.37	2.17	NA	0.02	0.37	1.44	NA	0.02
95870	Muscle test nonparaspinal	XXX	0215	$	43.11	0.37	2.30	NA	0.02	0.37	1.44	NA	0.02
95872	Muscle test one fiber	XXX	0218	$	79.83	2.88	2.97	NA	0.12	2.88	2.71	NA	0.12
95875	Limb exercise test	XXX	0218	$	79.83	1.10	2.61	NA	0.06	1.10	2.40	NA	0.06
95885	Musc tst done w/nerv tst lim	ZZZ	0218	$	79.83	0.35	1.43	NA	0.02	0.35	1.26	NA	0.02
95886	Musc test done w/n test comp	ZZZ	0218	$	79.83	0.70	1.76	NA	0.03	0.70	1.58	NA	0.03
95887	Musc tst done w/n tst nonext	ZZZ	0215	$	43.11	0.47	1.61	NA	0.02	0.47	1.55	NA	0.02
95905	Motor &/ sens nrve cndj test	XXX	0215	$	43.11	0.05	2.02	NA	0.02	0.05	1.84	NA	0.02
95907	Nvr cndj tst 1-2 studies	XXX	0215	$	43.11	1.00	1.72	NA	0.06	1.00	1.56	NA	0.06
95908	Nrv cndj tst 3-4 studies	XXX	0215	$	43.11	1.25	2.11	NA	0.07	1.25	1.90	NA	0.07
95909	Nrv cndj tst 5-6 studies	XXX	0215	$	43.11	1.50	2.52	NA	0.09	1.50	2.26	NA	0.09
95910	Nrv cndj test 7-8 studies	XXX	0215	$	43.11	2.00	3.29	NA	0.12	2.00	2.97	NA	0.12
95911	Nrv cndj test 9-10 studies	XXX	0218	$	79.83	2.50	3.90	NA	0.15	2.50	3.52	NA	0.15
95912	Nrv cndj test 11-12 studies	XXX	0218	$	79.83	3.00	4.49	NA	0.18	3.00	4.06	NA	0.18
95913	Nrv cndj test 13/> studies	XXX	0218	$	79.83	3.56	5.12	NA	0.21	3.56	4.64	NA	0.21
95921	Autonomic nrv parasym inervj	XXX	0218	$	79.83	0.90	1.71	NA	0.05	0.90	1.54	NA	0.05
95922	Autonomic nrv adrenrg inervj	XXX	0218	$	79.83	0.96	2.19	NA	0.05	0.96	1.98	NA	0.05
95923	Autonomic nrv syst funj test	XXX	0218	$	79.83	0.90	6.78	NA	0.05	0.90	2.74	NA	0.05
95924	Ans parasymp & symp w/tilt	XXX	0218	$	79.83	1.73	2.52	NA	0.09	1.73	2.25	NA	0.09
95928	C motor evoked uppr limbs	XXX	0218	$	79.83	1.50	7.11	NA	0.10	1.50	3.06	NA	0.10
95929	C motor evoked lwr limbs	XXX	0218	$	79.83	1.50	7.16	NA	0.10	1.50	3.04	NA	0.10
95933	Blink reflex test	XXX	0215	$	43.11	0.59	2.08	NA	0.04	0.59	1.54	NA	0.04
95937	Neuromuscular junction test	XXX	0218	$	79.83	0.65	1.63	NA	0.05	0.65	1.55	NA	0.05
95939	C motor evoked upr&lwr limbs	XXX	0218	$	79.83	2.25	12.59	NA	0.15	2.25	11.34	NA	0.15
95943	Parasymp&symp hrt rate test	XXX	0215	$	43.11	0.00	0.00	0.00	0.00	0.00	0.00	NA	0.00
95950	Ambulatory eeg monitoring	XXX	0209	$	806.13	1.51	8.67	NA	0.10	1.51	7.69	NA	0.10
95951	EEG monitoring/videorecord	XXX	0209	$	806.13	0.00	0.00	NA	0.00	0.00	0.00	NA	0.00
95953	EEG monitoring/computer	XXX	0209	$	806.13	3.08	9.77	NA	0.18	3.08	8.81	NA	0.18
95954	EEG monitoring/giving drugs	XXX	0218	$	79.83	2.45	11.48	NA	0.15	2.45	9.71	NA	0.15
95956	Eeg monitor technol attended	XXX	0209	$	806.13	3.61	47.24	NA	0.32	3.61	25.35	NA	0.32
95958	EEG monitoring/function test	XXX	0213	$	172.61	4.24	12.75	NA	0.26	4.24	6.97	NA	0.25
95970	Analyze neurostim no prog	XXX	0218	$	79.83	0.45	1.62	0.21	0.04	0.45	1.43	0.20	0.04
95971	Analyze neurostim simple	XXX	0692	$	111.47	0.78	0.92	0.32	0.07	0.78	0.85	0.31	0.07
95972	Analyze neurostim complex	XXX	0692	$	111.47	1.50	1.59	0.64	0.14	1.50	1.46	0.61	0.14
95973	Analyze neurostim complex	ZZZ	0218	$	79.83	0.92	0.86	0.41	0.08	0.92	0.80	0.40	0.08
95974	Cranial neurostim complex	XXX	0692	$	111.47	3.00	2.79	1.43	0.26	3.00	2.59	1.38	0.25
95975	Cranial neurostim complex	ZZZ	0218	$	79.83	1.70	1.41	0.84	0.12	1.70	1.31	0.80	0.12
95978	Analyze neurostim brain/1h	XXX	0692	$	111.47	3.50	3.47	1.72	0.38	3.50	3.18	1.64	0.36
95979	Analyz neurostim brain addon	ZZZ	0692	$	111.47	1.64	1.37	0.81	0.14	1.64	1.27	0.77	0.14

95981	Io anal gast n-stim subsq	XXX	0218	$ 79.83	0.30	0.66	0.19	0.03	0.30	0.59	0.18	0.03
95982	Io ga n-stim subsq w/reprog	XXX	0692	$ 111.47	0.65	0.86	0.35	0.05	0.65	0.77	0.33	0.05
95990	Spin/brain pump refil & main	XXX	0439	$ 146.24	0.00	2.81	NA	0.03	0.00	2.59	NA	0.03
95991	Spin/brain pump refil & main	XXX	0439	$ 146.24	0.77	2.95	0.34	0.05	0.77	2.62	0.31	0.05
95999	Neurological procedure	XXX	0215	$ 43.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
96002	Dynamic surface emg	XXX	0218	$ 79.83	0.41	NA	0.19	0.03	0.41	NA	0.16	0.03
96003	Dynamic fine wire emg	XXX	0218	$ 79.83	0.37	NA	0.09	0.03	0.37	NA	0.16	0.03
96365	Ther/proph/diag iv inf init	XXX	0439	$ 146.24	0.21	1.98	NA	0.03	0.21	1.79	NA	0.03
96367	Tx/proph/dg addl seq iv inf	ZZZ	0437	$ 39.13	0.19	0.74	NA	0.01	0.19	0.68	NA	0.01
96369	Sc ther infusion up to 1 hr	XXX	0439	$ 146.24	0.21	6.00	NA	0.03	0.21	5.15	NA	0.03
96370	Sc ther infusion addl hr	ZZZ	0437	$ 39.13	0.18	0.32	NA	0.01	0.18	0.23	NA	0.01
96371	Sc ther infusion reset pump	ZZZ	0437	$ 39.13	0.00	2.97	NA	0.01	0.00	1.15	NA	0.01
96372	Ther/proph/diag inj sc/im	XXX	0437	$ 39.13	0.17	0.58	NA	0.01	0.17	0.52	NA	0.01
96373	Ther/proph/diag inj ia	XXX	0437	$ 39.13	0.17	0.41	NA	0.01	0.17	0.37	NA	0.01
96374	Ther/proph/diag inj iv push	XXX	0437	$ 39.13	0.18	1.48	NA	0.03	0.18	1.34	NA	0.03
96375	Tx/pro/dx inj new drug addon	ZZZ	0437	$ 39.13	0.10	0.55	NA	0.01	0.10	0.51	NA	0.01
96401	Chemo anti-neopl sq/im	XXX	0437	$ 39.13	0.21	1.98	NA	0.04	0.21	1.81	NA	0.04
96402	Chemo hormon antineopl sq/im	XXX	0437	$ 39.13	0.19	0.76	NA	0.01	0.19	0.69	NA	0.01
96405	Chemo intralesional up to 7	000	0437	$ 39.13	0.52	1.92	0.33	0.03	0.52	1.48	0.31	0.03
96406	Chemo intralesional over 7	000	0439	$ 146.24	0.80	2.64	0.49	0.04	0.80	2.34	0.47	0.04
96409	Chemo iv push sngl drug	XXX	0439	$ 146.24	0.24	3.00	NA	0.05	0.24	2.73	NA	0.05
96415	Chemo iv infusion addl hr	ZZZ	0437	$ 39.13	0.19	0.70	NA	0.01	0.19	0.64	NA	0.01
96440	Chemotherapy intracavitary	000	0439	$ 146.24	2.37	23.70	1.18	0.54	2.37	5.48	1.09	0.52
96446	Chemotx admn prtl cavity	XXX	0439	$ 146.24	0.37	5.44	0.19	0.07	0.37	4.49	0.18	0.07
96521	Refill/maint portable pump	XXX	0439	$ 146.24	0.21	3.88	NA	0.05	0.21	3.48	NA	0.05
96522	Refill/maint pump/resvr syst	XXX	0439	$ 146.24	0.21	3.10	NA	0.05	0.21	2.82	NA	0.05
96523	Irrig drug delivery device	XXX	0624	$ 49.13	0.04	0.69	NA	0.01	0.04	0.64	NA	0.01
96567	Photodynamic tx skin	XXX	0015	$ 106.96	0.00	4.22	NA	0.01	0.00	3.78	NA	0.01
96570	Photodynmc tx 30 min add-on	ZZZ	0015	$ 106.96	1.10	0.39	0.39	0.18	1.10	0.36	0.36	0.18
96571	Photodynamic tx addl 15 min	ZZZ	0015	$ 106.96	0.55	0.18	0.18	0.04	0.55	0.16	0.16	0.04
96900	Ultraviolet light therapy	XXX	0001	$ 37.15	0.00	0.64	NA	0.01	0.00	0.57	NA	0.01
96910	Photochemotherapy with UV-B	XXX	0001	$ 37.15	0.00	2.23	NA	0.01	0.00	1.09	NA	0.01
96912	Photochemotherapy with UV-A	XXX	0001	$ 37.15	0.00	2.86	NA	0.01	0.00	1.09	NA	0.01
96920	Laser tx skin < 250 sq cm	000	0015	$ 106.96	1.15	3.47	0.76	0.04	1.15	3.15	0.73	0.04
96921	Laser tx skin 250-500 sq cm	000	0015	$ 106.96	1.30	3.79	0.85	0.04	1.30	3.45	0.82	0.04
96922	Laser tx skin >500 sq cm	000	0015	$ 106.96	2.10	4.93	1.39	0.08	2.10	4.49	1.32	0.08
97597	Rmvl devital tis 20 cm/<	000	0015	$ 106.96	0.51	1.74	0.13	0.05	0.51	1.59	0.13	0.05
97598	Rmvl devital tis addl 20cm/<	ZZZ	0015	$ 106.96	0.24	0.48	0.06	0.03	0.24	0.44	0.06	0.03
97602	Wound(s) care non-selective	XXX	0013	$ 71.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97605	Neg press wound tx </=50 cm	XXX	0013	$ 71.54	0.55	0.62	0.14	0.08	0.55	0.57	0.14	0.08
97606	Neg press wound tx >50 cm	XXX	0015	$ 106.96	0.60	0.63	0.16	0.10	0.60	0.59	0.15	0.10
99170	Anogenital exam child	000	0191	$ 8.25	1.75	1.83	0.69	0.12	1.75	0.93	0.72	0.11
99195	Phlebotomy	XXX	0624	$ 49.13	0.00	2.97	NA	0.05	0.00	1.44	NA	0.05
99203	Office/outpatient visit new	XXX	0606	$ 96.96	1.42	1.62	0.65	0.14	1.42	1.48	0.62	0.14
99214	Office/outpatient visit est	XXX	0606	$ 96.96	1.50	1.54	0.65	0.10	1.50	1.41	0.62	0.10
99496	Trans care mgmt 7 day disch	XXX	0606	$ 96.96	3.05	3.55	2.56	0.20	3.05	3.23	2.36	0.20

Specialty and Acronym

Society	Acronym
AMA CPT Editorial Panel	AMA
AMA Staff	AMA
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Pharmaceutical Physicians & Investigators	AAPPI
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS

Society	Acronym
American College of Cardiology	ACC
American College of Chest Physicians	ACCP
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Medical Directors Association	AMDA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS

Society	Acronym
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Ophthalmic Plastic and Reconstructive	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association Military Surgeons of the U.S.	AMSUS
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP

Society	Acronym
Congress of Neurological Surgeons	CNS
Contact Lens Society of Ophthalmologists	CLSO
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Spine Intervention Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
Medicare Payment Advisory Commission	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Practice Expense Review Committee (PERC)	PERC
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	TES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard Valued - Utilization over 100,000 Screen

January 2014

Arthrocentesis

At the October 2013 meeting, the CPT Editorial Panel established three Category I codes and revised three codes to report arthrocentesis with and without imaging guidance. In addition, CPT code 76942 was editorially revised to exclude the new bundled codes.

20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
The RUC reviewed the survey results from 104 physicians and recommends the survey 25th percentile work RVU of 0.89 for CPT code 20604. The specialty societies indicated and the RUC agreed that 5 minutes pre-service evaluation time, 2 minutes pre-positioning time and 5 minutes pre-scrub/dress/wait time is appropriate (which, includes the provision of administering anesthesia and wait time). The pre-service time is the same as that for the arthrocentesis without ultrasound guidance codes (20600, 20605 and 20610), with an additional minute for positioning of the imaging equipment. The RUC agreed with the survey respondents that 10 minutes of intra-service time and 5 minutes of immediate post-service time adequately account for the physician time required to perform this service. The RUC noted that the physician time for each of the arthrocentesis with ultrasound guidance codes are the same, therefore the increased intensity for each service is based on the increased size of the joint.

The RUC compared the surveyed code to 000-day global services that require 10 minutes of physician intra-service time and determined that the survey 25th percentile work RVU of 0.89 is appropriate relative to these similar services. The CPT codes referenced are: MPC code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84), MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90), and 50389 *Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)* (work RVU = 1.10). **The RUC recommends a work RVU of 0.89 for CPT code 20604.**

20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
The RUC reviewed the survey results from 103 physicians and recommends the survey 25th percentile work RVU of 1.00 for CPT code 20606. The specialty societies indicated and the RUC agreed that the 5 minutes pre-service evaluation time, 2 minutes pre-positioning time and 5 minutes pre-scrub/dress/wait time is appropriate (which, includes the provision of administering anesthesia and wait time). The pre-service time is the same as that for the arthrocentesis without ultrasound guidance codes (20600, 20605 and 20610), with an additional minute for positioning of the

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imaging equipment. The RUC agreed with the survey respondents that 10 minutes of intra-service time and 5 minutes of immediate post-service time adequately account for the physician time required to perform this service. The RUC noted that the physician time for each of the arthrocentesis with ultrasound guidance codes are the same, therefore the increased intensity for each service is based on the increased size of the joint.

The RUC noted that the survey 25th percentile work RVU increment between 20604 and 20606 is approximately the same as the increment difference between 20606 and 20611. The RUC compared the surveyed code to 000-day global services that require 10 minutes of physician intra-service time and determined that the survey 25th percentile work RVU is appropriate relative to these similar services. The CPT codes referenced are: MPC code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84), MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90), and 50389 *Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)* (work RVU = 1.10). **The RUC recommends a work RVU of 1.00 for CPT code 20606.**

20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

The RUC reviewed the survey results from 85 physicians and recommends the survey 25th percentile work RVU of 1.10 for CPT code 20611. The specialty societies indicated and the RUC agreed that the pre-service time of 5 minutes pre-service evaluation time, 2 minutes pre-positioning time and 5 minutes pre-scrub/dress/wait time is appropriate (which, includes the provision of administering anesthesia and wait time). The pre-service time is the same as that for the arthrocentesis without ultrasound guidance codes (20600, 20605 and 20610), with an additional minute for positioning of the imaging equipment. The RUC agreed with the survey respondents that 10 minutes of intra-service time and 5 minutes of immediate post-service time adequately account for the physician time required to perform this service. The RUC noted that the physician time for each of the arthrocentesis with ultrasound guidance codes are the same, therefore the increased intensity for each service is based on the increased size of the joint.

The RUC noted that the survey 25th percentile work RVU increment between 20604 and 20606 is approximately the same as the increment difference between 20606 and 20611. The RUC compared the surveyed code to 000-day global services that require 10 minutes of physician intra-service time and determined that the survey 25th percentile work RVU is appropriate relative to these similar services. The CPT codes referenced are: MPC code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84), MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90), and 50389 *Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)* (work RVU = 1.10). **The RUC recommends a work RVU of 1.10 for CPT code 20611.**

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Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I Surgery Musculoskeletal Introduction or Removal				
▲20600	I1	Arthrocentesis, aspiration and/or injection~~,~~ small joint or bursa (eg, fingers, toes); without ultrasound guidance	000	0.66 (October 2010 RUC Recommendation)
●20604	I2	with ultrasound guidance, with permanent recording and reporting (If fluoroscopic, CT or MRI guidance is performed, see 77002, 77012, or 77021) (Do not report 20600, 20604 in conjunction with 76942)	000	0.89
▲20605	I3	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	000	0.68 (October 2010 RUC Recommendation)

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●20606	I4	with ultrasound guidance, with permanent recording and reporting (If fluoroscopic, CT or MRI guidance is performed, see 77002, 77012, or 77021) (Do not report 20605, 20606 in conjunction with 76942)	000	1.00
▲20610	I5	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, ~~joint~~ subacromial bursa); without ultrasound guidance ~~(If imaging guidance is performed, see 76942, 77002, 77012, 77021)~~	000	0.79 (October 2010 RUC Recommendation)
●20611	I6	with ultrasound guidance, with permanent recording and reporting (If fluoroscopic, CT or MRI guidance is performed, see 77002, 77012, or 77021) (Do not report 20610, 20611 in conjunction with 76942)	000	1.10

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

(Do not report 76942 in conjunction with 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)

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January 7, 2013

Barbara Levy, MD, FACS
Chair, AMA Relative Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: RUC Tab 4: Arthrocentesis Codes 20600, 20605, 20610

Dear Dr. Levy,

The CPT Editorial Panel recently approved three new codes that bundle 20600, 20605, and 20610 with ultrasound guidance (76942). We conducted a RUC survey for the new bundled codes. We did not conduct a RUC survey for codes 20600, 20605, and 20610 which were identified by RUC staff as "family" codes. These codes were just reviewed in April 2012 by the RUC and the editorial change made by CPT to specify "without ultrasound guidance" does not change the work or practice expense for these codes. As such, they do not need to be reviewed again at this time.

Sincerely,

Thomas Weida, MD, - RUC Advisor for American Academy of Family Physicians

William Creevy, MD - RUC Advisor for American Academy of Orthopaedic Surgeons

Zeke Silva, MD - RUC Advisor for American College of Radiology

Timothy Laing, MD - RUC Advisor for American College of Rheumatology

Seth Rubenstein, DPM - RUC Advisor for American Podiatric Medical Association

Anne Miller, MD - RUC Advisor for American Society for Surgery of the Hand

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20604 Tracking Number I2 Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **0.89**
Global Period: 000 RUC Recommended RVU: **0.89**

CPT Descriptor: Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patient presents with inflammation of a small joint (eg, metacarpophalangeal, metatarsophalangeal) and is treated with a steroid injection, utilizing ultrasound guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
Review prior images as indicated. Verify that all required instruments and supplies are available. Verify patient data entry into ultrasound equipment software and set/adjust parameters of equipment. Explain procedure to patient/family and discuss possible complications and obtain consent. Position patient and equipment for aspiration and/or injection joint access. Confirm injection site. Prep injection site and set up equipment consistent with sterile procedure

Description of Intra-Service Work:
Ultrasound Intraservice Work: Perform a focused ultrasound evaluation. Obtain, label and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings. Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels or other vulnerable structures. Dictate report for the patient's chart.

Injection Intraservice Work: The joint is palpated. Local anesthetic is infiltrated at the injection site, as indicated. Using ultrasound guidance, the needle for aspiration/injection is inserted into the applicable joint or bursa. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Description of Post-Service Work:
The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion, and appropriate provocative testing is performed. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. The patient is advised regarding signs related to a

possible steroid flare that may occur within 24-48 hours and the appropriate treatment if a flare occurs. The procedure is entered into the patient's medical record, with a copy sent to the PCP and insurance. The final ultrasound report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Thomas Weida, MD (AAFP), William Creevy, MD (AAOS), Zeke Silva, MD (ACR), Timothy Laing, MD (ACRh), Seth Rubenstein, DPM (APMA), Anne Miller, MD (ASSH)				
Specialty(s):	ACRh (rheumatology), AAOS, ASSH, APMA, AAFP, ACR (radiology)				
CPT Code:	20604				
Sample Size:	5379	**Resp N:**	104	**Response:** 1.9 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**40.00**	80.00	500.00
Survey RVW:	0.66	0.89	**1.10**	1.48	2.78
Pre-Service Evaluation Time:			**13.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**10.00**	11.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5 - NF Procedure without sedation/anesthesia care

CPT Code:	20604	**Recommended Physician Work RVU: 0.89**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**1.00**	**4.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27096	000	1.48	**RUC Time**

CPT Descriptor Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	88,665

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,263

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 28.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 20604**	**Key Reference CPT Code:** 27096	**Source of Time** **RUC Time**

Median Pre-Service Time	12.00	17.00
Median Intra-Service Time	10.00	11.00
Median Immediate Post-service Time	5.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**27.00**	**38.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.60	3.40
Urgency of medical decision making	3.00	2.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.43	4.10
Physical effort required	3.33	3.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.10	3.10
Outcome depends on the skill and judgment of physician	4.17	3.80
Estimated risk of malpractice suit with poor outcome	3.10	3.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.20	3.13
Intra-Service intensity/complexity	4.17	4.00
Post-Service intensity/complexity	2.73	2.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Ultrasound is an imaging technology in musculoskeletal medicine that is often used to ensure accuracy of intraarticular placement of a needle for safety, less pain during injection, and better patient outcomes. Three new codes were accepted by the CPT Editorial Panel that bundle injection (20600-20610) with ultrasound imaging guidance (76942).

The ACRh (rheumatology), AAOS, ASSH, APMA, AAFP and ACR (radiology) conducted a RUC survey for new code 20604 and received 104 responses. The response count was generally well distributed between the specialties.

Pre-service time: The injection code 20600 currently has 2010 RUC and CMS approved pre-times of 5/1/5. We recommend crosswalking those times with an additional one minute for positioning the patient and the ultrasound equipment for access to the small joints of the fingers or toes. Therefore, were are recommending 5/2/5 or a total of 12 minutes for discussion of the procedure, possible complications and obtaining consent; preparing the injection site; reviewing prior images and verifying equipment parameter setup; positioning the patient; and scrubbing and waiting for local anesthesia to take effect.

A consensus panel of physicians from all specialties reviewed the survey data and agrees that the intra-time of 10 minutes is accurate for this new code. We also accept the survey median post time of 5 minutes which is the same as the injection code 20600.

This value reflects a savings from the current reportable work RVU of 1.33 (20600 plus 76942). This value also relates well to Key Reference code 27096 *(Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed)* which was reviewed by the RUC in 2011 and is a similar bundled service for injection with imaging guidance.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Medicare data indicate 20600 typically billed with an E/M service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20600 plus 76942

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty rheumatology How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. AMA staff to complete this section based on 2012 utilization of 20600 billed with 76942.

Specialty rheumatology Frequency Percentage %

Specialty orthopaedic surgery Frequency 0 Percentage 0.00 %

Specialty podiatry Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20606 Tracking Number I4 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.00**
Global Period: 000 RUC Recommended RVU: **1.00**

CPT Descriptor: Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patients presents with inflammation of an intermediate joint (eg, wrist, ankle) and is treated with a steroid injection, utilizing ultrasound guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
Review prior images as indicated. Verify that all required instruments and supplies are available. Verify patient data entry into ultrasound equipment software and set/adjust parameters of equipment. Explain procedure to patient/family and discuss possible complications and obtain consent. Position patient and equipment for aspiration and/or injection joint access. Confirm injection site. Prep injection site and set up equipment consistent with sterile procedure.

Description of Intra-Service Work:
Ultrasound Intraservice Work: Perform a focused ultrasound evaluation. Obtain, label and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings. Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels or other vulnerable structures. Dictate report for the patient's chart.

Intra-work, wrist injection. The radiocarpal joint is located just distal to Lister's tubercle. Local anesthetic is infiltrated at the injection site, as indicated. Using ultrasound guidance, the needle for aspiration/injection is inserted into the joint proximal to the scapholunate ligaments and just distal to the radial articular surface. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Intra-work, ankle injection. The ankle joint is palpated. Local anesthetic is infiltrated at the injection site, as indicated. Under ultrasound guidance, the needle for aspiration/injection is inserted into the anterior aspect of the joint, lateral to the

common extensor tendon. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Description of Post-Service Work:
The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion, and appropriate provocative testing is performed. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. The patient is advised regarding signs related to a possible steroid flare that may occur within 24-48 hours and the appropriate treatment if a flare occurs. The procedure is entered into the patient's medical record, with a copy sent to the PCP and insurance. The final ultrasound report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Thomas Weida, MD (AAFP), William Creevy, MD (AAOS), Zeke Silva, MD (ACR), Timothy Laing, MD (ACRh), Seth Rubenstein, DPM (APMA), Anne Miller, MD (ASSH)				
Specialty(s):	ACRh (rheumatology), AAOS, ASSH, APMA, AAFP, ACR (radiology)				
CPT Code:	20606				
Sample Size:	5379	**Resp N:**	103	**Response:** 1.9 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**40.00**	80.00	500.00
Survey RVW:	0.68	1.00	**1.20**	1.48	3.86
Pre-Service Evaluation Time:			**14.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**10.00**	12.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5 - NF Procedure without sedation/anesthesia care

CPT Code:	20606	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**1.00**	**4.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27096	000	1.48	**RUC Time**

CPT Descriptor Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.15	**RUC Time**	565,948

CPT Descriptor 1 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,258

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 32 **% of respondents:** 31.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 20606**	**Key Reference CPT Code:** 27096	**Source of Time** RUC Time

Median Pre-Service Time	12.00	17.00
Median Intra-Service Time	10.00	11.00
Median Immediate Post-service Time	5.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**27.00**	**38.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.63	3.34
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.66	3.47
Urgency of medical decision making	2.97	2.81
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.31	4.03
Physical effort required	3.28	3.16
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.09	3.06
Outcome depends on the skill and judgment of physician	4.13	3.81
Estimated risk of malpractice suit with poor outcome	3.09	3.09

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.22	3.13
Intra-Service intensity/complexity	4.06	3.94
Post-Service intensity/complexity	2.72	2.81

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Ultrasound is an imaging technology in musculoskeletal medicine that is often used as an extension of joint injections for accuracy of intraarticular placement of the needle for safety, less pain during injection, and better patient outcomes. Three new codes were accepted by the CPT Editorial Panel that bundle injection (20600-20610) with ultrasound imaging guidance (76942).

The ACRh (rheumatology), AAOS, ASSH, APMA, AAFP and ACR (radiology) conducted a RUC survey for new code 20606 and received 103 responses. The response count was generally well distributed between the specialties.

Pre-service time: The injection code 20605 currently has 2010 RUC and CMS approved pre-times of 5/1/5. We recommend crosswalking those times with an additional one minute for positioning the patient and the ultrasound equipment for access to the medium joints of the wrist or ankle. Therefore, were are recommending 5/2/5 or a total of 12 minutes for discussion of the procedure, complications and obtaining consent; preparing the injection site; reviewing prior images and verifying equipment parameter setup; positioning the patient; and scrubbing and waiting for local anesthesia to take effect.

A consensus panel of physicians from all specialties reviewed the survey data and agrees that the intra-time of 10 minutes is accurate for this new code. We also accept the survey median post time of 5 minutes which is the same as the injection code 20605.

We recommend the survey median work RVU of 1.00. This value reflects a savings from the current reportable work RVU of 1.35 for codes 20605 plus 76942. This value, which is slightly greater than 20604, also correctly ranks this new procedure within the family of codes. This value also relates well to Key Reference code 27096 *(Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed)* which was reviewed by the RUC in 2011 and is a similar bundled service for injection with imaging guidance.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Medicare data indicate 20605 typically billed with an E/M service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20605 plus 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty rheumatology How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. AMA staff to complete this section based on 2012 utilization of 20600 billed with 76942.

Specialty rheumatology Frequency Percentage %

Specialty orthopaedic surgery Frequency 0 Percentage 0.00 %

Specialty podiatry Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20605

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20611 Tracking Number I6 Original Specialty Recommended RVU: **1.40**
Presented Recommended RVU: **1.10**
Global Period: 000 RUC Recommended RVU: **1.10**

CPT Descriptor: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patient presents with inflammation of a major joint (eg, shoulder, hip, knee) and is treated with a steroid injection, utilizing ultrasound guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
Review prior images as indicated. Verify that all required instruments and supplies are available. Verify patient data entry into ultrasound equipment software and set/adjust parameters of equipment. Explain procedure to patient/family and discuss possible complications and obtain consent. Position patient and equipment for aspiration and/or injection joint access. Confirm injection site. Prep injection site and set up equipment consistent with sterile procedure.

Description of Intra-Service Work:
Ultrasound Intraservice Work: Perform a focused ultrasound evaluation. Obtain, label and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings. Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels or other vulnerable structures. Dictate report for the patient's chart.

Injection Intraservice Work: The joint is palpated. Local anesthetic is infiltrated at the injection site, as indicated. Using ultrasound guidance, the needle for aspiration/injection is inserted into the applicable joint or bursa. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Intra-work, shoulder injection. The glenohumeral joint can be injected from an anterior, posterior, or lateral approach. Local anesthetic is infiltrated at the injection site, as indicated. Using ultrasound guidance, the needle for aspiration/injection is inserted into the applicable joint or bursa. Anterior approach - The needle is placed just medial to the head of the humerus and 1 cm lateral to the coracoid process. The needle is directed posteriorly and slightly superiorly and laterally. Posterior approach - The needle is inserted 2 to 3 cm inferior to the posterolateral corner of the acromion and

directed anteriorly in the direction of the coracoid process. Lateral approach – The needle is inserted superior and distal to the affected distal subacromial-subdeltoid bursal and supraspinatus and directed lateral to medial into the SASD bursal space distally. For each approach, the injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Intra-work, subacromial injection. The distal, lateral, and posterior edges of the acromion are palpated. Using ultrasound guidance, a needle is inserted just inferior to the posterolateral edge of the acromion and directed toward the opposite nipple. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Intra-work, knee injection. Using ultrasound guidance, a needle is inserted into the suprapatellar pouch, from the lateral aspect above the patella, and directed medial. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Intra-work, trochanteric bursa injection. Using ultrasound guidance, a needle is inserted through the posterolateral approach superior to the greater trochanteric bursa. The injection of medication is performed slowly, but with consistent pressure. The injected medication and joint distention are visualized. The needle is removed.

Description of Post-Service Work:
The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion, and appropriate provocative testing is performed. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. The patient is advised regarding signs related to a possible steroid flare that may occur within 24-48 hours and the appropriate treatment if a flare occurs. The procedure is entered into the patient's medical record, with a copy sent to the PCP and insurance. The final ultrasound report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Thomas Weida, MD (AAFP), William Creevy, MD (AAOS), Zeke Silva, MD (ACR), Timothy Laing, MD (ACRh), Seth Rubenstein, DPM (APMA), Anne Miller, MD (ASSH)				
Specialty(s):	ACRh (rheumatology), AAOS, ASSH, AAFP, ACR (radiology)				
CPT Code:	20611				
Sample Size:	2169	**Resp N:**	85	**Response:** 3.9 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	35.00	**100.00**	335.00	1000.00
Survey RVW:	0.70	1.10	**1.40**	1.48	2.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5 - NF Procedure without sedation/anesthesia care

CPT Code:	20611	**Recommended Physician Work RVU: 1.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**1.00**	**4.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27096	000	1.48	**RUC Time**

CPT Descriptor Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,258

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,528

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 39 **% of respondents:** 45.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 20611**	**Key Reference CPT Code:** 27096	**Source of Time** RUC Time

Median Pre-Service Time	12.00	17.00
Median Intra-Service Time	10.00	11.00
Median Immediate Post-service Time	5.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**27.00**	**38.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.74	3.41
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.41
Urgency of medical decision making	3.05	2.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.41	4.13
Physical effort required	3.33	3.21
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.41	3.41
Outcome depends on the skill and judgment of physician	4.31	4.05
Estimated risk of malpractice suit with poor outcome	3.46	3.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.31	3.28
Intra-Service intensity/complexity	4.23	4.13
Post-Service intensity/complexity	2.85	2.90

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Ultrasound is an imaging technology in musculoskeletal medicine that is often used as an extension of joint injections for accuracy of intraarticular placement of the needle for safety, less pain during injection, and better patient outcomes. Three new codes were accepted by the CPT Editorial Panel that bundle injection (20600-20610) with ultrasound imaging guidance (76942).

The ACRh (rheumatology), AAOS, ASSH, AAFP and ACR (radiology) conducted a RUC survey for new code 20611 and received 85 responses (note that APMA did not survey this code). The response count was generally well distributed between the specialties.

Pre-service time: The injection code 20610 currently has 2010 RUC and CMS approved pre-times of 5/1/5. We recommend crosswalking those times. The consensus panel agrees that additional time for positioning for large joints is not necessary. Therefore, were are recommending 5/1/5 or a total of 11 minutes for discussion of the procedure, complications and obtaining consent; preparing the injection site; reviewing prior images and verifying equipment parameter setup; positioning the patient; and scrubbing and waiting for local anesthesia to take effect.

A consensus panel of physicians from all specialties reviewed the survey data and agrees that the intra-time of 10 minutes is accurate for this new code. We also accept the survey median post time of 5 minutes which is the same as the injection code 20610.

We recommend the survey median work RVU of 1.10. This value reflects a savings from the current reportable work RVU of 1.46 for codes 20610 plus 76942. This value, which is greater than 20604 and 20606, also correctly ranks this new procedure within the family of codes. This value also relates well to Key Reference code 27096 *(Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed)* which was reviewed by the RUC in 2011 and is a similar bundled service for injection with imaging guidance.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Medicare data indicate 20610 typically billed with an E/M service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20610 plus 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty rheumatology How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty family practice How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. AMA staff to complete this section based on 2012 utilization of 20600 billed with 76942.

Specialty rheumatology Frequency Percentage %

Specialty orthopaedic surgery Frequency 0 Percentage 0.00 %

Specialty family practice Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20610

ISSUE: Arthrocentesis
TAB: 4

						RVW					Total	PRE			INTRA					POS	SURVEY EXPERIENCE				
SOURCE	CPT	DESC	GLOB	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF/RUC-11	27096	Injection procedure for sacroiliac joint, a	000	30	0.086			1.48			38	7	5	5			11			10					
RUC-10	20600	Arthrocentesis, aspiration and/or injectio	000		0.075			0.66			21	5	1	5			5			5					
CMS/OTH	76942	Ultrasonic guidance for needle placemer	XXX		0.022			0.67			30						30								
SURVEY	20604	Arthrocentesis, aspiration and/or injectio	000	104	0.054	0.66	0.89	1.10	1.48	2.78	38	13	5	5	1	5	10	11	30	5	0	10	40	80	500
REC	20604	MEDIAN RVW			0.058			0.89			27	5	2	5			10			5					
REF/RUC-11	27096	Injection procedure for sacroiliac joint, a	000	32	0.086			1.48			38	7	5	5			11			10					
RUC-10	20605	Arthrocentesis, aspiration and/or injectio	000		0.079			0.68			21	5	1	5			5			5					
CMS/OTH	76942	Ultrasonic guidance for needle placemer	XXX		0.022			0.67			30						30								
SURVEY	20606	Arthrocentesis, aspiration and/or injectio	000	103	0.062	0.68	1.00	1.20	1.48	3.86	39	14	5	5	1	5	10	12	45	5	0	15	40	80	500
REC	20606	MEDIAN RVW			0.069			1.00			27	5	2	5			10			5					
REF/RUC-11	27096	Injection procedure for sacroiliac joint, a	000	39	0.086			1.48			38	7	5	5			11			10					
RUC-10	20610	Arthrocentesis, aspiration and/or injectio	000		0.101			0.79			21	5	1	5			5			5					
CMS/OTH	76942	Ultrasonic guidance for needle placemer	XXX		0.022			0.67			30						30								
SURVEY	20611	Arthrocentesis, aspiration and/or injectio	000	85	0.080	0.70	1.10	1.40	1.48	2.00	40	15	5	5	1	5	10	15	60	5	0	35	100	335	1000
REC	20611	MEDIAN RVW			0.069			1.00			27	5	2	5			10			5					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting

20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting

20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Global Period: 000 Meeting Date: 01/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel reviewed the practice expense details for the component codes (20600, 20605, 20610 and 76942) to determine correct clinical staff, supplies, and equipment for the new bundled codes (20604, 20606, 20611). The component injection codes 20600, 20605, 20610 were just reviewed by the RUC in April 2012. Because the new bundled codes will NOT typically be performed by radiologists, we are using the blended clinical staff type for all activities.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The consensus panel reviewed the practice expense details for the component codes (20600, 20605, 20610 and 76942) to determine correct clinical staff, supplies, and equipment for the new bundled codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A
Intra-Service Clinical Labor Activities: N/A
Post-Service Clinical Labor Activities: Follow-up phone call to patient.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting

20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting

20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Global Period: 000 Meeting Date: 01/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel reviewed the practice expense details for the component codes (20600, 20605, 20610 and 76942) to determine correct clinical staff, supplies, and equipment for the new bundled codes (2060X1-2060X3). The component injection codes 20600, 20605, 20610 were just reviewed by the RUC in April 2012. Because the new bundled codes will NOT typically be performed by radiologists, we are using the blended clinical staff type for all activities.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The consensus panel reviewed the practice expense details for the component codes (20600, 20605, 20610 and 76942) to determine correct clinical staff, supplies, and equipment for the new bundled codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Prepare and position patient/ monitor patient/ set up IV: The standard is 2 minutes, but we are recommending 3 minutes to account for additional positioning of the patient/extremity for a focused ultrasound evaluation and additional positioning to identify area for injection.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Clinical staff will retrieve prior images for comparison.

Intra-Service Clinical Labor Activities:

Activity	min	Discussion
Provide pre-service education/obtain consent	**3**	Review the procedure and use of ultrasound with the patient.
Prepare room, equipment, supplies	**2**	Assemble the necessary supplies for the procedure and ultrasound.
Prepare and position patient/ monitor patient/ set up IV	**3**	Bring the portable ultrasound unit into the procedure room, turn it on, and enter patient data.
Assist physician in performing procedure	**10**	100%
Clean room/equipment by physician staff	**3**	Dispose of injection and ultrasound supplies. Clean ultrasound equipment
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**	This also includes monitoring patient post procedure.
Process images, complete data sheet, present images and data to the interpreting physician	**4**	Crosswalked from time approved for 76882 *Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific*

Post-Service Clinical Labor Activities:

Follow-up phone call to patient.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	REVISED AT RUC 1/30/14			REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks			20600 04/2012		76942 02/2005		20604		20605 04/2012		76942 02/2005		20606		20610 04/2012		76942 02/2005		20611	
3	**Meeting Date: January 2014 Tab: 4 Specialty: ACR(rheum), AAOS, ASSH, APMA, AAFP, ACR(rad)**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee,	
4	**LOCATION**			**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**	**Off**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**19**	**3**	**61**	**0**	**31**	**0**	**19**	**3**	**61**	**0**	**31**	**0**	**19**	**3**	**61**	**0**	**31**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051B	RN/DMS			**3**	**0**					**3**	**0**					**3**	**0**		
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L051B	RN/DMS			**58**	**0**					**58**	**0**					**58**	**0**		
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**			**3**	**0**	**0**	**0**			**3**	**0**	**0**	**0**			**3**	**0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**16**	**0**			**28**	**0**	**16**	**0**			**28**	**0**	**16**	**0**			**28**	**0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**3**			**0**	**0**	**3**	**3**			**0**	**0**	**3**	**3**			**0**	**0**
12	**PRE-SERVICE**																				
13	**Start: Following visit when decision for surgery or procedure made**																				
19	*Other Clinical Activity - *specify: Retrieve prior images for comparison*	L037D	RN/LPN/MTA					**3**						**3**						**3**	
20	*Other Clinical Activity - *specify: Retrieve prior images for comparison*	L051B	RN/DMS			**3**						**3**						**3**			
21	**End: When patient enters office/facility for surgery/procedure**																				
22	**SERVICE PERIOD**																				
23	**Start: When patient enters office/facility for surgery/procedure:**																				
24	Greet patient, provide gowning, ensure appropriate medical records are available																				
25	Obtain vital signs																				
26	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**				**3**		**3**				**3**		**3**				**3**	
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA					**2**						**2**						**2**	
28	Prepare room, equipment, supplies	L051B	RN/DMS			**2**						**2**						**2**			
30	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**				**3**		**2**				**3**		**2**				**3**	
31	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/DMS			**3**						**3**						**3**			
33	*Other Clinical Activity - specify:																				
34	**Intra-service**																				
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**				**10**		**5**				**10**		**5**				**10**	
36	Assist physician in performing procedure	L051B	RN/DMS			**45**						**45**						**45**			
37	**Post-Service**																				
38	Monitor pt. following moderate sedation																				
39	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA																		
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**				**3**		**3**				**3**		**3**				**3**	
41	Clean room/equipment by physician staff	L051B	RN/DMS			**3**						**3**						**3**			
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**				**3**		**3**				**3**		**3**				**3**	
47	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L037D	RN/LPN/MTA					**0**						**0**						**0**	
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA					**1**						**1**						**1**	
49	Review examination with interpreting MD	L037D	RN/LPN/MTA					**2**						**2**						**2**	
50	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L037D	RN/LPN/MTA					**1**						**1**						**1**	
51	*Other Clinical Activity - *specify: Process films, hang films and review study with interpreting MD prior to patient discharge*	L051B	RN/DMS			**5**						**5**						**5**			
55	**End: Patient leaves office**																				
56	**POST-SERVICE Period**																				
57	**Start: Patient leaves office/facility**																				
58	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**			**0**	**0**	**3**	**3**			**0**	**0**	**3**	**3**			**0**	**0**
66	*Other Clinical Activity - *specify:*																				
67	**End: with last office visit before end of global period**																				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	REVISED AT RUC 1/30/14			REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks			20600 04/2012		76942 02/2005		20604		20605 04/2012		76942 02/2005		20606		20610 04/2012		76942 02/2005		20611	
3	Meeting Date: January 2014 Tab: 4 Specialty: ACR(rheum), AAOS, ASSH, APMA, AAFP, ACR(rad)	CMS Code	Staff Type	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee,	
4	LOCATION			Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC
5	GLOBAL PERIOD			000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000
68	MEDICAL SUPPLIES**	CODE	UNIT																		
69	pack, minimum multi-specialty visit	SA048	pack																		
70	drape, sterile barrier 16in x 29in	SB007	item	1				1		1				1		1				1	
71	gloves, sterile	SB024	pair	1				1		1				1		1				1	
72	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1				1		1				1		1				1	
73	povidone soln (Betadine)	SJ041	ml	10				10		10				10		10				10	
74	swab-pad, alcohol	SJ053	item	2				2		2				2		2				2	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1				1		3				3		5				5	
76	needle, 18-27g	SC029	item	2				2		2				2		2				2	
77	syringe 3ml	SC055	item	1				1		1				1							
78	syringe 5-6ml	SC057	item													1				1	
79	ultrasound transmission gel, sterile (single use)	SJ089	Item					1						1						1	
80	disinfectant spray (Transeptic)	SM012	ml			10		10				10		10				10		10	
81	sanitizing cloth-wipe (patient)	SM021	item			2		2				2		2				2		2	
82	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1				1		1				1		1				1	
83	cover-condom, transducer or ultrasound probe	SB005	item			1		1				1		1				1		1	
84	pillow case	SB037	item			1						1						1			
85	lubricating jelly (Surgilube)	SJ033	oz			1						1						1			
86	film, 8inx10in (ultrasound, MRI)	SK022	item			2						2						2			
87	film, x-ray 14in x 17in	SK034	item			3						3						3			
88	x-ray developer solution	SK089	oz			1						1						1			
89	x-ray envelope	SK091	item			1						1						1			
90	EQUIPMENT	CODE																			
91	light, exam	EQ168		16				21						21						21	
92	table, exam	EF023		16				21						21						21	
93	ultrasound unit, portable	EQ250						18						18						18	
94	room, ultrasound, general	EL015				58						58						58			
95	film alternator (motorized film viewbox)	ER029				58						58						58			
96	film processor, dry, laser	ED024				58						58						58			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedure Codes screen

April 2012

Arthrocentesis-PE Only

This service was identified by CMS in July 2011 through the CMS High Expenditure Procedural Codes screen. Surveys for physician work were reviewed recently for the 2011 Medicare physician payment schedule, but practice expense was not reviewed at that time. In January 2012, the RUC recommended that the practice expense only be reviewed at the April 2012 meeting. The Practice Expense Subcommittee removed three minutes for *provide pre-service education/obtain consent* from each code because they are commonly billed with an Evaluation and Management service. **The RUC reviewed and approved the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.**

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
20600		Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	000	0.66 (PE Input Recommendations Only)
20605		intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	000	0.68 (PE Input Recommendations Only)
20610		major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) (If imaging guidance is performed, see 76942, 77002, 77012, 77021)	000	0.79 (PE Input Recommendations Only)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
20600, Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610, Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

Global Period: 000 Meeting Date: 04/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
CPT code 20610 was identified as a CMS high expenditure procedure by the RUC's Relativity Assessment Workgroup and was placed on the list for potential review. The AAOS and ASSH recommended a review of practice expense only since 20610, along with 20600 and 20605 were reviewed for work as part of the 2010 5-Year review. However, none of the 5-year review codes were reviewed for PE at the time. In our comments on the 2012 NPRM we stated to CMS, and later to the RUC RAW workgroup that another review of work would be unnecessary but that review of the 2000 PEAC practice expense inputs would be appropriate and CMS and the RUC agreed. Subsequently, a consensus committee of experts reviewed the current PE details for 20610 and recommended revised facility practice expense inputs and for rank order purposes, also recommends that 20600 and 20605 also be revised for practice expense.

The attached recommendations are for facility practice expense inputs to all three codes in the family.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:
Our consensus committee reviewed current PE details and determined that in order to be consistent with current PE subcommittee standards for facility inputs that changes were appropriate. Specifically, we are recommending revised inputs for clinical labor time for all three codes with 6 minutes of total clinical labor time for intra-service discharge related work. This is appropriate because all three procedures are billed more than 50% of the time with an E/M service on the same day of service and therefore the pre and post-service clinical labor time is accounted for in the E/M codes and doesn't need to be included in the procedure's PE.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

none

Intra-Service Clinical Labor Activities:

Same day discharge management

Post-Service Clinical Labor Activities:
None (this removes 10 minutes from previous inputs to be consistent with current PE standards for facility Practice Expense).

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
20600, Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610, Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

Global Period: 000 Meeting Date: 04/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

CPT code 20610 was identified as a CMS high expenditure procedure by the RUC's Relativity Assessment Workgroup and was placed on the list for potential review. The AAOS and ASSH recommended a review of practice expense only since 20610, along with 20600 and 20605 were reviewed for work as part of the 2010 5-Year review. However, none of the 5-year review codes were reviewed for PE at the time. In our comments on the 2012 NPRM we stated to CMS, and later to the RUC RAW workgroup that another review of work would be unnecessary but that review of the 2000 PEAC practice expense inputs would be appropriate and CMS and the RUC agreed.

Subsequently, a consensus committee of experts reviewed the current PE details for 20610 and recommended revised non-facility practice expense inputs and for rank order purposes, also recommends that 20600 and 20605 also be revised for practice expense.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:
Our consensus committee reviewed current PE details and determined that in order to be consistent with current PE subcommittee standards for non-facility inputs that changes were appropriate. Specifically, we are recommending revised inputs for clinical labor time for all three codes with 22 total minutes of clinical labor time with zero minutes of pre-service clinical labor time; 19 minutes of total clinical labor time for intra-service related work, and three minutes of post-service clinical labor time for discharge management work. This is appropriate because all three procedures are billed more than 50% of the time with an E/M service on the same day of service and therefore the pre and post-service clinical labor time is accounted for in the E/M codes and doesn't need to be included in the procedure's PE except a minimal amount of post-discharge clinical labor time.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

none

Service Clinical Labor Activities:

We have allocated 19 minutes intra-service clinical labor time for assisting the physician which is consistent with other non-facility PE inputs when a service is performed more than 50% of the time with an E/M service and to have the same intra-service clinical labor time as the physician clinical labor time. Specifically, three minutes for obtaining patient consent and pre-service education (no change from current inputs), two minutes to prepare room, equipment and supplies (no change from current inputs), five minutes assisting physician in procedure (5 minutes less than current inputs to be consistent with the current work intra-service time of 5 minutes), three minutes to monitor patient post-service (no change from current inputs), three minutes to clean the room and equipment (no change from current inputs), and three minutes to check dressing and wounds and provide discharge management instructions (no change from current inputs).

Post-Service Clinical Labor Activities:

We have allocated 3 minutes post-service clinical labor time for follow up phone calls and to call in prescriptions (no change from current inputs). We removed 5 minutes from current inputs for other clinical activity.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		Billed w-E/M		REFERENCE CODE		Billed w-E/M		REFERENCE CODE		Billed w-E/M	
2				20600 PEAC 2000		20600 Rev. 04/12		20605 PEAC 2000		20605 Rev. 04/12		20610 PEAC 2000		20610 Rev. 04/12	
3	**Meeting Date: April 2012 Tab: Specialty: AAOS, ASSH**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular,		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular,		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint,		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			000	000	000	000	000	000	000	000	000	000	000	000
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**34**	**10**	**19**	**3**	**34**	**10**	**19**	**3**	**34**	**10**	**19**	**3**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**26**	**0**	**16**	**0**	**26**	**0**	**16**	**0**	**26**	**0**	**16**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**8**	**10**	**3**	**3**	**8**	**10**	**3**	**3**	**8**	**10**	**3**	**3**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available			**2**				**2**				**2**			
22	Obtain vital signs														
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**0**		**3**		**0**		**3**		**0**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV														
27	Sedate/apply anesthesia														
28	**Intra-service**														
29	Assist physician in performing procedure	L037D	RN/LPN/MTA	**10**		**5**		**10**		**5**		**10**		**5**	
30	**Post-Service**														
31	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
32	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
35	Complete diagnostic forms, lab & X-ray requisitions														
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
38	Other Clinical Activity - *specify:*														
39	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
42	**End: Patient leaves office**														
43	**POST-SERVICE Period**														
44	**Start: Patient leaves office/facility**														
45	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**5**	**3**	**3**	**3**	**5**	**3**	**3**	**3**	**5**	**3**	**3**
53	Other Clinical Activity - *specify: Conduct phone calls/ lab stops completed and call lab*			**5**	**5**			**5**	**5**			**5**	**5**		
54	**End: with last office visit before end of global period**														
55	**MEDICAL SUPPLIES**	**CODE**	**UNIT**												
56	pack, minimum multi-specialty visit	SA048	pack	**0**											
57	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**		**1**		**1**	
58	gloves, sterile	SB024	pair	**1**		**1**		**1**		**1**		**1**		**1**	
59	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**		**10**	
60	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**5**		**1**		**5**		**3**		**5**		**5**	
61	swab-pad, alcohol	SJ053	item			**2**				**2**				**2**	
62	needle, 18-27g	SC029	item	**2**		**2**		**2**		**2**		**2**		**2**	
63	syringe 3ml	SC055	item			**1**				**1**				**1**	
64	syringe 5-6ml	SC057	item											**2**	
65	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**		**1**		**1**		**1**	
66	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**				**1**				**1**	
67	syringe 1ml	SC052	item	**1**				**1**				**1**			
68	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**				**1**				**1**			
69															
70	**EQUIPMENT**	**CODE**													
71	NO EQUIPMENT	EZ007		**0**	**0**			**0**	**0**			**0**	**0**		
72	light, exam	EQ168				**16**	**0**			**16**	**0**			**16**	**0**
73	table, exam	EF023				**16**	**0**			**16**	**0**			**16**	**0**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations
Originated from the RUC Relativity Assessment - Harvard Valued – Utilization over 100,000 Screen

October 2010

Arthrocentesis

In October 2009, the RUC identified CPT code 20605 as potentially misvalued through the Harvard Valued-Utilization over 100,000 screen. In February 2010, the specialties submitted an action plan to the RUC's Relativity Assessment Workgroup which included the entire Arthrocentesis family of services, CPT codes 20600, 20605 and 20610. The RUC recommended that these services be RUC surveyed.

20600 ***Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)***
The RUC reviewed the survey results from 76 orthopaedic surgeons, hand surgeons, podiatrists and rheumatologists for CPT code 20600. The RUC noted that although this service is typically reported with an Evaluation and Management service on the same day, 11 minutes of pre-service time is necessary because the physician is discussing possible complications and obtaining consent, prepping the joint for the injection and waiting for the local anesthesia to take effect.

The RUC analyzed the survey's estimated physician work and agreed that these data support maintaining the current work value of 0.66 for this service. To justify this value, the RUC compared the surveyed code to key reference CPT code 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU= 0.75 and intra time= 5 minutes). The RUC agreed that these services should be valued similarly given that they have similar physician work and analogous total time, 21 minutes and 20 minutes, respectively. In addition, the RUC compared CPT code 20600 to MPC code 11056 *Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4* lesions (work RVU= 0.61 and total time= 15 minutes). The RUC agreed that the surveyed code should be valued higher due to greater total time than the reference code, 21 minutes and 15 minutes, respectively. **The RUC recommends a work RVU of 0.66 for CPT code 20600.**

20605 Arthrocentesis, ***aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)***
The RUC reviewed the survey results from 72 orthopaedic surgeons, hand surgeons, podiatrists and rheumatologists for CPT code 20605. The RUC noted that although this service is typically reported with an Evaluation and Management service on the same day, 11 minutes of pre-service time is necessary because the physician is discussing possible complications and obtaining consent, prepping the joint for the injection and waiting for the local anesthesia to take effect.

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The RUC analyzed the survey's estimated physician work and agreed that these data support maintaining the current work value of 0.68 for this service. To justify this value, the RUC compared the surveyed code to MPC code 11056 *Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4* lesions (work RVU= 0.61 and total time= 15 minutes). The RUC agreed that the surveyed code should be valued higher due to greater total time than the reference code, 21 minutes and 15 minutes, respectively. Additionally, the RUC compared CPT code 20605 to reference CPT code 20612 *Aspiration and/or injection of ganglion cyst(s) any location* (work RVU= 0.70 and total time= 20 minutes). The RUC agreed that these two analogous services should be valued closely as they have identical intra-service time, 5 minutes, and similar total time, 21 minutes and 20 minutes, respectively. **The RUC recommends a work RVU of 0.68 for CPT code 20605.**

20610 Arthrocentesis, *aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)*
The RUC reviewed the survey results from 61 orthopaedic surgeons, hand surgeons, podiatrists and rheumatologists for CPT code 20610. The RUC noted that although this service is typically reported with an Evaluation and Management service on the same day, 11 minutes of pre-service time is necessary because the physician is discussing possible complications and obtaining consent, prepping the joint for the injection and waiting for the local anesthesia to take effect.

The RUC analyzed the survey's estimated physician work and agreed that these data support maintaining the current work value of 0.79 for this service. To further justify this value, the RUC compared the surveyed code to MPC code 11056 *Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4* lesions (work RVU= 0.61 and total time= 15 minutes). The RUC agreed that the surveyed code should be valued higher due to greater total time than the reference code, 21 minutes and 15 minutes, respectively. In addition, the RUC compared CPT code 20610 to MPC code 31575 *Laryngoscopy, flexible fiberoptic; diagnostic* (work RVU= 1.10 and intra time= 8 minutes). The RUC noted that the reference code has more total time, 28 minutes, and intra-service time, 8 minutes compared to 5 minutes for the surveyed code. Given this, the RUC agreed that the reference code should be valued higher. **The RUC recommends a work RVU of 0.79 for CPT code 20610.**

The RUC also reviewed a table of other injection codes that includes MPC codes, high volume codes and/or recently RUC-reviewed codes. This review using magnitude estimation comparison of work RVUs further supports the relative ranking and current work RVUs for 20600, 20605, and 20610.

SOURCE	CPT	DESCRIPTOR	RVW	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
2002	**51702**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	0.50	8				8	
1996 MPC	**11721**	Debridement of nail(s) by any method(s); 6 or more	0.54	18	5			8	5
2002	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	14	5			5	4
	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	0.66	21	5	1	5	5	5

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SOURCE	CPT	DESCRIPTOR	RVW	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	0.68	21	5	1	5	5	5
2002	**20612**	Aspiration and/or injection of ganglion cyst(s) any location	0.70	20	10			5	5
1995 MPC	**65205**	Removal of foreign body, external eye; conjunctival superficial	0.71	15	5			5	5
2002	**20550**	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	20	10			5	5
2002 MPC	**20551**	Injection(s); single tendon origin/insertion	0.75	20	10			5	5
2008	**64455**	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	0.75	20	10			5	5
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	22	7			10	5
	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	0.79	21	5	1	5	5	5
1993	**11950**	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	0.84	35	10			15	10
2002	**20526**	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	0.94	16	6			5	5
2005 MPC	**31575**	Laryngoscopy, flexible fiberoptic; diagnostic	1.10	28	5	5	5	8	5
2005	**67515**	Injection of medication or other substance into Tenon's capsule	1.40	21	6	5		5	5
2005	**67500**	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	1.44	25	5	5	5	5	5
2002	**64445**	Injection, anesthetic agent; sciatic nerve, single	1.48	32	8			16	8
2008 MPC	**64449**	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	1.81	60	19	5	5	20	11

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CPT Code (•New)	Track-ing Number	CPT Descriptor	Global Period	Work RVU Recommendation
20600		Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	000	0.66 (No Change)
20605		intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	000	0.68 (No Change)
20610		major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) (If imaging guidance is performed, see 76942, 77002, 77012, 77021)	000	0.79 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20600 Tracking Number Specialty Society Recommended RVU: **0.66**
Global Period: 000 RUC Recommended RVU: **0.66**

CPT Descriptor: Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patient presents with inflammation of a small joint (eg, metacarpophalangeal, metatarsophalangeal) and is treated by aspiration of the joint, followed by injection of a steroid.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work: Explain procedure to patient/family. Discuss possible complications and obtain consent. Verify that all required instruments and supplies are available. The patient is positioned appropriately for injection access to the joint. Injection site is marked and confirmed. The site is prepped.

Description of Intra-Service Work: MCP Intra-Service Work: The metacarpophalangeal joint is palpated. Local anesthetic is infiltrated at the injection site. The needle for aspiration/injection is inserted into the joint just beneath the extensor mechanism and dorsal to the collateral ligament. The injection of medication is performed slowly, but with consistent pressure. The joint distention is noted. The needle is removed.

MTP Intra-Service Work: The metatarsophalangeal joint is palpated. Local anesthetic is infiltrated at the injection site. The needle for aspiration/injection is inserted into the joint just beneath the extensor mechanism and dorsal to the collateral ligament. The injection of medication is performed slowly, but with consistent pressure. The joint distention is noted. The needle is removed.

Description of Post-Service Work: The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. Patients should be cautioned that they might experience worsening symptoms during the first 24 to 48 hours, related to a possible steroid flare, which can be treated with ice and NSAIDs. Dictate procedure for medical record, copy PCP and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2010					
Presenter(s):	William Creevy, MD; Tye Ouzounian, MD; Daniel Nagle, MD; Seth Rubenstein, DPM; Timothy Tillo, DPM; Eileen Moynihan, MD					
Specialty(s):	Orthopaedic Surgery; Hand Surgery; Podiatry; Rheumatology					
CPT Code:	20600					
Sample Size:	737	**Resp N:**	76	**Response:** 10.3 %		
Sample Type:	Random	**Additional Sample Information:**				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	15.00	**50.00**	100.00	1000.00
Survey RVW:	0.40	0.75	**1.00**	1.21	1.90
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	10.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 6 - NF Procedure with sedation/anesthesia care

CPT Code:	20600	**Recommended Physician Work RVU: 0.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20550	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11056	000	0.61	**RUC Time**	1,586,212

CPT Descriptor 1 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20551	000	0.75	**RUC Time**	201,332

CPT Descriptor 2 Injection(s); single tendon origin/insertion

Other Reference CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 20600**	**Key Reference CPT Code:** 20550	**Source of Time** **RUC Time**
Median Pre-Service Time	11.00	10.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**21.00**	**20.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.50	2.42
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.33	2.33
Urgency of medical decision making	2.08	2.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.25	2.83
Physical effort required	2.17	2.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.33	2.17
Outcome depends on the skill and judgment of physician	3.42	3.17
Estimated risk of malpractice suit with poor outcome	2.17	2.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.25	2.17
Intra-Service intensity/complexity	2.83	2.67
Post-Service intensity/complexity	2.00	2.08

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

Code 20600 was also identified by the RUC 5-Year-Review ID Workgroup through the "Harvard-Valued - Utilization Over 100,000" screen.

Background

For CPT 2002 and 2003, the CPT Editorial Panel replaced CPT code 20550 *Injection, tendon sheath, ligament, trigger points or ganglion cyst* with an entire new family of codes that differentiates the various levels of physician work involved in providing these injections. In May 2001, the RUC submitted a recommendation to CMS that these services should all be valued at the existing value of 20550 (work RVU = 0.86) until all specialties involved in providing these services had the opportunity to survey this family of services to determine the differentiation in physician work. CMS accepted this recommendation and retained the value of 0.86 for these services, pending further review by the RUC.

In April 2002, the RUC received recommendations from a consensus group of specialties, including: neurology, orthopaedic surgery, physiatry, rheumatology, podiatry, anesthesiology, plastic surgery, hand surgery, and spine surgery. For all codes, other than the highest level 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid); carpal tunnel*, the consensus panel of specialties recommended work relative values below the interim value of 0.86. The RUC agreed that CPT 20550 had been overvalued in the past, but determined that the values presented by the specialty societies remained higher than the actual work performed for these services.

The RUC extensively reviewed the new/revised codes, with an average intra-time of 5 minutes, in comparison to other physician services with low intra-service time. The RUC compared these injection codes to other services with similar intra-service times, including: 67515 *Injection of medication or other substance into Tenon's capsul*e (work RVU = 0.61; intra = 6 min); 64405 *Injection, anesthetic agent; greater occipital nerve* (work RVU = 1.32, intra = 12 min); 65205 *Removal of foreign body, external eye; conjunctival superficial* (work RVU = 0.71, intra = 5 min); and 11950 *Subcutaneous injection of filling material (eg, collagen); 1 cc or less* (work RVU = 0.83, intra = 15 min).

After considering these cross-specialty comparisons, the RUC agreed that code 20552 *Injection; single or multiple trigger point(s), one or two muscles* should be valued the same as 20600 *Arthrocentesis, aspiration and/or injection, small joint, bursa or ganglion cyst (eg, fingers or toes)* (work RVU = 0.66). The RUC then valued 20526, 20550, and 20551 utilizing the same relativity as the survey medians for these codes. The RUC agreed that CPT code 20553 has the same work as 20550 and 20551. CPT code 20612 was deemed to be more work than 20600 and 20605 and was therefore valued at 0.70. The RUC agrees that these recommendations reflect the appropriate rank-order and relativity in this family of services.

Additionally, the **RUC recommends 20600** *Arthrocentesis, aspiration and/or injection; small joint or bursa or ganglion cyst (eg, fingers, toes)* (work RVU = 0.66) and **20605** *Arthrocentesis, aspiration and/or injection; intermediate joint or bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)* (work RVU = 0.68) **should be remained unchanged from 2002**, as these CPT revisions are editorial in nature and **the relative values are appropriate within this family of services.**

Further, during the third 5-year-review, codes 20600 and 20610 were surveyed. Because there was no compelling evidence presented, the RUC did not accept the specialty recommendation to increase the work RVU. Instead, the RUC recommended maintaining the current value and not accepting the new survey times.

Work RVU Recommendation

Code 20600 was co-surveyed by orthopaedic surgery, orthopaedic foot and ankle surgery, podiatry, hand surgery, and rheumatology. The same reference service list and same vignettes were used by all specialties. Although the survey median work RVU suggests a higher value for the code, the consensus panel representing all involved specialties recommend maintaining the current work RVU of 0.66 and accepting the survey times. We note the recommended work RVU is less than our survey 25% work RVU of 0.75. This recommendation is based on the discussion presented above that indicates in 2002 the work RVU for 20600 was considered by the RUC to be appropriately valued (by magnitude estimation) compared to a much larger set of similar procedures within the family and across specialties.

Pre-time

Pre-time package 6 (office procedure with anesthesia) is selected, with the following modifications to the package time:

Evaluation: Subtract 12 minutes to account for work performed during an E/M visit. We note that only 50-60% of the time an E/M will be billed in conjunction with 20600. Medicare and other payors have LCDs that preclude billing an E/M on the same day as a minor procedure for established patients. Therefore, for 40-50% of the national population, the 12 minutes will never be paid.

Positioning: No change.

Scrub, dress, wait: No change.

Comparison to key reference code

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
20550	0.75	20	10			5	5
20600	0.66	21	5	1	5	5	5

Comparison to MPC codes

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
11056	0.61	15	2			8	5
20600	0.66	21	5	1	5	5	5
20551	0.75	22	10			5	5

Comparison to other codes with 000-global

SOURCE	CPT	DESCRIPTOR	RVW	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
2002	**51702**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	0.50	8				8	
1996 MPC	**11721**	Debridement of nail(s) by any method(s); 6 or more	0.54	18	5			8	5
2002	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	14	5			5	4
	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	0.66	21	5	1	5	5	5
	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	0.68	21	5	1	5	5	5
2002	**20612**	Aspiration and/or injection of ganglion cyst(s) any location	0.70	20	10			5	5
1995 MPC	**65205**	Removal of foreign body, external eye; conjunctival superficial	0.71	15	5			5	5
2002	**20550**	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	20	10			5	5
2002 MPC	**20551**	Injection(s); single tendon origin/insertion	0.75	20	10			5	5
2008	**64455**	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, MortonÆs neuroma)	0.75	20	10			5	5
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	22	7			10	5
	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	0.79	21	5	1	5	5	5
1993	**11950**	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	0.84	35	10			15	10
2002	**20526**	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	0.94	16	6			5	5
2005 MPC	**31575**	Laryngoscopy, flexible fiberoptic; diagnostic	1.10	28	5	5	5	8	5
2005	**67515**	Injection of medication or other substance into Tenon's capsule	1.40	21	6	5		5	5
2005	**67500**	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	1.44	25	5	5	5	5	5
2002	**64445**	Injection, anesthetic agent; sciatic nerve, single	1.48	32	8			16	8
2008 MPC	**64449**	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	1.81	60	19	5	5	20	11

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. According to CMS data provided by the RUC, 20600 is typically performed with an E/M on the same day

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20600

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Podiatry How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 384,556 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2008 RUC database utilization

Specialty podiatry Frequency 168000 Percentage 43.68 %

Specialty orthopaedic surgery Frequency 87900 Percentage 22.85 %

Specialty rheumatology Frequency 51300 Percentage 13.34 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 20600

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20605 Tracking Number Specialty Society Recommended RVU: **0.68**
Global Period: 000 RUC Recommended RVU: **0.68**

CPT Descriptor: Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patients presents with inflammation of an intermediate joint (eg, wrist, ankle) and is treated by aspiration of the joint, followed by injection of a steroid.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work: Explain procedure to patient/family. Discuss possible complications and obtain consent. Verify that all required instruments and supplies are available. The patient is positioned appropriately for injection access to the joint. Injection site is marked and confirmed. The site is prepped.

Description of Intra-Service Work: Intra-work – Wrist. The radiocarpal joint is located just distal to Lister's tubercle. Local anesthetic is infiltrated at the injection site. The needle for aspiration/injection is inserted into the joint proximal to the scapholunate ligaments and just distal to the radial articular surface. The injection of medication is performed slowly, but with consistent pressure. The joint distention is noted. The needle is removed.

Intra-work - Ankle. The ankle joint is palpated. Local anesthetic is infiltrated at the injection site. The needle for aspiration/injection is inserted into the anterior aspect of the joint, lateral to the common extensor tendon. The injection of medication is performed slowly, but with consistent pressure. The joint distention is noted. The needle is removed.

Description of Post-Service Work: The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. Patients should be cautioned that they might experience worsening symptoms during the first 24 to 48 hours, related to a possible steroid flare, which can be treated with ice and NSAIDs. Dictate procedure for medical record, copy PCP and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2010					
Presenter(s):	William Creevy, MD; Tye Ouzounian, MD; Daniel Nagle, MD; Seth Rubenstein, DPM; Timothy Tillo, DPM; Eileen Moynihan MD					
Specialty(s):	Orthopaedic Surgery; Hand Surgery; Podiatry; Rheumatology					
CPT Code:	20605					
Sample Size:	737	**Resp N:**	72	**Response:** 9.7 %		
Sample Type:	Random	**Additional Sample Information:**				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	24.00	**53.00**	150.00	600.00
Survey RVW:	0.40	0.82	**1.00**	1.30	1.90
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	12.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 6 - NF Procedure with sedation/anesthesia care

CPT Code:	20605	**Recommended Physician Work RVU: 0.68**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11056	000	0.61	**RUC Time**	1,586,212

CPT Descriptor 1 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20551	000	0.75	**RUC Time**	201,332

CPT Descriptor 2 Injection(s); single tendon origin/insertion

Other Reference CPT Code	Global	Work RVU	Time Source
20612	000	0.70	**RUC Time**

CPT Descriptor Aspiration and/or injection of ganglion cyst(s) any location

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 29.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 20605**	**Key Reference CPT Code:** 20526	**Source of Time** **RUC Time**
Median Pre-Service Time	11.00	6.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**21.00**	**16.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.05	2.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.95
Urgency of medical decision making	2.48	2.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.19	3.20
Physical effort required	2.24	2.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.24	2.40
Outcome depends on the skill and judgment of physician	3.33	3.30
Estimated risk of malpractice suit with poor outcome	2.14	2.45

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.57	2.60
Intra-Service intensity/complexity	2.95	3.00
Post-Service intensity/complexity	2.25	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

Code 20605 was also identified by the RUC 5-Year-Review ID Workgroup through the "Harvard-Valued - Utilization Over 100,000" screen.

Background

For CPT 2002 and 2003, the CPT Editorial Panel replaced CPT code 20550 *Injection, tendon sheath, ligament, trigger points or ganglion cyst* with an entire new family of codes that differentiates the various levels of physician work involved in providing these injections. In May 2001, the RUC submitted a recommendation to CMS that these services should all be valued at the existing value of 20550 (work RVU = 0.86) until all specialties involved in providing these services had the opportunity to survey this family of services to determine the differentiation in physician work. CMS accepted this recommendation and retained the value of 0.86 for these services, pending further review by the RUC.

In April 2002, the RUC received recommendations from a consensus group of specialties, including: neurology, orthopaedic surgery, physiatry, rheumatology, podiatry, anesthesiology, plastic surgery, hand surgery, and spine surgery. For all codes, other than the highest level 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid); carpal tunnel*, the consensus panel of specialties recommended work relative values below the interim value of 0.86. The RUC agreed that CPT 20550 had been overvalued in the past, but determined that the values presented by the specialty societies remained higher than the actual work performed for these services.

The RUC extensively reviewed the new/revised codes, with an average intra-time of 5 minutes, in comparison to other physician services with low intra-service time. The RUC compared these injection codes to other services with similar intra-service times, including: 67515 *Injection of medication or other substance into Tenon's capsul*e (work RVU = 0.61; intra = 6 min); 64405 *Injection, anesthetic agent; greater occipital nerve* (work RVU = 1.32, intra = 12 min); 65205 *Removal of foreign body, external eye; conjunctival superficial* (work RVU = 0.71, intra = 5 min); and 11950 *Subcutaneous injection of filling material (eg, collagen); 1 cc or less* (work RVU = 0.83, intra = 15 min).

After considering these cross-specialty comparisons, the RUC agreed that code 20552 *Injection; single or multiple trigger point(s), one or two muscles* should be valued the same as 20600 *Arthrocentesis, aspiration and/or injection, small joint, bursa or ganglion cyst (eg, fingers or toes)* (work RVU = 0.66). The RUC then valued 20526, 20550, and 20551 utilizing the same relativity as the survey medians for these codes. The RUC agreed that CPT code 20553 has the same work as 20550 and 20551. CPT code 20612 was deemed to be more work than 20600 and 20605 and was therefore valued at 0.70. The RUC agrees that these recommendations reflect the appropriate rank-order and relativity in this family of services.

Additionally, the **RUC recommends 20600** *Arthrocentesis, aspiration and/or injection; small joint or bursa or ganglion cyst (eg, fingers, toes)* (work RVU = 0.66) and **20605** *Arthrocentesis, aspiration and/or injection; intermediate joint or bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)* (work RVU = 0.68) **should be remained unchanged from 2002**, as these CPT revisions are editorial in nature and **the relative values are appropriate within this family of services.**

Work RVU Recommendation

Code 20605 was co-surveyed by orthopaedic surgery, orthopaedic foot and ankle surgery, podiatry, hand surgery, and rheumatology. The same reference service list and same vignettes were used by all specialties. Although the survey median work RVU suggests a higher value for the code, the consensus panel representing all involved specialties recommend maintaining the current work RVU of 0.68 and accepting the survey times. The recommended value of 0.68 is well below our survey 25% work RVU of 0.82. This recommendation is based on the discussion presented above that indicates in 2002 the work RVU for 20605 was considered by the RUC to be appropriately valued (by magnitude estimation) compared to a much larger set of similar procedures within the family and across specialties.

Pre-time

Pre-time package 6 (office procedure with anesthesia) is selected, with the following modifications to the package time:

Evaluation: Subtract 12 minutes to account for work performed during an E/M visit. We note that only 50-60% of the time an E/M will be billed in conjunction with 20605. Medicare and other payors have LCDs that preclude billing an E/M on the same day as a minor procedure for established patients. Therefore, for 40-50% of the national population, the 12 minutes will never be paid.

Positioning: No change.

Scrub, dress, wait: No change.

Comparison to key reference code

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
20550	0.75	20	10			5	5
20605	0.68	21	5	1	5	5	5

Comparison to MPC codes

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
11056	0.61	15	2			8	5
20605	0.68	21	5	1	5	5	5
20551	0.75	22	10			5	5

Comparison to other codes with 000-global

SOURCE	CPT	DESCRIPTOR	RVW	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
2002	**51702**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	0.50	8				8	
1996 MPC	**11721**	Debridement of nail(s) by any method(s); 6 or more	0.54	18	5			8	5
2002	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	14	5			5	4
	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	0.66	21	5	1	5	5	5
	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	0.68	21	5	1	5	5	5
2002	**20612**	Aspiration and/or injection of ganglion cyst(s) any location	0.70	20	10			5	5
1995 MPC	**65205**	Removal of foreign body, external eye; conjunctival superficial	0.71	15	5			5	5
2002	**20550**	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	20	10			5	5
2002 MPC	**20551**	Injection(s); single tendon origin/insertion	0.75	20	10			5	5
2008	**64455**	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, MortonÆs neuroma)	0.75	20	10			5	5
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	22	7			10	5
	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	0.79	21	5	1	5	5	5
1993	**11950**	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	0.84	35	10			15	10
2002	**20526**	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	0.94	16	6			5	5
2005 MPC	**31575**	Laryngoscopy, flexible fiberoptic; diagnostic	1.10	28	5	5	5	8	5
2005	**67515**	Injection of medication or other substance into Tenon's capsule	1.40	21	6	5		5	5
2005	**67500**	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	1.44	25	5	5	5	5	5
2002	**64445**	Injection, anesthetic agent; sciatic nerve, single	1.48	32	8			16	8
2008 MPC	**64449**	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	1.81	60	19	5	5	20	11

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. According to CMS data provided by the RUC, 20605 is typically performed with an E/M on the same day

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20605

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopaedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Specialty Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 483,106 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2008 RUC database utilization

Specialty orthopaedic surgery Frequency 139800 Percentage 28.93 %

Specialty podiatry Frequency 131900 Percentage 27.30 %

Specialty rheumatology Frequency 60010 Percentage 12.42 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 20605

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20610 Tracking Number Specialty Society Recommended RVU: **0.79**
Global Period: 000 RUC Recommended RVU: **0.79**

CPT Descriptor: Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year old patient presents with inflammation of a major joint (eg, shoulder, hip, knee) and is treated by aspiration of the joint, followed by injection of a steroid.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work: Explain procedure to patient/family. Discuss possible complications and obtain consent. Verify that all required instruments and supplies are available. The patient is positioned appropriately for injection access to the joint. Injection site is marked and confirmed. The site is prepped.

Description of Intra-Service Work: Intra-Work - Shoulder. The glenohumeral joint can be injected from an anterior, posterior, or superior approach.. Anterior Approach - The needle is placed just medial to the head of the humerus and 1 cm lateral to the coracoid process. The needle is directed posteriorly and slightly superiorly and laterally. If the needle hits against bone, it should be pulled back and redirected at a slightly different angle. Posterior Approach - The needle is inserted 2 to 3 cm inferior to the posterolateral corner of the acromion and directed anteriorly in the direction of the coracoid process. The injection of medication is performed slowly, but with consistent pressure. The needle is removed.

Intra-Work - Subacromial. The distal, lateral, and posterior edges of the acromion are palpated. A needle is inserted just inferior to the posterolateral edge of the acromion and directed toward the opposite nipple. The injection of medication is performed slowly, but with consistent pressure. The needle is removed.

Intra-Work – Knee. The needle is inserted into the suprapatellar pouch, from the lateral aspect above the patella. The needle is directed medial. The injection of medication is performed slowly, but with consistent pressure. The needle is removed

Intra-Work-- Thigh. The needle is inserted through the lateral approach superior to the greater tronchanter. Synovial fluid is aspirated to confirm the location of the needle prior to injection. The injection of medication is performed slowly, but with consistent pressure. The needle is removed.

Description of Post-Service Work: The injection area is cleansed and a bandage is applied. The patient is monitored for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, the joint or area is put through passive range of motion. The patient is instructed to avoid strenuous activity involving the injected region for at least 48 hours. Patients should be cautioned that they might experience worsening symptoms during the first 24 to 48 hours, related to a possible steroid flare, which can be treated with ice and NSAIDs. Dictate procedure for medical record, copy PCP and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2010					
Presenter(s):	William Creevy, MD; Tye Ouzounian, MD; Daniel Nagle, MD; Seth Rubenstein, DPM; Timothy Tillo, DPM; Eileen Moynihan MD					
Specialty(s):	Orthopaedic Surgery; Hand Surgery; Podiatry; Rheumatology					
CPT Code:	20610					
Sample Size:	737	**Resp N:**	61	**Response:** 8.2 %		
Sample Type:	Random	**Additional Sample Information:**				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	23.00	**100.00**	300.00	1250.00
Survey RVW:	0.50	0.90	**1.00**	1.40	1.82
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	3.00	**5.00**	7.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 6 - NF Procedure with sedation/anesthesia care

CPT Code:	20610	**Recommended Physician Work RVU: 0.79**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia"e

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11056	000	0.61	**RUC Time**	1,586,212

CPT Descriptor 1 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31575	000	1.10	**RUC Time**	542,548

CPT Descriptor 2 Laryngoscopy, flexible fiberoptic; diagnostic

Other Reference CPT Code	Global	Work RVU	Time Source
10021	000	1.27	**RUC Time**

CPT Descriptor Fine needle aspiration; without imaging guidance

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 26.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 20610**	**Key Reference CPT Code:** 20526	**Source of Time** **RUC Time**
Median Pre-Service Time	11.00	6.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**21.00**	**16.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.33	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.20	2.87
Urgency of medical decision making	2.60	2.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.47	3.20
Physical effort required	2.07	2.07
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.60
Outcome depends on the skill and judgment of physician	3.33	3.33
Estimated risk of malpractice suit with poor outcome	2.20	2.20

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.07	3.00
Intra-Service intensity/complexity	3.13	2.73
Post-Service intensity/complexity	2.27	2.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

Code 20610 was identified by the RUC 5-Year-Review ID Workgroup through the "Harvard-Valued - Utilization Over 100,000" screen.

Background

For CPT 2002 and 2003, the CPT Editorial Panel replaced CPT code 20550 *Injection, tendon sheath, ligament, trigger points or ganglion cyst* with an entire new family of codes that differentiates the various levels of physician work involved in providing these injections. In May 2001, the RUC submitted a recommendation to CMS that these services should all be valued at the existing value of 20550 (work RVU = 0.86) until all specialties involved in providing these services had the opportunity to survey this family of services to determine the differentiation in physician work. CMS accepted this recommendation and retained the value of 0.86 for these services, pending further review by the RUC.

In April 2002, the RUC received recommendations from a consensus group of specialties, including: neurology, orthopaedic surgery, physiatry, rheumatology, podiatry, anesthesiology, plastic surgery, hand surgery, and spine surgery. For all codes, other than the highest level 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid); carpal tunnel*, the consensus panel of specialties recommended work relative values below the interim value of 0.86. The RUC agreed that CPT 20550 had been overvalued in the past, but determined that the values presented by the specialty societies remained higher than the actual work performed for these services.

The RUC extensively reviewed the new/revised codes, with an average intra-time of 5 minutes, in comparison to other physician services with low intra-service time. The RUC compared these injection codes to other services with similar intra-service times, including: 67515 *Injection of medication or other substance into Tenon's capsul*e (work RVU = 0.61; intra = 6 min); 64405 *Injection, anesthetic agent; greater occipital nerve* (work RVU = 1.32, intra = 12 min); 65205 *Removal of foreign body, external eye; conjunctival superficial* (work RVU = 0.71, intra = 5 min); and 11950 *Subcutaneous injection of filling material (eg, collagen); 1 cc or less* (work RVU = 0.83, intra = 15 min).

After considering these cross-specialty comparisons, the RUC agreed that code 20552 *Injection; single or multiple trigger point(s), one or two muscles* should be valued the same as 20600 *Arthrocentesis, aspiration and/or injection, small joint, bursa or ganglion cyst (eg, fingers or toes)* (work RVU = 0.66). The RUC then valued 20526, 20550, and 20551 utilizing the same relativity as the survey medians for these codes. The RUC agreed that CPT code 20553 has the same work as 20550 and 20551. CPT code 20612 was deemed to be more work than 20600 and 20605 and was therefore valued at 0.70. The RUC agrees that these recommendations reflect the appropriate rank-order and relativity in this family of services.

Additionally, the RUC recommends 20600 *Arthrocentesis, aspiration and/or injection; small joint or bursa or ganglion cyst (eg, fingers, toes)* (work RVU = 0.66) and 20605 *Arthrocentesis, aspiration and/or injection; intermediate joint or bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)* (work RVU = 0.68) should be remained unchanged from 2002, as these CPT revisions are editorial in nature and the relative values are appropriate within this family of services.

Further, during the third 5-year-review, codes 20600 and **20610** were surveyed. Because there was no compelling evidence presented, the RUC did not accept the specialty recommendation to increase the work RVU. Instead, the **RUC recommended maintaining the current value** and not accepting the new survey times.

Work RVU Recommendation

Code 20610 was co-surveyed by orthopaedic surgery, orthopaedic foot and ankle surgery, podiatry, hand surgery, and rheumatology. The same reference service list and same vignettes were used by all specialties. Although the survey median work RVU suggests a higher value for the code, the consensus panel representing all involved specialties recommend maintaining the current work RVU of 0.79 and accepting the survey times. We note the work RVU of 0.79 is below our survey 25% work RVU. This recommendation is based on the discussion presented above for family codes 20600 and 20605. This recommendation also reflects the multi-specialty consensus panel's magnitude estimation of the work of 20610 compared with many other similar codes.

Pre-time

Pre-time package 6 (office procedure with anesthesia) is selected, with the following modifications to the package time:

Evaluation: Subtract 12 minutes to account for work performed during an E/M visit. We note that only 50-60% of the time an E/M will be billed in conjunction with 20610. Medicare and other payors have LCDs that preclude billing an E/M on the same day as a minor procedure for established patients. Therefore, for 40-50% of the national population, the 12 minutes will never be paid.

Positioning: No change.

Scrub, dress, wait: No change.

Comparison to key reference code

Key reference code 20526 was reviewed prior to development of pre-time packages. Code 20526 and 20610 will require the same time, however, 20526 is more intense/complex due to the possibility of median nerve injury if the insertion comes into contact with the closely located median nerve. Similarly, compared to the other two arthrocentesis codes (20600, 20605), 20610 is the more intense/complex due to the possibility of the insertion coming into contact with the closely located femoral nerve. A nerve injury would be a very serious complication that physicians strive very intensely to avoid.

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
20526	0.94	16	6			5	5
20610	0.79	21	5	1	5	5	5

Comparison to MPC codes

	RVW	Total Time	Eval	Posit	SDW	INTRA	IM-post
11056	0.61	15	2			8	5
20610	0.79	21	5	1	5	5	5
31575	1.10	28	5	5	5	8	5

Comparison to other codes with 000-global

SOURCE	CPT	DESCRIPTOR	RVW	TOT MIN	EVAL	POSIT	SDW	INTRA	POST
2002	**51702**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	0.50	**8**				**8**	
1996 MPC	**11721**	Debridement of nail(s) by any method(s); 6 or more	0.54	**18**	5			**8**	5
2002	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	**14**	5			**5**	4
	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	0.66	**21**	5	1	5	**5**	5
	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	0.68	**21**	5	1	5	**5**	5
2002	**20612**	Aspiration and/or injection of ganglion cyst(s) any location	0.70	**20**	10			**5**	5
1995 MPC	**65205**	Removal of foreign body, external eye; conjunctival superficial	0.71	**15**	5			**5**	5
2002	**20550**	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	**20**	10			**5**	5
2002 MPC	**20551**	Injection(s); single tendon origin/insertion	0.75	**20**	10			**5**	5
2008	**64455**	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, MortonÆs neuroma)	0.75	**20**	10			**5**	5
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	**22**	7			**10**	5
	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	0.79	**21**	5	1	5	**5**	5
1993	**11950**	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	0.84	**35**	10			**15**	10
2002	**20526**	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	0.94	**16**	6			**5**	5
2005 MPC	**31575**	Laryngoscopy, flexible fiberoptic; diagnostic	1.10	**28**	5	5	5	**8**	5
2005	**67515**	Injection of medication or other substance into Tenon's capsule	1.40	**21**	6	5		**5**	5
2005	**67500**	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	1.44	**25**	5	5	5	**5**	5
2002	**64445**	Injection, anesthetic agent; sciatic nerve, single	1.48	**32**	8			**16**	8
2008 MPC	**64449**	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	1.81	**60**	19	5	5	**20**	11

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. According to CMS data provided by the RUC, 20610 is typically performed with an E/M on the same day

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20610

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopaedic Surgery How often? Commonly

Specialty Rheumatology How often? Commonly

Specialty Family Practice How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,625,121 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2008 RUC database utilization

Specialty orthopaedic surgery Frequency 3193800 Percentage 56.77 %

Specialty rheumatology Frequency 665000 Percentage 11.82 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 20610

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	REVISED AT RUC 1/30/14			REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks			20600 04/2012		76942 02/2005		20604		20605 04/2012		76942 02/2005		20606		20610 04/2012		76942 02/2005		20611	
3	Meeting Date: January 2014 Tab: 4 Specialty: ACR(rheum), AAOS, ASSH, APMA, AAFP, ACR(rad)	CMS Code	Staff Type	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee,	
4	LOCATION			Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC
5	GLOBAL PERIOD			000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000
6	TOTAL CLINICAL LABOR TIME			19	3	61	0	34	3	19	3	61	0	34	3	19	3	61	0	34	3
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L051B	RN/DMS			3	0					3	0					3	0		
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051B	RN/DMS			58	0					58	0					58	0		
9	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	0			3	0	0	0			3	0	0	0			3	0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	16	0			28	0	16	0			28	0	16	0			28	0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3			3	3	3	3			3	3	3	3			3	3
12	PRE-SERVICE																				
13	Start: Following visit when decision for surgery or procedure made																				
19	*Other Clinical Activity - *specify: Retrieve prior images for comparison*	L037D	RN/LPN/MTA					3						3						3	
20	*Other Clinical Activity - *specify: Retrieve prior images for comparison*	L051B	RN/DMS			3						3						3			
21	End: When patient enters office/facility for surgery/procedure																				
22	SERVICE PERIOD																				
23	Start: When patient enters office/facility for surgery/procedure:																				
24	Greet patient, provide gowning, ensure appropriate medical records are available																				
25	Obtain vital signs																				
26	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3				3		3				3		3				3	
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA					2						2						2	
28	Prepare room, equipment, supplies	L051B	RN/DMS			2						2						2			
30	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2				3		2				3		2				3	
31	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/DMS			3						3						3			
33	*Other Clinical Activity - specify:																				
34	Intra-service																				
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	5				10		5				10		5				10	
36	Assist physician in performing procedure	L051B	RN/DMS			45						45						45			
37	Post-Service																				
38	Monitor pt. following moderate sedation																				
39	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA																		
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3		3				3		3				3	
41	Clean room/equipment by physician staff	L051B	RN/DMS			3						3						3			
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			3				3		3				3		3				3	
47	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L037D	RN/LPN/MTA					0						0						0	
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA					1						1						1	
49	Review examination with interpreting MD	L037D	RN/LPN/MTA					2						2						2	
50	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L037D	RN/LPN/MTA					1						1						1	
51	*Other Clinical Activity - *specify: Process films, hang films and review study with interpreting MD prior to patient discharge*	L051B	RN/DMS			5						5						5			
55	End: Patient leaves office																				
56	POST-SERVICE Period																				
57	Start: Patient leaves office/facility																				
58	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3			3	3	3	3			3	3	3	3			3	3
66	*Other Clinical Activity - *specify:*																				
67	End: with last office visit before end of global period																				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	REVISED AT RUC 1/30/14			REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW		REF CODE		REF CODE		NEW	
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks			20600 04/2012		76942 02/2005		20604		20605 04/2012		76942 02/2005		20606		20610 04/2012		76942 02/2005		20611	
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4	LOCATION			Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC	Off	FAC
5	GLOBAL PERIOD			000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000	000	000	XXX	XXX	000	000
68	MEDICAL SUPPLIES**	CODE	UNIT																		
69	pack, minimum multi-specialty visit	SA048	pack																		
70	drape, sterile barrier 16in x 29in	SB007	item	1				1		1				1		1				1	
71	gloves, sterile	SB024	pair	1				1		1				1		1				1	
72	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1				1		1				1		1				1	
73	povidone soln (Betadine)	SJ041	ml	10				10		10				10		10				10	
74	swab-pad, alcohol	SJ053	item	2				2		2				2		2				2	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1				1		3				3		5				5	
76	needle, 18-27g	SC029	item	2				2		2				2		2				2	
77	syringe 3ml	SC055	item	1				1		1				1							
78	syringe 5-6ml	SC057	item													1				1	
79	ultrasound transmission gel, sterile (single use)	NEW	Item					1						1						1	
80	disinfectant spray (Transeptic)	SM012	ml			10		10				10		10				10		10	
81	sanitizing cloth-wipe (patient)	SM021	item			2		2				2		2				2		2	
82	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1				1		1				1		1				1	
83	cover-condom, transducer or ultrasound probe	SB005	item			1		1				1		1				1		1	
84	pillow case	SB037	item			1						1						1			
85	lubricating jelly (Surgilube)	SJ033	oz			1						1						1			
86	film, 8inx10in (ultrasound, MRI)	SK022	item			2						2						2			
87	film, x-ray 14in x 17in	SK034	item			3						3						3			
88	x-ray developer solution	SK089	oz			1						1						1			
89	x-ray envelope	SK091	item			1						1						1			
90	EQUIPMENT	CODE																			
91	light, exam	EQ168		16				21						21						21	
92	table, exam	EF023		16				21						21						21	
93	ultrasound unit, portable	EQ250						18						18						18	
94	room, ultrasound, general	EL015				58						58						58			
95	film alternator (motorized film viewbox)	ER029				58						58						58			
96	film processor, dry, laser	ED024				58						58						58			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Cryoablation Treatment of the Bone Tumors

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code (20983) to describe percutaneous cryosurgical ablation of bone tumor(s). The Panel also revised the descriptor for one CPT Category I code (20982) for percutaneous radiofrequency ablation of bone tumor(s) to incorporate all modalities of imaging, instead of only computed tomography.

20982 ***Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency***
The RUC noted that the specialty societies chose not to survey 20982, since it is a very low volume procedure (204 Medicare claims for 2013). The specialties expressed concern that running a concurrent survey could jeopardize the validity of the RUC surveys for the new cryoablation codes (20983 and 47383).

20983 ***Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation***
The RUC reviewed the survey results from 38 radiologists and interventional radiologists and agreed that the following physician time components are accurate for this new technology procedure: pre-service time of 53 minutes, with 14 additional minutes of positioning over the standard 2b pre-service time package, intra-service time of 115 minutes and post-service time of 28 minutes (the standard post-service package to 8B). The RUC agreed that 14 additional minutes of pre-service position time over the standard pre-service time package are necessary to account for the time for placement of three ablation probes, as well as to verify that the patient is safe and that the equipment and tethered probes can transit safely when the patient is transported on a moving gantry in and out of the scanner multiple times while also maintaining a sterile field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's median work RVU of 7.13 is appropriate. The RUC compared the surveyed code to CPT code 17311 *Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks* (work RVU= 6.20, intra-time of 110 minutes) and noted that both services have similar intra-service times (115 minutes versus 110 minutes), whereas the surveyed code has a higher total time (196

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

minutes versus 138 minutes), which supports a higher work value for the surveyed code. To further support a work RVU of 7.13, the RUC compared the surveyed code to CPT code 11012 *Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone* (work RVU= 6.87, intra-time of 90 minutes) and noted that the surveyed code has a higher intra-service time (115 minutes versus 90 minutes) and a lower total time (210 minutes versus 196 minutes), which supports a work valuation slightly higher than the reference code. **The RUC recommends a work RVU of 7.13 for CPT code 20983.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct PE inputs for this new service and noted that several of the inputs crosswalk from the radiofrequency ablation of bone tumor code 20982. The PE Subcommittee noted that the 'assist physician' section of the PE recommendation for 20983 includes time for the radiologic technologist (L041B) to *acquire the image* (line 46 – 75% of total physician time) and time for the RN/LPN/MTA (L037D) to circulate during the procedure (line 47 – 25% of total physician time). An input for CT room (EL007) was included as CT guidance is inherent for 20983.

There are three new equipment items specifically related to these types of procedures: the cryosurgery system, helium tanks and argon tanks. Appropriate invoices are attached. The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the PE Subcommittee.

New Technology

CPT code 20983 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Musculoskeletal System** **Other Procedures**				
▲⊙20982	V1	Ablation~~, bone tumor (s) (eg, osteoid osteoma metastasis) radiofrequency,~~ therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including ~~computed tomographs~~ imaging guidance when performed; radiofrequency	000	Specialties did not survey due to low volume (204 claims in 2013)
●⊙20983	V2	cryoablation (Do not report 20982, 20983 in conjunction with 76940, 77002, 77013, 77022)	000	7.13
Radiology **Diagnostic Radiology** **Ultrasonic Guidance Procedures** *76940* *Ultrasound guidance for, and monitoring of, parenchymal tissue ablation* (Do not report 76940 in conjunction with 20982, 20983, 50250, 50542, 76942, 76998, 0340T) (For percutaneous ablation, see 32998, 47382, 47383, 50592, 50593)				

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SOCIETY OF
INTERVENTIONAL
RADIOLOGY
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April 1, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Tabs 4 and 15 Cryoablation

Dear Dr. Levy:

The Society of Interventional Radiology (SIR) is enclosing RUC recommendations for Tabs 4 and 15 Cryoablation. The SIR and the American College of Radiology (ACR) conducted RUC surveys for CPT Codes 47383X *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation* and 2098X1 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*. CPT Code 20982 was also included in the "February 2014 CPT Coding Changes File" and was assigned a tracking number. The specialty societies did not conduct a RUC survey for CPT Code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance*. CPT Code 20982 has a very low frequency, 164 Medicare claims in 2012. The societies were concerned that running a concurrent survey for this low frequency code could jeopardize the success of the RUC surveys for the new codes.

We look forward to presenting our RUC recommendations at the upcoming April RUC meeting. If you have any questions, please don't hesitate to contact trishacrishock@gmail.com.

Sincerely,

Jerry Niedzwiecki, MD
SIR RUC Advisor

cc: Sherry Smith
Susan Clark
Zeke Silva, MD

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20983 Tracking Number V2 Original Specialty Recommended RVU: **9.13**
Presented Recommended RVU: **9.13**
Global Period: 000 RUC Recommended RVU: **7.13**

CPT Descriptor: Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man with a history of bronchogenic lung carcinoma has a painful metastasis to the iliac bone. He has had prior radiation and his pain is refractory to medical therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 66%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 36%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, previous surgical, medical, and radiation therapies, physical examination findings, and important laboratory findings. Careful review of previously acquired imaging studies including multiplanar reformatted images is performed to assess tumor involvement and adjacent structures. The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record.

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the prone position on the CT gantry table. A time out is performed. The patient is placed on physiologic monitors. Moderate conscious sedation is administered. The right hip region is prepped and draped in sterile fashion and local anesthetic is given. The patient is moved in and out of the gantry ensuring that the anesthesia leads, IV lines, and cryoablation cables are not tethered or potentially snagged. CT imaging is reviewed again to plan needle placement for cryoablation.

A preliminary CT scan is performed to ensure appropriate positioning of the patient in the CT gantry. The skin is anesthetized. A bone biopsy device is used to gain access to the intact bone tumor using intermittent CT guidance. The biopsy device is removed and the 17 gauge cryoablation probe is placed in the tract under CT guidance and the position is confirmed with additional targeted CT scan. Two other 17-gauge cryoablation probes are directly inserted into the lesion using intermittent CT guidance in the same manner. After probe placement is confirmed, the cryoablation procedure is initiated with simultaneous activation of the cryo probes. After placement of multiple probes, imaging guidance, the procedure transitions to an active monitoring of the growing ablation zone. During the active ablation which typically involves cycles of a 10 minute freeze, 5 minute thaw, 10 minute freeze, and final ~ 3 minute thaw cycle (minimum total

treatment phase 28 minutes) to remove probes there is repeated CT imaging that occurs with assessment of zone, vital structures in proximity, and evidence of hemorrhage. There is also ongoing assessment of the skin for evidence of thermal injury. The cryoablation probes are then removed. Neurologic function is evaluated by the physician showing no change in function. Sterile occlusive dressings are applied and a final scan is performed to exclude bleedingThe patient is transported to the recovery room for hemodynamic monitoring and pain control.

Description of Post-Service Work: The procedure is documented in the chart using a short post-procedure note. Appropriate care orders following cryoablation. The patient is evaluated for post-procedure complications. The patient is transferred from the procedure table to the recovery area and monitored for 4 hours. From the recovery room, the patient is admitted overnight to an observation bed for pain control and for hemodynamic monitoring. Admission orders are written. Recovery care and targeted examination findings are documented in a progress/discharge note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed.

The patient is discharged home the following morning with prescriptions for antibiotics and opioid analgesic medication. Cryoablation outcome and patient status are communicated to the patient's family and copies of reports are sent to the patient's referring physician. Upon discharge, the patient is advised to contact the treating physician for treatment related issues such as fever or pain. The patient is scheduled for a follow-up appointment within 7-10 days.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	SIR and ACR		
CPT Code:	20983		
Sample Size:	1170	**Resp N:** 38	**Response:** 3.2 %
Description of Sample:	ACR - 750 Random US MD Members SIR - 345 Random US MD Members SIR - 75 Target US MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**8.00**	12.00	50.00
Survey RVW:	5.00	6.00	**7.13**	10.38	20.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**13.00**		
Intra-Service Time:	60.00	90.00	**115.00**	120.00	180.00

Immediate Post Service-Time:	**32.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	20983	**Recommended Physician Work RVU: 7.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**115.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**28.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32998	000	5.68	**RUC Time**

CPT Descriptor Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 1 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 78.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 20983**	**Key Reference CPT Code:** 32998	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	45.00	

Median Intra-Service Time	115.00	60.00
Median Immediate Post-service Time	25.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**193.00**	**135.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.80	3.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.87	3.63
Urgency of medical decision making	3.17	3.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	4.07
Physical effort required	3.93	3.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.73	3.87
Outcome depends on the skill and judgment of physician	4.30	4.20
Estimated risk of malpractice suit with poor outcome	3.33	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.50
Intra-Service intensity/complexity	4.37	4.07
Post-Service intensity/complexity	3.23	3.23

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale for Cryoablation

Cryoablation therapy has been an accepted treatment for both benign and malignant tumors in various parts of the body for many years. In fact, cryoablation of liver tumors predates radiofrequency ablation in its use in the liver with pub med references as early as 1997 reporting safety and potential survival benefits in non-surgical candidates with liver metastases. There has been progressive improvement in the cryoablation systems with lower profile probes, more predictable ablation zones (ice balls), and more portable, smaller foot print systems allowing transport out of the operating rooms into the CT suites and interventional suites. As a result, the use of cryoablation has steadily grown. These systems are identical to those used for cryoablation of prostate.

Similarly, there is growing data that cryoablation of bone and soft tissue tumors in patients failing medical therapy, surgery, radiation, and other local treatments is an important treatment option for painful bone metastases or solitary tumors avoiding significant morbidity and mortality due to its minimally invasive nature. Given the growing data, these two new ablation codes were brought through CPT and were subsequently surveyed by the SIR and ACR.

We believe that they represent emerging technologies with relatively fewer number of centers performing them and suggest that they be identified as "new technology."

Pre service time

The patient is typically an older patient with co-morbidities and a cancer diagnosis having completed multiple previous therapies. As a result, their work-up including chart and imaging review, and review of previous therapies is not straight forward and often detailed and lengthy. They typically are higher risk for surgery, which is why they are referred for this minimally invasive local therapy.

With respect to their positioning, they are typically of a lower performance status (ECOG 2-3) or in the case of bone ablation are in pain and positioning on the table requires more time. When performing these procedures, the positioning, sterile prep and drape includes the patient, *and* the ablation probes. Unlike most surgical procedures, the patient is also transported on the moving gantry in and out of the scanner multiple times while maintaining sterile field. This takes significantly more in pre service time to verify that the patient is safe and that the equipment, and tethered probes can transit safely in the pre time period. The survey respondent rightly suggested that there was additional time in the work up and then positioning of these patients and **we are therefore asking for package 4 to be considered as these are difficult patients and given the multiple modalities and moving patient, difficult procedures. We are asking for additional positioning time for a total of 15 minutes.**

These procedures are typically performed under monitored anesthesia or moderate sedation in the hospital setting.

Intra time and RVW

In reviewing the survey, the expert consensus panel frankly had difficulty understanding the low intra times reported given all of the work required to place as many as 3-4 probes (typical) and then the minimum 28 minutes of active ablation time based on the manufacturer's and literature based freeze-thaw-freeze algorithm as well as the intra times of similar ablation procedures in the database. A reasonable explanation is the low number of surveys and emerging nature of this therapy.

It is the expert panel's opinion that the families of ablation procedures are relative in their work, difficulty, and risk. It is logical that the survey respondents would have cross walked the RVW value for the surveyed code, percutaneous liver cryoablation to the most commonly chosen reference code percutaneous liver RFA (47382, RVW 15.22), but they do not have the times associated with the reference codes and therefore the intra times were discordant. The surveyed code percutaneous liver cryoablation (47383) is analogous to percutaneous liver RFA (47382, intra time 180, intra service RVW 12.76) and laproscopic cryoablation of liver (47370, intra time180, intra RVW 12.49). It is the panel's assertion that they should have relativity with respect to time and RVW in the database as equivalent local liver tumor therapies. We cannot resolve the large difference in intra times between the reference service and the surveyed code. The expert panel also reviewed the existing values for CPT Code 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy*, another code included on the RSL. That code has a work value of 9.13, the same intra time of 90 minutes and the same visit pattern. Although the consensus panel feels strongly that the new liver cyroablation code should be valued slightly higher than CPT Code 50593, they do not see a RUC acceptable way to make that recommendation. As such, they **are recommending a crosswalk value of 9.13, the exising value of CPT Code 50593.** The Society feels strongly that this code should be flagged in the RUC database as "Do Not Use for Validation" at this time.

Similarly, percutaneous bone cryoablation is similar to bone RFA (intra time 80, RVW 7.27) however the survey data revealed that bone cryoablation takes longer (intra time 115). The expert consensus panel looked at cross walking the cryoablation bone code to the existing RFA bone code 20982 however the vignette describes a healthy 17 year old with an osteoid osteoma tumor < 1 cm in size. This represents a healthier patient with small benign tumor in distinction to the surveyed patient who has metastatic cancer, much larger tumor. It is this reason that the cross walk to renal cryoablation is a more logical and preserves the rank order in the family. The expert panel then reviewed the bone survey results in relation to the new liver cryoablation code and the larger ablation/cryo family and recommend that CPT Code 20983 also be crosswalked to CPT Code 50593. The procedures are all

comparable in time, intensity and technique. The expert panel again feels that the low survey response and the new technology nature of these services lends itself to crosswalk values until the technology is further diffused. As such, **we are recommending that an RVW value of 9.13 be given to cryoablation for bone tumors (20983).** The following table brackets the surveyed codes in the family of ablation therapies as further rationale for our recommended value. We have taken the liberty of extracting out the intra time equivalent RVWs for the 90 day global codes understanding the limitations of this reverse building block method.

	Descriptor	Global	Intra Time	Work RVU	IWPUT
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	010	45	6.41	0.700
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	000	60	5.68	0.070
50392	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	010	60	6.80	0.075
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	000	80	7.27	0.071
20983	New bone	000	115	9.13	0.061
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	010	90	9.13	0.064
47383	New liver	010	90	9.13	0.065
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	090	100	13.60	0.083
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	090	180	20.80	0.069
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	010	180	15.22	0.071

Post service time

The survey respondents indicated that 30 minutes of immediate post time was typical and that a same day E and M is being provided to coordinated discharge. Patients are typically seen in the office for a focused visit reviewing biopsy results, examining wounds, assessing pain and functional status, discussing next steps in the treatment algorithm including the planning of post-procedure imaging.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 32998

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Cryoablation Treatment of the Bone Tumors

TAB: Tab 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
REF	32998	Ablation therapy for reduction or eradication of 1 or	30	0.070			5.68			135	15	15	15			60			30																
CURRENT	20999	Unlisted procedure, musculoskeletal system, general		#DIV/0!						0																									
SVY	20983	Ablation therapy for reduction or eradication of 1 or	38	0.040	5.00	6.00	7.13	10.38	20.00	236	60	15	13	60	90	115	120	180	33												0	3	8	12	50
REC	20983			0.047			7.13			196	33	15	5			115			28															
		Target	*6*	*0.015*	*5.50*	*5.89*	*6.75*	*7.00*	*15.00*	*296*	*83*	*18*	*15*	*90*	*120*	*120*	*143*	*180*	*60*												*3*	*8*	*9*	*12*	*25*
		Random	*32*	*0.029*	*5.00*	*6.00*	*7.78*	*10.52*	*20.00*	*205*	*60*	*15*	*10*	*60*	*88*	*90*	*120*	*180*	*30*												*0*	*3*	*6*	*13*	*50*

CPT Code: 20983 and 47383
Specialty Society('s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptor(s):

20983 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*

Global Periods: 010

CPT Long Descriptor(s):

47383 *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation*

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Standard RUC surveys were conducted for physician work. SIR and ACR convened an expert panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty has included two CPT codes as reference on the PE spreadsheet. The first code is CPT code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance,* which is being used as a reference for the new bone cryoablation code 20983. The second code being included as a reference is CPT Code 47382 *Ablation, one or more liver tumor(s), percutaneous, radiofrequency*. That is being used as a reference for the new liver cryoablation code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The new liver cryoablation code 47383 does not include image guidance. Imaging is to be reported separately when performed. The three codes that may be reported for image guidance

are CPT codes 76940, 77013 or 77022. Those three image guidance codes do not include direct practice expense inputs. As such, we have modified the 'assist physician" section of the PE recommendations to reflect current PE 'standard' for interventional procedures for image guidance.

- Line 46 – recommended 75% total physician time for tech to acquire images (current 'standard' for interventional procedures)
- Line 47 – added RN/LPN/MTA time to account for the 25% circulator

We have included CT in the inputs – as that is the most typical form of image guidance used for livery cryoablation.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

The patient is greeted, gowning is provided and patient is escorted to procedure room. The nurse obtains vital signs, interviews the patient for allergies, medications and coagulopathy. Procedure is explained and informed consent is witnessed. The nurse prepares the room, equipment and supplies after consulting with the M.D regarding the supplies to be used. The patient is positioned, skin is prepped and the patient is draped. RN administers conscious sedation. The tech assists the M.D. performing procedure. The patient is escorted to the observation area. RN performs sequential vital signs over 1 hour observation. The tech completes all the necessary paperwork. The room is cleaned. The patient is given discharge instructions.

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit (47383)

CPT Code: 20983 and 47383
Specialty Society('s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptor(s):

20983 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*

Global Periods: 010

CPT Long Descriptor(s):

47383 *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation*

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Standard RUC surveys were conducted for physician work. SIR and ACR convened an expert panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty has included two CPT codes as reference on the PE spreadsheet. The first code is CPT code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance,* which is being used as a reference for the new bone cryoablation code 20983. The second code being included as a reference is CPT Code 47382 *Ablation, one or more liver tumor(s), percutaneous, radiofrequency*. That is being used as a reference for the new liver cryoablation code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The expert panel is including minutes in the pre time period to perform critical tasks that are the standard care for these cryoablation patients.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit (CPT Code 47383)

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**292**	**23**	**420**	**33**	**406**	**56**	**342**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			***17***	***23***	***24***	***30***	***14***	***23***	***24***	***30***
8		*L037D*	*RN/LPN/MTA*	*11*	*23*	*18*	*30*	*14*	*23*	*18*	*30*
9		*L046A*	*CT Tech*	*6*		*6*				*6*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			***275***	***0***	***393***	***0***	***365***	***6***	***291***	***6***
11		*L037D*	*RN/LPN/MTA*	*26*	*0*	*49*		*15*	*6*	*43*	*6*
12		*L041B*	*RT*		*0*			*153*	*0*		*0*
13		*L051A*	*RN*	*97*	*0*	*132*		*197*	*0*	*152*	*0*
14		*L046A*	*CT Tech*	*152*		*212*				*96*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			***0***	***0***	***3***	***3***	***27***	***27***	***27***	***27***
16		*L037D*	*RN/LPN/MTA*	*0*	*0*	*3*	*3*	*27*	*27*	*0*	*0*
18	**PRE-SERVICE**										
19	**Start: Following visit when decision for surgery or procedure made**										
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	3	10	3	10	3	10
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		5
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			7	7	3		7	7
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
25	Availability of prior images confirmed	L037D	RN/LPN/MTA								
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	*L046A*	*CT Tech*	6		6				6	
27	*Other Clinical Activity - *specify:*										
28	**End: When patient enters office/facility for surgery/procedure**										
29	**SERVICE PERIOD**										
30	**Start: When patient enters office/facility for surgery/procedure:**										
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
32	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
33	Provide pre-service education/obtain consent	L041B	RT					2			
34		L037D	RN/LPN/MTA	6							
35	Prepare room, equipment, supplies	L041B	RT					2			
36		*L046A*	CT Tech	6		6				4	
37	Setup scope (non facility setting only)										
38	Prepare and position patient/ monitor patient/ set up IV	L051A	RN					2			
39		*L046A*	CT Tech	2		2				2	
40	Sedate/apply anesthesia	L051A	RN	2		2				2	
41	*Other Clinical Activity - specify:										
42	**Intra-service**										
43	Assist Physician (CS)	L051A	RN	80		115		180		90	
44	Assist Physician	L041B	RT					144			
45		L046A	CT Tech	144		115				90	
46	Aquire images (75%)	L046A	CT Tech			86					
47	circulator (25%)	L037D	RN/LPN/MTA			29				23	
48	**Post-Service**										
49	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15	
50	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN							45	
51	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		1		3	
52	Clean Scope/EQUIPMENT	L041B	RT					5			
53	Clean RFA Equipment	L037D	RN/LPN/MTA	3		3				3	
54	Clean Surgical Instrument Package										
55	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3	
56	Review/read X-ray, lab, and pathology reports										
57	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
58	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			2					
59	Review examination with interpreting MD	L046A	CT Tech								
60	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1					
61	*Other Clinical Activity - *specify:*										
62	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	*L037D*	*RN/LPN/MTA*	**n/a**		n/a		**n/a**	6	**n/a**	6
63	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		**n/a**		**n/a**	
64	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		**n/a**		**n/a**	
65	**End: Patient leaves office**										
66	**POST-SERVICE Period**										
67	**Start: Patient leaves office/facility**										
68	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			3	3				
69	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	99211 16 minutes		16								
71	99212 27 minutes	L037D	27					**1**	**1**	**1**	**1**
72	99213 36 minutes		36								
73	99214 53 minutes		53								
74	99215 63 minutes		63								
75	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**
76	*Other Clinical Activity - *specify:*										
77	**End: with last office visit before end of global period**										
78	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
79	pack, minimum multi-specialty visit	SA048	pack	1		1		2	1	2	**1**
80	pack, conscious sedation	SA044	pack	1		1		1		1	
81	**kit, probe, radiofrequency, Xii-enhanced RF probe**	**SA100**	**item**					**1**			
82	**probe, cryoablation, renal**	**SD233**	**item**			**3**				**4**	
83	**probe, radiofrequency, 3 array (StarBurstSDE)**	**SD109**	**item**	**1**							
84	kit, introducer, radiofrequency, Xii-enhanced RF probe	SA096	item					1			
85	tray, shave prep	SA067	tray	1		1		1		1	
86	drape, sterile, fenestrated 16in x 29in	SB011	item	3		1		1		1	
87	drape, sterile, three-quarter sheet	SB014	item	1		1		1		1	
88	drape-towel, sterile 18in x 26in	SB019	item	4		4		1		4	
89	gloves, sterile	SB024	pair	2		2		2		2	
90	gown, surgical, sterile	SB028	item	2		2		2		2	
91	mask, surgical, with face shield	SB034	item	1		4		2		4	
92	shoe covers, surgical	SB039	pair	3		4		2		4	
93	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
94	needle, 18-27g	SC029	item	2		2		2		2	
95	syringe 10-12ml	SC051	item	1		1		1		1	
96	syringe 20ml	SC053	item	1		1		1		1	

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
97	gas, helium	SD079	cu ft			455				455	
98	gas, argon	SD227	cu ft			575				575	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1		1		1	
100	gauze, sterile 4in x 4in	SG055	item	3				3			
101	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	SG057	item			1				1	
102	steri-strip (6 strip uou)	SG074	item	1		1				1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	12		12		12		12	
104	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10		10	
105	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
106	water, sterile for irrigation (250-1000ml uou)	SH074	item					1		1	
107	povidone soln (Betadine)	SJ041	ml	60		60		60		60	
108	tincture of benzoin, swab	SJ060	item	1		1		1		1	
109	cup-container, sterile, graduated 1000ml	SL038	item	1		1		1		1	
110	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			3				3	
111	applicator, sponge-tipped	SG009	item	4				4			
112	cup, biopsy-specimen sterile 4oz	SL036	item	1				1			
113	silver nitrate applicator	SJ046	item	1				1			
114	tray, biopsy procedure	SA061	tray	1				1			
115	cautery, patient ground pad w-cod	SF021	items	1							
116	**EQUIPMENT**	**CODE**									
117	drill system, surgical, large (Stryker)	EQ106		152		45					
118	cryosurgery system (for tumor ablation)	EQ302				133				104	
119	room CT	EL007				133		153		104	
120	table instrument, mobile	EF027				193		242		104	
121	ECG, 3 channel (with SpO2, NIBP, temp, resp)	EQ011		142		193		242		164	
122	IV infusion pump	EQ032		142		193		242		164	
123	light, exam	EQ168		152		133				164	
124	stretcher	EF018				193				240	
125	table, exam	EF023		142				27		27	27
126	IMRT CT-based simulator	ER005		152							
127	radiofrequency infusion pump (angiodynamics)	EQ323						153			
128	radiofrequency generator (Angiodynamics), liver RFA	EQ322						153			
129	radiofrequency generator (Neuro)	EQ214		152							
130											
131											

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**292**	**23**	**420**	**33**	**406**	**56**	**342**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			***17***	***23***	***24***	***30***	***14***	***23***	***24***	***30***
8		*L037D*	*RN/LPN/MTA*	*11*	*23*	*18*	*30*	*14*	*23*	*18*	*30*
9		*L046A*	*CT Tech*	*6*		*6*				*6*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			***275***	***0***	***393***	***0***	***365***	***6***	***291***	***6***
11		*L037D*	*RN/LPN/MTA*	*26*	*0*	*49*		*15*	*6*	*43*	*6*
12		*L041B*	*RT*		*0*			*153*	*0*		*0*
13		*L051A*	*RN*	*97*	*0*	*132*		*197*	*0*	*152*	*0*
14		*L046A*	*CT Tech*	*152*		*212*				*96*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			***0***	***0***	***3***	***3***	***27***	***27***	***27***	***27***
16		*L037D*	*RN/LPN/MTA*	*0*	*0*	*3*	*3*	*27*	*27*	*0*	*0*
18	**PRE-SERVICE**										
19	**Start: Following visit when decision for surgery or procedure made**										
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	3	10	3	10	3	10
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		5
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			7	7	3		7	7
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
25	Availability of prior images confirmed	L037D	RN/LPN/MTA								
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	*L046A*	*CT Tech*	6		6				6	
27	*Other Clinical Activity - *specify:*										
28	**End: When patient enters office/facility for surgery/procedure**										
29	**SERVICE PERIOD**										
30	**Start: When patient enters office/facility for surgery/procedure:**										
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
32	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
33	Provide pre-service education/obtain consent	L041B	RT					2			
34		L037D	RN/LPN/MTA	6							
35	Prepare room, equipment, supplies	L041B	RT					2			
36		*L046A*	CT Tech	6		6				4	
37	Setup scope (non facility setting only)										
38	Prepare and position patient/ monitor patient/ set up IV	L051A	RN					2			
39		*L046A*	CT Tech	2		2				2	
40	Sedate/apply anesthesia	L051A	RN	2		2				2	
41	*Other Clinical Activity - specify:										
42	**Intra-service**										
43	Assist Physician (CS)	L051A	RN	80		115		180		90	
44	Assist Physician	L041B	RT					144			
45		L046A	CT Tech	144		115				90	
46	Aquire images (75%)	L046A	CT Tech			86					
47	circulator (25%)	L037D	RN/LPN/MTA			29				23	
48	**Post-Service**										
49	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15	
50	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN							45	
51	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		1		3	
52	Clean Scope/EQUIPMENT	L041B	RT					5			
53	Clean RFA Equipment	L037D	RN/LPN/MTA	3		3				3	
54	Clean Surgical Instrument Package										
55	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3	
56	Review/read X-ray, lab, and pathology reports										
57	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
58	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			2					
59	Review examination with interpreting MD	L046A	CT Tech								
60	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1					
61	*Other Clinical Activity - *specify:*										
62	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	*L037D*	*RN/LPN/MTA*	**n/a**		n/a		**n/a**	6	**n/a**	6
63	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		**n/a**		**n/a**	
64	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		**n/a**		**n/a**	
65	**End: Patient leaves office**										
66	**POST-SERVICE Period**										
67	**Start: Patient leaves office/facility**										
68	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			3	3				
69	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	99211 16 minutes		16								
71	99212 27 minutes	L037D	27					**1**	**1**	**1**	**1**
72	99213 36 minutes		36								
73	99214 53 minutes		53								
74	99215 63 minutes		63								
75	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**
76	*Other Clinical Activity - *specify:*										
77	**End: with last office visit before end of global period**										
78	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
79	pack, minimum multi-specialty visit	SA048	pack	1		1		2	1	2	**1**
80	pack, conscious sedation	SA044	pack	1		1		1		1	
81	**kit, probe, radiofrequency, Xii-enhanced RF probe**	**SA100**	**item**					**1**			
82	**probe, cryoablation, renal**	**SD233**	**item**			**3**				**4**	
83	**probe, radiofrequency, 3 array (StarBurstSDE)**	**SD109**	**item**	**1**							
84	kit, introducer, radiofrequency, Xii-enhanced RF probe	SA096	item					1			
85	tray, shave prep	SA067	tray	1		1		1		1	
86	drape, sterile, fenestrated 16in x 29in	SB011	item	3		1		1		1	
87	drape, sterile, three-quarter sheet	SB014	item	1		1		1		1	
88	drape-towel, sterile 18in x 26in	SB019	item	4		4		1		4	
89	gloves, sterile	SB024	pair	2		2		2		2	
90	gown, surgical, sterile	SB028	item	2		2		2		2	
91	mask, surgical, with face shield	SB034	item	1		4		2		4	
92	shoe covers, surgical	SB039	pair	3		4		2		4	
93	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
94	needle, 18-27g	SC029	item	2		2		2		2	
95	syringe 10-12ml	SC051	item	1		1		1		1	
96	syringe 20ml	SC053	item	1		1		1		1	

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
97	gas, helium	SD079	cu ft			455				455	
98	gas, argon	SD227	cu ft			575				575	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1		1		1	
100	gauze, sterile 4in x 4in	SG055	item	3				3			
101	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	SG057	item			1				1	
102	steri-strip (6 strip uou)	SG074	item	1		1				1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	12		12		12		12	
104	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10		10	
105	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
106	water, sterile for irrigation (250-1000ml uou)	SH074	item					1		1	
107	povidone soln (Betadine)	SJ041	ml	60		60		60		60	
108	tincture of benzoin, swab	SJ060	item	1		1		1		1	
109	cup-container, sterile, graduated 1000ml	SL038	item	1		1		1		1	
110	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			3				3	
111	applicator, sponge-tipped	SG009	item	4				4			
112	cup, biopsy-specimen sterile 4oz	SL036	item	1				1			
113	silver nitrate applicator	SJ046	item	1				1			
114	tray, biopsy procedure	SA061	tray	1				1			
115	cautery, patient ground pad w-cod	SF021	items	1							
116	**EQUIPMENT**	**CODE**									
117	drill system, surgical, large (Stryker)	EQ106		152		45					
118	cryosurgery system (for tumor ablation)	EQ302				134				104	
119	room CT	EL007				134		153		104	
120	table instrument, mobile	EF027				134		242		104	
121	ECG, 3 channel (with SpO2, NIBP, temp, resp)	EQ011		142		194		242		164	
122	IV infusion pump	EQ032		142		194		242		164	
123	light, exam	EQ168		152		194				164	
124	stretcher	EF018				60				240	
125	table, exam	EF023		142				27		27	27
126	IMRT CT-based simulator	ER005		152							
127	radiofrequency infusion pump (angiodynamics)	EQ323						153			
128	radiofrequency generator (Angiodynamics), liver RFA	EQ322						153			
129	radiofrequency generator (Neuro)	EQ214		152							
130											
131											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2014

April 2014

Internal Fixation of Rib Fracture

In the Notice for Proposed Rulemaking for 2014, CMS proposed CPT codes 21800, 22305 and 27193 for review. CMS indicated that the Agency is considering the appropriateness of having a 90-day global surgical package for a procedure that is performed in settings other than the inpatient setting 33 percent of the time. CMS believes it is unlikely that it is appropriate for a procedure performed outside of the inpatient hospital setting at this frequency to have such a long global period. The codes that CMS identified regarding the site of service issue will no longer be an issue as they have been or will be deleted by CPT 2016. In October 2013, the CPT Editorial Panel converted four Category III codes into three Category I codes to report internal fixation of rib fracture and deleted CPT code 21810 *Treatment of rib fracture requiring external fixation (flail chest*).

In January 2014, the RUC reviewed the survey responses for CPT codes 21811, 21812 and 21813 and confirmed that a combined targeted and random sample survey was conducted. The RUC noted that less than 30 responses were received for each of the three surveys. In order to achieve more robust data, the specialty societies requested, and the RUC agreed, to allow the survey process to continue. The RUC instructed the specialty societies to send the surveys to an additional (different) random sample from the society's membership. **The RUC referred low volume CPT codes 21800 and 21805 to the CPT Editorial Panel for deletion. CPT Code 21800 was deleted at the February 2014 CPT meeting. In addition, the RUC noted that a coding change proposal has been submitted to delete CPT code 21805 *Open treatment of rib fracture without fixation, each* for CPT 2016.**

In April 2014 the RUC reviewed the complete survey results for CPT codes 21811-21813. The specialty societies presented combined data and data separated by random/non-random as before.

21811 *Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs*
The RUC reviewed the survey results from 45 surgeons for CPT code 21811 and determined that the survey median work RVU of 19.55 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 70 minutes pre-service time, 120 minutes intra-service time and 30 minutes immediate post-service time. The RUC determined an additional 12 minutes of positioning time is necessary to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion prior to the operation. The RUC compared 21811 to key reference service 32654 *Thoracoscopy, surgical; with control of traumatic hemorrhage* (work RVU = 20.52) and noted that although the surveyed code requires more intra-service time it requires less total time and is less intense than 32654, accounting for the lower work value. The RUC also referenced MPC codes that bracketed the recommendation: 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU = 17.31) and

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37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU = 19.68). Additionally, the RUC reviewed other services with the same intra-service time of 120 minutes such as CPT code 38101 *Splenectomy; partial (separate procedure)* (work RVU = 19.55) and 27415 *Osteochondral allograft, knee, open* (work RVU = 20.00) and noted that a work RVU of 19.55 for CPT code 21811 maintains the correct relativity among similar services in the Medicare Physician Payment Schedule. **The RUC recommends a work RVU of 19.55 for CPT code 21811.**

21812 ***Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs***
The RUC reviewed the survey results from 46 surgeons for CPT code 21812 and determined that the survey median work RVU of 25.00 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 70 minutes pre-service time, 150 minutes intra-service time and 30 minutes immediate post-service time. The RUC determined an additional 12 minutes of positioning time is necessary to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion prior to the operation. The RUC noted that 21812 requires an additional post-operative office visit compared to 21811, primarily for increased pain management associated with breathing and movement as the fracture repair site cannot be immobilized. The RUC compared 21812 to key reference service 32663 *Thoracoscopy, surgical; with lobectomy (single lobe)* (work RVU = 24.64 and 155 minutes intra-service time) and noted that the reference code requires less post-operative service work but both services require approximately the same amount of total time. The RUC noted that the survey code was more work than MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU = 19.68) and should be valued higher. The RUC also reviewed other services with the same intra-service time of 150 minutes such as CPT code 35351 *Thromboendarterectomy, including patch graft, if performed; iliac* (work RVU = 24.61) and 35506 *Bypass graft, with vein; carotid-subclavian or subclavian-carotid* (work RVU = 25.33) and noted that a work RVU of 25.00 for CPT code 21812 maintains the correct relativity among similar services in the Medicare Physician Payment Schedule. **The RUC recommends a work RVU of 25.00 for CPT code 21812.**

21813 ***Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs***
The RUC reviewed the survey results from 44 surgeons for CPT code 21813 and determined that the survey median work RVU of 35.00 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time components: 70 minutes pre-service time, 210 minutes intra-service time and 30 minutes immediate post-service time. The RUC determined an additional 12 minutes of positioning time is necessary to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion prior to the operation. The RUC noted that 21813 requires an additional post-operative visit compared to 21811, primarily for increased pain management associated with breathing and movement as the fracture repair site cannot be immobilized. The RUC compared 21813 to key reference service 44146 *Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy* (work RVU = 35.30) and noted that the reference code is more intense and complex to perform, accounting for the slightly higher work value. The RUC also noted that the survey code was less work than MPC code 33426 *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring* (work RVU = 43.28). The RUC reviewed other services with the same intra-service time of 210 minutes such as CPT code 35081 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated*

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occlusive disease, abdominal aorta (work RVU = 23.53) and 34830 *Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis* (work RVU = 35.23) and noted that a work RVU of 35.00 for CPT code 21813 maintains the correct relativity among similar services in the Medicare Physician Payment Schedule. **The RUC recommends a work RVU of 35.00 for CPT code 21813.**

New Technology
The RUC recommends that codes 21811-21813 be placed on the new technology list.

Practice Expense
The RUC recommends the reduced 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Sternal Fracture Codes
In January 2014, the specialty societies noted, and the RUC agreed, that CPT codes 21820 and 21825 are sternal fracture codes, whereas the new codes are rib fracture codes and not part of the same family of services. CPT codes 21820 and 21825 are both low volume codes. In addition, CPT code 21820 is typically performed by different groups of physicians (eg, emergency medicine) and in different places of service (ie, emergency department or office) compared to the new rib fixation codes. CPT code 21825 would typically be reported for sternal injuries post cardiac surgery and treatment by cardiothoracic surgeons, whereas trauma surgeons treat the rib injuries represented by the three new codes. These internal fixation of rib fracture codes are typically for lateral trauma to the side of the chest causing the ribs to be flailed, whereas the open sternal fracture codes are treated by a thoracic surgeon, possibly with the sternal debridement code. Reporting of the two services together is rare.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Musculoskeletal System** **Neck (Soft Tissues) and Thorax**				
D 21800	J1	~~Closed treatment of rib fracture, uncomplicated, each~~ (21800 has been deleted) (To report closed treatment of an uncomplicated rib fracture, use the Evaluation and Management codes)	090	N/A
21805	J2	Open treatment of rib fracture without fixation, each	090	Referred to CPT – Specialty submitted CCP to delete
D21810		~~Treatment of rib fracture requiring external fixation (flail chest)~~ (21810 has been deleted. For external rib fixation, use 21899)	090	N/A
•21811	J3	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs (For bilateral procedure, report 21811 with modifier 50)	090	19.55
•21812	J4	4-6 ribs (For bilateral procedure, report 21812 with modifier 50)	090	25.00
•21813	J5	7 or more ribs (For bilateral procedure, report 21813 with modifier 50)	090	35.00

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21820	J6	Closed treatment of sternum fracture	090	Specialty: Not Part of Family, different anatomy and specialty
21825	J7	Open treatment of sternum fracture with or without skeletal fixation (For sternoclavicular dislocation, see 23520-23532)	090	Specialty: Not Part of Family, different anatomy and specialty
Category III				
D0245T		~~Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs~~	YYY	N/A
D0246T		~~3-4 ribs~~	YYY	N/A
D0247T		~~5-6 ribs~~	YYY	N/A
D0248T		~~7 or more ribs~~	YYY	N/A

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January 7, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Tab 5 Internal Fixation of Rib Fracture

Dear Dr. Levy,

At the October CPT Editorial Panel meeting, a manufacturer representative proposed conversion of four Category III codes (0245T-0248T) to Category I status for reporting open reduction and internal fixation of fractured ribs. The ACS and STS noted that while these were low volume procedures, they had gained general acceptance, and we therefore agreed to survey the three codes (2181X1-2181X3) approved by the CPT Editorial Panel.

In the RUC LOI for new and revised codes, the following codes were included as "family" codes:

21800 Closed treatment of rib fracture, uncomplicated, each
21805 Open treatment of rib fracture without fixation, each
21820 Close treatment of sternum fracture
21825 Open treatment of sternum fracture with or without skeletal fixation

The ACS and STS only surveyed the three new codes (2181X1-2181X3). This letter provides a rationale supporting our decision not to survey the other codes identified by RUC staff.

Code 21800: ACEP has submitted a coding change proposal to the CPT Editorial panel to delete this code.

Code 21805: This is a low volume code with claims data that is questionable. Ten percent of the claims for this open surgical procedure are reported as being performed in the office, with almost all of those claims from family practice. We considered requesting deletion of this code at the CPT meeting, but felt we needed to research the code further to determine who is performing it and under what circumstances.

Codes 21820 and 21825: These codes reference sternal fractures, which are different than rib fractures, and part of a different family of codes. These are both low volume codes. In addition, code 21820 is typically performed by different groups of physicians (eg, emergency medicine) and in different places of service (ie, emergency department or office) compared with the new rib fixation codes. Code 21825 would typically be reported for sternal injuries post cardiac surgery and treated by general cardiothoracic surgeons, whereas trauma surgeons would treat the rib injuries represented by the three new codes.

The ACS and STS appreciate your consideration of our comments.

Sincerely,

Charles Mabry, MD, FACS
ACS RUC Advisor

James Levett, MD, FACS
STS RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21811 Tracking Number J3 Original Specialty Recommended RVU: **19.55**
Presented Recommended RVU: **19.55**
Global Period: 090 RUC Recommended RVU: **19.55**

CPT Descriptor: Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with multiple displaced fractures of ribs 5, 6 and 7 on the right side after a fall resulting in intractable pain and an inability to maintain adequate oxygenation. On post-injury day three open reduction and internal fixation of the rib fractures is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 27%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review interval medical records with attention to imaging and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. Assist anesthesia as necessary and ensure that good lung isolation has occurred when the patient is placed under general anesthesia with a double lumen tube for single lung ventilation. Monitor/assist with patient posterolateral positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. Indicate areas of skin to be prepped and mark surgical incisions. Re-assess the postion of the double lumen endotracheal tube to ensure that good lung isolation is still present and there have been no changes with positioning. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: A small incision is made over the displaced rib, dividing the skin, subcutaneous tissue and muscle, and exposing the ribs. The lung is deflated with the dual lumen endotracheal tube. A thoracoscope is placed through a small separate incision in the pleural cavity and the area of the fractured ribs is visualized. Additional similar small skin incisions are made over the fracture sites as identified by thoracoscopic visualization. The intercostal nerve bundles are identified and separated. Using thoracoscopic visualization, the drill guide and plate/splint are fitted to the rib overlying the fracture. The screw holes are drilled for attachment of the plate or splint insertion in each fracture site of the rib. The splint or plate are secured to the rib with locking screws to fix the hardware in place over the fracture. This is repeated at each rib and/or fracture site. The thoracoscope is removed, the lung is inflated, and the wounds are closed in layers.

Description of Post-Service Work:

Immediate Post: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Discontinue prophylactic antibiotic therapy, as appropriate. Review post-operative labs and films. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report. Write orders for transfer to hospital floor and discuss ongoing care with floor nurses.

Hospital Visits: Review interval chart notes. Discuss ongoing care with floor nurses. Evaluate vital signs and intake/output, including chest tube fluid output and air leakage. Auscultate heart and lungs. Monitor fluid and electrolyte status and renal function. Examine patient, check wounds and change dressings. Remove chest tube when appropriate. Continue prophylaxis for DVT. Assess need for beta-blockers, order as required. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Hospital Discharge Management: Review interval chart notes, including imaging. Evaluate vital signs and intake/output. Auscultate heart and lungs. Assess fluid and electrolyte status. Examine patient, check wounds and change dressings. Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions and activity levels (ie, diet, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office Visits: Review interval chart notes. Order and review post discharge labs/films. Examine and talk with patient. Assess pain scores and adequacy of analgesia. Remove staples/sutures, when appropriate. Review activity and restrictions. Answer patient/family questions. Write medication prescriptions. Discuss progress with PCP (verbal and written). Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Christopher Senkowski, MD, FACS; Charles Mabry, MD, FACS; James Levett, MD, FACS; William Creevy, MD				
Specialty(s):	general surgery, thoracic surgery, orthopaedic surgery				
CPT Code:	21811				
Sample Size:	450	**Resp N:**	45	**Response:** 10.0 %	
Description of Sample:	Random Symposium Attendees (50) Random ACS, AAOS, STS membership (400)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**4.00**	6.00	15.00
Survey RVW:	12.00	18.00	**19.55**	21.00	30.10
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	90.00	**120.00**	120.00	210.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	21811	**Recommended Physician Work RVU: 19.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	155.00	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	46.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32654	090	20.52	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with control of traumatic hemorrhage

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	9,942

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 21811**	**Key Reference CPT Code:** 32654	**Source of Time** RUC Time

Median Pre-Service Time	70.00	37.00
Median Intra-Service Time	120.00	71.00
Median Immediate Post-service Time	30.00	40.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	155.0	290.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	46.0	39.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**459.00**	**515.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.13	3.13
Urgency of medical decision making	3.38	3.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.88	3.75
Physical effort required	3.63	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.50
Outcome depends on the skill and judgment of physician	4.00	3.88
Estimated risk of malpractice suit with poor outcome	3.00	3.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.13	3.13
Intra-Service intensity/complexity	3.38	3.38
Post-Service intensity/complexity	3.00	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background 21811-21813
At the October CPT Editorial Panel meeting, a representative from Dupuy Synthes proposed conversion of Category III codes to Category I codes for reporting open reduction and internal fixation of fractured ribs. The ACS and STS noted that while this procedure was a low volume procedure, that it had gained general acceptance and therefore agreed to survey the three new codes. The Research Subcommittee approved a non-random survey in conjunction with a random survey. Fifty surveys were sent to participants of a Synthes Thoracic Trauma Technology symposium. This symposium provided an update on the management of thoracic trauma and surgical techniques to improve thoracic stability. The symposium was attended by trauma surgeons from various specialties, including general surgery, thoracic surgery, and orthopaedic surgery. In addition, 50 surveys were sent to a random sample of trauma surgeons from the ACS membership database.

We did not receive the minimum required 30 surveys for presentation at the January 2014 RUC meeting. In addition, a majority of the respondents were from the non-random sample. The specialties suggested, and the RUC agreed, to allow the survey process to continue. The ACS and STS were instructed to send a survey request to a different random sample of surgeons from membership databases. In addition, the AAOS agreed to participate. The joint efforts of ACS, STS, and AAOS increased the random sample response. The RUC Summary Excel file provides a breakdown of survey statistics from each sample. Our recommendations are based on the combined responses of both samples.

21811 Discussion

Pre-time: We recommend Package 4 (Difficult Patient/Difficult Procedure) with an additional 12 minutes of positioning time to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion for the operation. We have also subtracted 5 minutes from the scrub, dress, wait time to match the survey median time.

Immediate Post-time: We have indicated Package 9B (General Anesthesia/Complex Procedure) and subtracted 3 minutes to match the survey median time.

We recommend the survey median RVW of 19.55 for code 21811.

Key Reference: Key reference code 32654 has less intra-time, but more post-operative time than survey code 21811. The intensity and work RVU for 21811 is correctly lower than 32654.

The following table provides other RUC reviewed services with 120 minutes of intra-time and similar total time, as support for the recommendation of 19.55 for code 21811.

year	CPT	LONG DESC	RVW	IWPUT	Total	PRE	INTRA	Post	33	32	31	38	13	12
2000	**35372**	Rechanneling of artery	**18.58**	0.099	**347**	80	**120**	30			2	1.0	1	1
2005	**27465**	Shortening of thigh bone	**18.60**	0.086	**384**	65	**120**	23			3	1.0	2	2
2008	**27269**	Optx thigh fx	**18.89**	0.084	**404**	60	**125**	30		1	2	1.0	1	3
2000	**35261**	Repair blood vessel lesion	**18.96**	0.090	**382**	60	**120**	30	1	1		1.0	1	1
2000	**35256**	Repair blood vessel lesion	**19.06**	0.100	**347**	60	**120**	30			3	1.0	1	1
2005	**38100**	Removal of spleen total	**19.55**	0.078	**442**	60	**120**	30	1	1	3	1.0	1	1
2005	**38101**	Removal of spleen partial	**19.55**	0.078	**442**	60	**120**	30	1	1	3	1.0	1	1
2005	**39220**	Resect mediastinal tumor	**19.55**	0.085	**436**	95	**124**	40		2	1	1.0	1	1
	21811	ORIF 1-3 ribs	**19.55**	0.073	**459**	70	**120**	30	1	2	1	1.0	2	
2004	**27415**	Osteochondral knee allograft	**20.00**	0.088	**424**	75	**120**	30		1	1	1.0	3	2
2007	**49203**	Exc abd tum 5 cm or less	**20.13**	0.089	**420**	70	**120**	30		1	3	1.0	2	1
2002	**58290**	Vag hyst complex	**20.27**	0.099	**389**	75	**120**	30		2		1.0	2	
2000	**35661**	Art byp femoral-femoral	**20.35**	0.086	**440**	90	**120**	30		1	3	1.0	2	1
2005	**43773**	Lap replace gastr adj device	**20.79**	0.107	**377**	80	**120**	30		1		1.0	3	
2000	**35621**	Art byp axillary-femoral	**21.03**	0.100	**412**	85	**120**	30		1	3	1.0	1	1
2005	**33883**	Insert endovasc prosth taa	**21.09**	0.107	**404**	110	**120**	30		1	1	1.0	2	
2000	**35231**	Repair blood vessel lesion	**21.16**	0.109	**382**	60	**120**	30	1	1		1.0	1	1

year	CPT	LONG DESC	RVW	IWPUT	Total	PRE	INTRA	Post	33	32	31	38	13	12
2000	**34800**	Endovas aaa repr w/sm tube	**21.54**	0.107	**427**	130	**120**	40		1	1	1.0	1	1
2005	**38115**	Repair of ruptured spleen	**21.88**	0.084	**492**	60	**120**	40	1	2	3	1.0	1	1
2000	**38765**	Remove groin lymph nodes	**21.91**	0.089	**465**	60	**120**	30	1	2	1	1.0	2	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0245T and 0246T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty thoracic surgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The CCP that was submitted by one of the device manufacturers estimated national frequency at 2800. Division by code (ie, number of ribs) and by specialty is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. Estimate is based on 2012 Medicare data for 0245T and a portion of 0246T. Actually utilization may be higher due to the fact that some payers deny claims for Cat III codes.

Specialty general surgery	Frequency 11	Percentage 44.00 %
Specialty thoracic surgery	Frequency 11	Percentage 44.00 %
Specialty orthopaedic surgery	Frequency 3	Percentage 12.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 39220

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21812 Tracking Number J4 Original Specialty Recommended RVU: **25.00**
Presented Recommended RVU: **25.00**
Global Period: 090 RUC Recommended RVU: **25.00**

CPT Descriptor: Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male involved in a high-speed motor vehicle crash suffers segmental fractures of ribs 5 thru 9 on the left side resulting in severe pain, progressive atelectasis, and enlarging hemothorax. Open reduction and internal fixation of the rib fractures is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 33%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to films, scans, and lab reports. Review arterial blood gas values. Check with lab on availability of blood and/or cross match. Examine patient to assess whether other systems may be injured. Write pre-operative orders for peri-operative medications. Review planned incisions and procedure. Assure that the patient is adequately stabilized and prepared prior to surgery. Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family. Answer patient and family questions and obtain informed consent. Review length and type of anesthesia with anesthesiologist. Change into scrub clothes. Verify that all necessary surgical instruments and supplies are readily available in the operative suite. Verify that antibiotics and prophylaxis for deep venous thrombosis / pulmonary embolus are provided. Assist anesthesia as necessary and ensure that good lung isolation has occurred when the patient is placed under general anesthesia with a double lumen tube for single lung ventilation. Monitor/assist with patient posterolateral positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. Indicate areas of skin to be prepped and mark surgical incisions. Re-assess the postion of the double lumen endotracheal tube to ensure that good lung isolation is still present and there have been no changes with positioning. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: A small incision is made over the displaced rib, dividing the skin, subcutaneous tissue and muscle, and exposing the ribs. The lung is deflated with the dual lumen endotracheal tube. A thoracoscope is placed through a small separate incision in the pleural cavity and the area of the fractured ribs is visualized. Additional similar small skin incisions are made over the fracture sites as identified by thoracoscopic visualization. The intercostal nerve bundles are identified and separated. Using thoracoscopic visualization, the drill guide and plate/splint are fitted to the rib overlying the fracture. The screw holes are drilled for attachment of the plate or splint insertion in each fracture site of the

rib. The splint or plate are secured to the rib with locking screws to fix the hardware in place over the fracture. This is repeated at each rib and/or fracture site. The thoracoscope is removed, the lung is inflated, and the wounds are closed in layers.

Description of Post-Service Work:
Immediate Post: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Discontinue prophylactic antibiotic therapy, as appropriate. Review post-operative labs and films. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report. Write orders for transfer to hospital floor and discuss ongoing care with floor nurses.

Hospital Visits: Review interval chart notes. Discuss ongoing care with floor nurses. Evaluate vital signs and intake/output, including chest tube fluid output and air leakage. Auscultate heart and lungs. Monitor fluid and electrolyte status and renal function. Examine patient, check wounds and change dressings. Remove chest tube when appropriate. Continue prophylaxis for DVT. Assess need for beta-blockers, order as required. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Hospital Discharge Management: Review interval chart notes, including imaging. Evaluate vital signs and intake/output. Auscultate heart and lungs. Assess fluid and electrolyte status. Examine patient, check wounds and change dressings. Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions and activity levels (ie, diet, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office Visits: Review interval chart notes. Order and review post discharge labs/films. Examine and talk with patient. Assess pain scores and adequacy of analgesia. Remove staples/sutures, when appropriate. Review activity and restrictions. Answer patient/family questions. Write medication prescriptions. Discuss progress with PCP (verbal and written). Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Christopher Senkowski, MD, FACS; Charles Mabry, MD, FACS; James Levett, MD, FACS; William Creevy, MD		
Specialty(s):	general surgery, thoracic surgery, orthopaedic surgery		
CPT Code:	21812		
Sample Size:	450	**Resp N:** 46	**Response:** 10.2 %
Description of Sample:	Random Symposium Attendees (50) Random ACS, AAOS, STS membership (400)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	2.00	**3.00**	7.00	25.00
Survey RVW:	16.00	23.00	**25.00**	30.00	45.00
Pre-Service Evaluation Time:			**70.00**		
Pre-Service Positioning Time:			**18.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**150.00**	180.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**230.00**	99231x **2.00** 99232x **2.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	21812	**Recommended Physician Work RVU: 25.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**230.00**	99231x **2.00** 99232x **2.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32663	090	24.64	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with lobectomy (single lobe)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 21.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 21812**	**Key Reference CPT Code:** 32663	**Source of Time** RUC Time

Median Pre-Service Time	70.00	75.00
Median Intra-Service Time	150.00	155.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	230.0	170.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	39.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**580.00**	**507.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.89
Urgency of medical decision making	3.67	3.78
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	4.11
Physical effort required	4.11	3.89
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	4.22
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	3.44	3.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.44
Intra-Service intensity/complexity	4.00	3.89
Post-Service intensity/complexity	3.44	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background 21811-21813
At the October CPT Editorial Panel meeting, a representative from Dupuy Synthes proposed conversion of Category III codes to Category I codes for reporting open reduction and internal fixation of fractured ribs. The ACS and STS noted that while this procedure was a low volume procedure, that it had gained general acceptance and therefore agreed to survey the three new codes. The Research Subcommittee approved a non-random survey in conjunction with a random survey. Fifty surveys were sent to participants of a Synthes Thoracic Trauma Technology symposium. This symposium provided an update on the management of thoracic trauma and surgical techniques to improve thoracic stability. The symposium was attended by trauma surgeons from various specialties, including general surgery, thoracic surgery, and orthopaedic surgery. In addition, 50 surveys were sent to a random sample of trauma surgeons from the ACS membership database.

We did not receive the minimum required 30 surveys for presentation at the January 2014 RUC meeting. In addition, a majority of the respondents were from the non-random sample. The specialties suggested, and the RUC agreed, to allow the survey process to continue. The ACS and STS were instructed to send a survey request to a different random sample of surgeons from membership databases. In addition, the AAOS agreed to participate. The joint efforts of ACS, STS, and AAOS increased the random sample response. The RUC Summary Excel file provides a breakdown of survey statistics from each sample. Our recommendations are based on the combined responses of both samples.

21812 Discussion

Pre-time: We recommend Package 4 (Difficult Patient/Difficult Procedure) with an additional 12 minutes of positioning time to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion for the operation. We have also subtracted 5 minutes from the scrub, dress, wait time to match the survey median time.

Immediate Post-time: We have indicated Package 9B (General Anesthesia/Complex Procedure) and subtracted 3 minutes to match the survey median time.

We recommend the survey median RVW of 25.00 for code 21812.

Key Reference: Compared to survey code 21812, code 32663 has similar intra-time, but less post-op work. The RVW recommendation of 25.00 accounts for these differences and appropriately ranks these codes.

The following table provides other RUC reviewed services with similar intra-time and total time, as support for the recommendation of 25.00 for code 21812.

year	CPT	LONG DESC	RVW	IWPUT	Total	PRE	INTRA	sd-im	33	32	31	38	13	12
2006	**33265**	Ablate atria lmtd endo	23.71	0.100	**446**	95	**150**	40		1	1	1.0	1	
2000	**35151**	Repair defect of artery	23.72	0.093	**473**	100	**150**	30		1	3	1.0	1	2
2000	**34802**	Endovas aaa repr w/2-p part	23.79	0.100	**462**	135	**150**	40		1	1	1.0	1	1
2000	**34804**	Endovas aaa repr w/1-p part	23.79	0.103	**442**	120	**150**	35		1	1	1.0	1	1
2000	**35663**	Art byp ilioiliac	23.93	0.084	**503**	75	**148**	25	1	2	1	1.0	2	1
2000	**35521**	Art byp grft axill-femoral	24.13	0.079	**530**	90	**155**	30	1	2	1	1.0	2	1
2000	**43631**	Removal of stomach partial	24.51	0.079	**535**	75	**150**	30		2	5	1.0	2	1
2000	**35351**	Rechanneling of artery	24.61	0.091	**502**	90	**150**	30	1	2	1	1.0	1	1
2011	**32663**	Thoracoscopy w/lobectomy	24.64	0.088	**507**	75	**155**	30	2	1	1	1.0	1	1
2004	**34803**	Endovas aaa repr w/3-p part	24.82	0.104	**442**	110	**165**	30		1	1	1.0	1	1
	21812	ORIF 4-7 ribs	25.00	0.073	**580**	70	**150**	30	2	2	2	1.0	2	1
2005	**35506**	Art byp grft subclav-carotid	25.33	0.098	**452**	60	**165**	28	1	1	1	1.0	2	
2000	**35131**	Repair defect of artery	26.40	0.099	**528**	105	**150**	40		2	3	1.0	1	2
2005	**45402**	Lap proctopexy w/sig resect	26.51	0.112	**470**	90	**150**	30		2	1	1.0	2	1
2000	**34151**	Removal of artery clot	26.52	0.101	**508**	75	**150**	30		2	4	1.0	1	2
2000	**34401**	Removal of vein clot	26.52	0.102	**503**	70	**150**	30		2	4	1.0	1	2
2002	**62162**	Remove colloid cyst w/scope	26.80	0.105	**516**	108	**148**	40		2	2	1.0	2	1

year	CPT	LONG DESC	RVW	IWPUT	Total	PRE	INTRA	sd-im	33	32	31	38	13	12
2000	**43850**	Revise stomach-bowel fusion	27.58	0.079	**625**	75	**150**	30	2	3	2	1.0	2	1
2005	**44143**	Partial removal of colon	27.79	0.085	**607**	60	**150**	30	2	2	3	1.0	1	1
2000	**44626**	Repair bowel opening	27.90	0.090	**587**	60	**150**	30	2	3	2	1.0	1	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0246T and 0247T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty thoracic surgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The CCP that was submitted by one of the device manufacturers estimated national frequency at 2800. Division by code (ie, number of ribs) and by specialty is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please

explain the rationale for this estimate. 2012 Medicare data for 0247T and some portion of 0246T. Actually utilization may be higher due to the fact that some payers deny claims for Cat III codes.

Specialty general surgery	Frequency 13	Percentage 43.33 %
Specialty thoracic surgery	Frequency 13	Percentage 43.33 %
Specialty orthopaedic surgery	Frequency 4	Percentage 13.33 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 32110

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21813 Tracking Number J5 Original Specialty Recommended RVU: **35.00**
Presented Recommended RVU: **35.00**
Global Period: 090 RUC Recommended RVU: **35.00**

CPT Descriptor: Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 24-year-old pedestrian is struck by a car and suffers multiple left sided rib fractures with obvious flail chest. A three-dimensional CT chest reconstruction confirms comminuted and displaced fractures of ribs 2 thru 10, with flail segments of ribs 4 thru 8 and significant chest wall collapse. Open reduction and internal fixation of the rib fractures is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to films, scans, and lab reports. Review arterial blood gas values. Check with lab on availability of blood and/or cross match. Examine patient to assess whether other systems may be injured. Write pre-operative orders for peri-operative medications. Review planned incisions and procedure. Assure that the patient is adequately stabilized and prepared prior to surgery. Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family. Answer patient and family questions and obtain informed consent. Review length and type of anesthesia with anesthesiologist. Change into scrub clothes. Verify that all necessary surgical instruments and supplies are readily available in the operative suite. Verify that antibiotics and prophylaxis for deep venous thrombosis / pulmonary embolus are provided. Assist anesthesia as necessary and ensure that good lung isolation has occurred when the patient is placed under general anesthesia with a double lumen tube for single lung ventilation. Monitor/assist with patient posterolateral positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. Indicate areas of skin to be prepped and mark surgical incisions. Re-assess the postion of the double lumen endotracheal tube to ensure that good lung isolation is still present and there have been no changes with positioning. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: A small incision is made over the displaced rib, dividing the skin, subcutaneous tissue and muscle, and exposing the ribs. The lung is deflated with the dual lumen endotracheal tube. A thoracoscope is placed through a small separate incision in the pleural cavity and the area of the fractured ribs is visualized. Additional similar small skin incisions are made over the fracture sites as identified by thoracoscopic visualization. The intercostal nerve bundles are identified and separated. Using thoracoscopic visualization, the drill guide and plate/splint are fitted to the rib

overlying the fracture. The screw holes are drilled for attachment of the plate or splint insertion in each fracture site of the rib. The splint or plate are secured to the rib with locking screws to fix the hardware in place over the fracture. This is repeated at each rib and/or fracture site. The thoracoscope is removed, the lung is inflated, and the wounds are closed in layers.

Description of Post-Service Work:
Immediate Post: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Discontinue prophylactic antibiotic therapy, as appropriate. Review post-operative labs and films. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report. Write orders for transfer to hospital floor and discuss ongoing care with floor nurses.

Hospital Visits: Review interval chart notes. Discuss ongoing care with floor nurses. Evaluate vital signs and intake/output, including chest tube fluid output and air leakage. Auscultate heart and lungs. Monitor fluid and electrolyte status and renal function. Examine patient, check wounds and change dressings. Remove chest tube when appropriate. Continue prophylaxis for DVT. Assess need for beta-blockers, order as required. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Hospital Discharge Management: Review interval chart notes, including imaging. Evaluate vital signs and intake/output. Auscultate heart and lungs. Assess fluid and electrolyte status. Examine patient, check wounds and change dressings. Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions and activity levels (ie, diet, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office Visits: Review interval chart notes. Order and review post discharge labs/films. Examine and talk with patient. Assess pain scores and adequacy of analgesia. Remove staples/sutures, when appropriate. Review activity and restrictions. Answer patient/family questions. Write medication prescriptions. Discuss progress with PCP (verbal and written). Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Christopher Senkowski, MD, FACS; Charles Mabry, MD, FACS; James Levett, MD, FACS; William Creevy, MD		
Specialty(s):	general surgery, thoracic surgery, orthopaedic surgery		
CPT Code:	21813		
Sample Size:	450	**Resp N:** 44	**Response:** 9.7 %
Description of Sample:	Random Symposium Attendees (50) Random ACS, AAOS, STS membership (400)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	25.00
Survey RVW:	20.00	30.00	**35.00**	40.00	60.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	120.00	175.00	**210.00**	240.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**380.00**	99231x **2.00** 99232x **3.00** 99233x **4.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	21813	**Recommended Physician Work RVU: 35.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**210.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	380.00	99231x **2.00** 99232x **3.00** 99233x **4.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	62.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
44146	090	35.30	**RUC Time**

CPT Descriptor Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,958

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 27.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 21813**	**Key Reference CPT Code:** 44146	**Source of Time RUC Time**
Median Pre-Service Time	70.00	95.00	

Median Intra-Service Time	210.00	240.00
Median Immediate Post-service Time	30.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	380.0	195.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	79.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**790.00**	**692.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.25	4.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.42	4.42
Urgency of medical decision making	3.92	3.58
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.50
Physical effort required	4.42	4.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.33	4.25
Outcome depends on the skill and judgment of physician	4.42	4.42
Estimated risk of malpractice suit with poor outcome	3.92	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.58	4.33
Intra-Service intensity/complexity	4.92	4.75
Post-Service intensity/complexity	4.33	4.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background 21811-21813

At the October CPT Editorial Panel meeting, a representative from Dupuy Synthes proposed conversion of Category III codes to Category I codes for reporting open reduction and internal fixation of fractured ribs. The ACS and STS noted that while this procedure was a low volume procedure, that it had gained general acceptance and therefore agreed to survey the three new codes. The Research Subcommittee approved a non-random survey in conjunction with a random survey. Fifty surveys were sent to participants of a Synthes Thoracic Trauma Technology symposium. This symposium provided an update on the management of thoracic trauma and surgical techniques to improve thoracic stability. The symposium was attended by trauma surgeons from various specialties, including general surgery, thoracic surgery, and orthopaedic surgery. In addition, 50 surveys were sent to a random sample of trauma surgeons from the ACS membership database.

We did not receive the minimum required 30 surveys for presentation at the January 2014 RUC meeting. In addition, a majority of the respondents were from the non-random sample. The specialties suggested, and the RUC agreed, to allow the survey process to continue. The ACS and STS were instructed to send a survey request to a different random sample of surgeons from membership databases. In addition, the AAOS agreed to participate. The joint efforts of ACS, STS, and AAOS increased the random sample response. The RUC Summary Excel file provides a breakdown of survey statistics from each sample. Our recommendations are based on the combined responses of both samples.

21813 Discussion

Pre-time: We recommend Package 4 (Difficult Patient/Difficult Procedure) with an additional 12 minutes of positioning time to account for posterolateral positioning/padding of the patient and testing of the dual lumen tube positioning and one lung exclusion for the operation. We have also subtracted 5 minutes from the scrub, dress, wait time to match the survey median time.

Immediate Post-time: We have indicated Package 9B (General Anesthesia/Complex Procedure) and subtracted 3 minutes to match the survey median time.

We recommend the survey median RVW of 35.00 for code 21813.

Key Reference: Compared to survey code 21813, key reference code 44146 has less intra-time and less post-op work, however, the intraoperative intensity is greater. The RVW recommendation of 35.00 accounts for these differences.

The following table provides other RUC reviewed services with similar intra-time, as support for the recommendation of 35.00 for code 21813.

year	CPT	LONG DESC	RVW	IWPUT	Total	PRE	INTRA	sd-im	91	33	32	31	38	14	13	12
2005	**35081**	Repair defect of artery	33.53	0.079	**677**	90	**210**	30	1		3	2	1.0	1	1	1
2002	**44208**	L colectomy/coloproctostomy	33.99	0.104	**595**	75	**205**	35			3	3	1.0		2	1
2000	**35560**	Art byp grft aortorenal	34.03	0.107	**590**	90	**200**	25		1	2	2	1.0		2	1
2005	**43620**	Removal of stomach	34.04	0.078	**695**	60	**200**	30	1	1	3	3	1.0		2	1
2003	**63101**	Remove vert body dcmprn thrc	34.10	0.092	**671**	130	**215**	43			2	4	1.0		3	1
2003	**63102**	Remove vert body dcmprn lmbr	34.10	0.097	**658**	130	**205**	40			2	4	1.0		3	1
2005	**33665**	Repair of heart defects	34.85	0.101	**613**	90	**200**	60	1	1	1	1	1.0	1		
2006	**33256**	Ablate atria w/bypass exten	34.90	0.095	**646**	95	**200**	40	1		3	1	1.0	1	1	
	21813	ORIF 7 or more ribs	35.00	0.074	**790**	70	**210**	30		4	3	2	1.0		2	1
2000	**34830**	Open aortic tube prosth repr	35.23	0.096	**665**	60	**210**	45		2	2	3	1.0		2	1
2011	**33692**	Repair of heart defects	36.15	0.089	**684**	63	**218**	60	1	1	2	3	1.0	1		
2005	**33416**	Revise ventricle muscle	36.56	0.098	**664**	93	**205**	60	1	1	1	2	1.0	1	1	
2006	**33676**	Close mult vsd w/resection	36.95	0.101	**658**	100	**210**	60	1		2	3	1.0	1		
2011	**33710**	Repair of heart defects	37.50	0.096	**656**	63	**200**	60	2	1	1	1	1.0	1		
2005	**33506**	Repair artery translocation	37.85	0.100	**678**	72	**200**	40	1	1		9	1.0		1	
2005	**33505**	Repair artery w/tunnel	38.40	0.103	**678**	72	**200**	40	1	1		9	1.0		1	
2011	**33120**	Removal of heart lesion	38.45	0.103	**686**	63	**205**	60	1	2	2	1	1.0	1		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0248T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty thoracic surgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The CCP that was submitted by one of the device manufacturers estimated national frequency at 2800. Division by code (ie, number of ribs) and by specialty is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare data for 0248T. Actually utilization may be higher due to the fact that some payers deny claims for Cat III codes.

Specialty general surgery Frequency 3 Percentage 42.85 %

Specialty thoracic surgery Frequency 3 Percentage 42.85 %

Specialty orthopaedic surgery Frequency 1 Percentage 14.28 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 32504

ISSUE: Internal Fixation of Rib Fracture
TAB: 5

					RVW					Total	PRE	PRE			INTRA					POST	POST-FACILITY					POST-OFFICE					SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	P-SD	91	33	32	31	38	15	14	13	12	11	MIN	25th	MED	75th	MAX
KEY-REF	32654	Thoracoscopy, surgical; with control of tr	8	0.084			20.52			515		10	12	15			71				40		2	4	1	1.0			1	1						
SVY	21811	Open treatment of rib fracture(s) with int	45	0.069	12.00	18.00	19.55	21.00	30.10	479		60	15	15	60	90	120	120	210		30		1	2	1	1.0			2			0	2	4	6	15
REC	21811	All Responses	45	0.073			19.55			459	4	40	15	15			120			9b	30		1	2	1	1.0			2							
	21811	Random Symposium Attendees	17		12.00	15.00	20.00	22.00	26.00	474		55	15	15	60	80	120	120	210		30		1	1.5	2	1.0			2			0	2	4	5	15
	21811	Random ACS, STS, AAOS distribution	28		13.00	18.00	19.28	20.64	30.10	492		70	18	15	60	90	113	120	150		30		1	2	1	1.0			2	0.5		0	1	4	6	12
KEY-REF	32663	Thoracoscopy, surgical; with lobectomy	10	0.088			24.64			507		40	15	20			155				30		2	1	1	1.0			1	1						
SVY	21812	Open treatment of rib fracture(s) with int	46	0.068	16.00	23.00	25.00	30.00	45.00	613		70	18	15	90	120	150	180	300		30		2	2	2	1.0			2	1		1	2	3	7	25
REC	21812	All Responses	46	0.073			25.00			580	4	40	15	15			150			9b	30		2	2	2	1.0			2	1						
	21812	Random Symposium Attendees	18		19.00	23.00	25.00	30.25	45.00	571		60	15	14	90	125	150	180	300		30		2	2	1	1.0			2	0.5		1	2	4	7	25
	21812	Random ACS, STS, AAOS distribution	28		16.00	22.00	25.50	30.00	35.30	675		75	20	15	90	120	150	165	240		30		3	2	2	1.0			2	1		1	2	3	7	15
REF	44146	Colectomy, partial; with coloproctostomy	12	0.088			35.30			692		60	20	15			240				45		1	2	3	1.0		1	1	1						
SVY	21813	Open treatment of rib fracture(s) with int	44	0.070	20.00	30.00	35.00	40.00	60.00	830		75	20	15	120	175	210	240	360		30		4	3	2	1.0			2	1		0	1	2	4	25
REC	21813	All Responses	44	0.074			35.00			790	4	40	15	15			210			9b	30		4	3	2	1.0			2	1						
	21813	Random Symposium Attendees	16		25.00	30.00	35.00	40.00	60.00	803		70	19	15	120	180	220	255	360		30		3	3	2	1.0		1	2				1	2	3	4	25
	21813	Random ACS, STS, AAOS distribution	28		20.00	29.50	35.15	40.00	48.00	855		93	20	15	120	150	210	240	360		30		4	3	2	1.0			3				0	1	2	4	15

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

NOTE – NO DIRECT INPUTS FOR NON-FACILITY

CPT Long Descriptor:

21811 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs

21812 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs

21813 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs

Global Period: 090 Meeting Date: 04/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ACS, STS, and AAOS RUC Advisors discussed the practice expense details for these facility based codes compare with to be deleted code 21810.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Deleted code 21810 has been used as the reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility

Intra-Service Clinical Labor Activities:
- Discharge management assistance

Post-Service Clinical Labor Activities:
- Assist at follow up office visits

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs

Global Period: 090 Meeting Date: January 2014

N/A – These are facility only codes. No inputs recommended for non-facility.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or**			**21810**	**21811**	**21812**	**21813**
3	**Meeting Date: April 2014** **Tab: 5** **Specialty: ACS, STS, AAOS**	**CMS Code**	**Staff Type**	Treatment of rib fracture requiring external fixation (flail chest)	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic
4	**LOCATION**			**Faciltiy**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**166.5**	**33**	**33**	**33**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**60**	**33**	**33**	**33**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**12**	**0**	**0**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**95**	**0**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**20**	**20**	**20**	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**8**	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**20**			
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**7**			
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	**12**	**0**	**0**	**0**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**3.5**		**0**	**0**
52	99213 36 minutes		36		**0**	**0**	**0**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**94.5**	**0**	**0**	**0**
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	**4**	**0**	**0**	**0**
60	pack, post-op incision care (staple)	SA052	pack	**1**	**0**	**0**	**0**
61	**EQUIPMENT**	**CODE**					
62	table, power	EF031		**95**	**0**	**0**	**0**
63	light, surgical	EF014			**0**	**0**	**0**
64	cast cutter	EQ081		**95**			

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or**			**21810**	**21811**	**21812**	**21813**
3	**Meeting Date: April 2014** **Tab: 5** **Specialty: ACS, STS, AAOS**	**CMS Code**	**Staff Type**	Treatment of rib fracture requiring external fixation (flail chest)	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic
4	**LOCATION**			**Faciltiy**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**166.5**	**117**	**144**	**144**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**60**	**33**	**33**	**33**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**12**	**12**	**12**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**95**	**72**	**99**	**99**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**20**	**20**	**20**	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**8**	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**20**			
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**7**			
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	**12**	**12**	**12**	**12**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**3.5**		**1**	**1**
52	99213 36 minutes		36		**2**	**2**	**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**94.5**	**72**	**99**	**99**
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	**4**	**2**	**3**	**3**
60	pack, post-op incision care (staple)	SA052	pack	**1**	**1**	**1**	**1**
61	**EQUIPMENT**	**CODE**					
62	table, power	EF031		**95**	**72**	**99**	**99**
63	light, surgical	EF014			**72**	**99**	**99**
64	cast cutter	EQ081		**95**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

April 2014

Percutaneous Vertebroplasty and Augmentation

The CPT/RUC Joint Workgroup recommended that CPT code 72291 *Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance* be bundled with CPT codes 22520 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic,* 22523 *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic*, 22524 *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar* and 72292 *Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance* be bundled with *22521Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar* by the 2015 CPT cycle. In February 2014, the CPT Editorial Panel replaced eight Category I codes with six new codes to bundle the percutaneous vertebroplasty with imaging guidance.

22510 *Percutaneous vertebroplasty (bone biopsy included when performed), 1vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic*
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 47 physicians for CPT code 22510 and determined that the survey 25th percentile work RVU of 8.15 appropriately accounts for the work required to perform this service. The RUC compared 22510 to key reference code 20245 *Biopsy, bone, open; deep (eg, humerus, ischium, femur)* (work RVU = 8.95) and determined that 20245 requires similar work to perform, however, the intra-service time is 90 minutes compared to 45 minutes for 22510. For additional support, the RUC referenced similar 010-day global period code 39400 *Mediastinoscopy, includes biopsy(ies), when performed* (work RVU = 8.05 and 45 minutes intra-service time) and MPC codes 55706 *Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance* (work RVU = 6.28) and 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU = 9.13). **The RUC recommends a work RVU of 8.15 for code 22510.**

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22511 ***Percutaneous vertebroplasty (bone biopsy included when performed), 1vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral***
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 46 physicians and determined that the survey respondents overestimated the work required to perform this service. The RUC compared 225X1 to CPT code 39400 *Mediastinoscopy, includes biopsy(ies), when performed* (work RVU of 8.05 and 70 minutes pre-service, 45 minutes intra-service and 25 minutes immediate post-service) and determined that based on similar work RVUs and intra-service time, it was an appropriate crosswalk for code 22511. For additional support, the RUC referenced similar MPC codes 55706 *Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance* (work RVU = 6.28) and 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU = 9.13).**The RUC recommends a work RVU of 8.05 for code 22511.**

22512 ***Percutaneous vertebroplasty (bone biopsy included when performed), 1vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)***
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 44 physicians for CPT code 22512 and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the work required to perform this service. The RUC compared 22512 to the key reference service CPT code 37223 *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (work RVU = 4.25) which has a similar work RVU as the 25th percentile to the surveyed code. For additional support the RUC referenced CPT code 63621 *Stereotactic Radiosurgery (particle beam, gamma ray, linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)* (work RVU = 4.00) which has the same work RVU as the survey 25th percentile. **The RUC recommends a work RVU of 4.00 for code 22512.**

22513 ***Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic***
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 44 physicians for CPT code 22513 and determined that the survey 25th percentile work RVU of 8.90 appropriately accounts for the work required to perform this service. The RUC compared 22513 to a similar service CPT code 20245 *Biopsy, bone, open; deep (eg, humerus, ischium, femur)* (work RVU = 8.95) and determined that 20245 requires similar work to perform, however, the intra-service time is 90 minutes compared to 45 minutes for 22513. For additional support, the RUC referenced similar 010-day global period code 39400 *Mediastinoscopy, includes biopsy(ies), when performed* (work RVU = 8.05 and 45 minutes intra-service time) and MPC codes 55706 *Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance* (work RVU = 6.28) and 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU = 9.13). **The RUC recommends a work RVU of 8.90 for code 22513.**

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22514 ***Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar***
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 44 physicians for CPT code 22514 and determined that the survey 25th percentile work RVU of 8.24 appropriately accounts for the work required to perform this service. The RUC compared 22514 to a similar service CPT code 20245 *Biopsy, bone, open; deep (eg, humerus, ischium, femur)* (work RVU = 8.95) and determined that 20245 requires similar work to perform, however, the intra-service time is 90 minutes compared to 45 minutes for 22510. For additional support, the RUC referenced similar 010-day global period code 39400 *Mediastinoscopy, includes biopsy(ies), when performed* (work RVU = 8.05 and 45 minutes intra-service time) and MPC codes 55706 *Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance* (work RVU = 6.28) and 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU = 9.13). **The RUC recommends a work RVU of 8.24 for code 22514.**

22515 ***Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)***
This code is part of a family of codes that was recently bundled by CPT to include imaging guidance that was previously separately reportable. The RUC reviewed the survey results from 45 physicians for CPT code 22512 and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the work required to perform this service. The RUC compared 22515 to CPT code 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach* (work RVU = 4.88) which has a similar work RVU as the 25th percentile to the surveyed code. For additional support the RUC referenced CPT code 63621 *Stereotactic Radiosurgery (particle beam, gamma ray, linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)* (work RVU = 4.00) which has the same work RVU as the survey 25th percentile. **The RUC recommends a work RVU of 4.00 for code 22515.**

Practice Expense
The RUC reviewed and approved the direct Practice Expense inputs with minor modifications.

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery				
Musculoskeletal System				
General				
Excision				
20220		*Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*		
20225		*deep (eg, vertebral body, femur)*		
		(Do not report 20225 in conjunction with 22510- 22515, 0200T, 0201T when performed at the same level)		
		(For bone marrow biopsy, use 38221)		
		(For radiologic supervision and interpretation, see 77002, 77012, 77021)		
Spine (Vertebral Column)				
Osteotomy				
22310		*Closed treatment of vertebral body fracture(s), without manipulation*		
		(Do not report 22310 in conjunction with 22510-22515 when performed at the same level)		
22315		*Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction*		
		(Do not report 22315 in conjunction with 22510- 22515 when performed at the same level)		
		(For spinal subluxation, use 97140)		
22318		*Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting*		
22319		*with grafting*		
22325		*Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or*		

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dislocated segment; lumbar

(Do not report 22325 in conjunction with ~~22510~~ 22511, 22512, 22514, 22515 when performed at the same level)

22326 *cervical*

22327 *thoracic*

(Do not report 22327 in conjunction with 22510–, 22512, 22513, 22515 when performed at the same level)

Surgery
Musculoskeletal System
Spine (Vertebral Column)
~~Vertebral Body, Embolization or Injection~~

~~⊙22520~~ *~~Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic~~*

~~⊙22521~~ *~~lumbar~~*

~~⊙+22522~~ *~~each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)~~*

~~(Do not report 22520-22522 in conjunction with 20225, 22310-22315, 22325, 22327when performed at the same level as 22520-22522)~~

~~(Use 22522 in conjunction with 22520, 22521 as appropriate)~~

~~(For radiological supervision and interpretation, see 72291, 72292)~~

~~22523~~ *~~Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic~~*

~~22524~~ *~~lumbar~~*

~~+22525~~ *~~each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)~~*

~~(Do not report 22523-22525 in conjunction with 20225, 22310-22315, 22325,22327 when performed at the same level as~~

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~~*22523-22525)*~~

~~*(Use 22525 in conjunction with 22523, 22524)*~~

~~*(For radiological supervision and interpretation, see 72291, 72292)*~~

(22520-22525 have been deleted. To report, see 22510-22515)

⊙*22526* *Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level*

⊙✚*22527* *1 or more additional levels (List separately in addition to code for primary procedure)*

(Use 22527 in conjunction with 22526)

(Do not report codes 22526, 22527 in conjunction with 77002, 77003)

(For percutaneous intradiscal annuloplasty using method other than electrothermal, use 22899)

Surgery
Musculoskeletal System
Spine (Vertebral Column)
Percutaneous ~~Vertebroplasty and~~ Vertebral Augmentation

Codes 22510-22515 describe procedures for percutaneous vertebral augmentation that include vertebroplasty of the cervical, thoracic, lumbar and sacral spine and vertebral augmentation of the ~~cervical,~~ thoracic and lumbar spine~~, as well as sacroplasty. These procedures are performed throughout the spine, typically for pain resulting from osteoporotic fractures, or less commonly for palliation of pain from pathologic fractures~~.

The procedure codes are inclusive of bone biopsy when performed, moderate sedation, and imaging guidance necessary to perform the procedure. Use one primary procedure code and an add-on code for additional levels~~, eg when crossing spinal regions such as the thoracolumbar junction~~. When treating the sacrum, sacral procedures are reported only once per encounter.

⊙●22510	W1	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	010	8.15

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⊙●22511	W2	lumbosacral (~~For sacral augmentation, see 0200T, 0201T.~~ For facet joint arthroplasty, use 0202T. ~~For cervical augmentation, use 22899~~)	010	8.05
⊙✚●22512	W3	each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) (Use 22512 in conjunction with 22510, 22511) (Do not report 22510- 22512 in conjunction with 20225, 22310, 22315, 22325, 22327 when performed at the same level as 22510-22512)	ZZZ	4.00
⊙●22513	W4	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; ~~cervico~~thoracic	010	8.90
⊙●22514	W5	lumbar~~osacral~~ (~~For sacral augmentation, see 0200T, 0201T.~~ For facet joint arthroplasty, use 0202T. ~~For cervical augmentation, use 22899~~)	010	8.24

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⊙✚●22515	W6	each additional ~~cervico~~thoracic or lumbar~~osacral~~ vertebral body (List separately in addition to code for primary procedure) (Use 22515 in conjunction with 22513, 22514) (Do not report ~~22510~~22513- 22515 in conjunction with 20225, 22310, 22315, 22325, 22327 when performed at the same level as ~~22510~~22513-22515)	ZZZ	4.00

Radiology
Diagnostic Radiology (Diagnostic Imaging)
Spine and Pelvis

~~*72291*~~ ~~*Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance*~~

~~*72292*~~ ~~*under CT guidance*~~

~~*(For procedure, see 22520-22525, 0200T, 0201T)*~~

(72291 and 72292 have been deleted. For procedures, see 22510-22515, 0200T, 0201T)

Category III Codes

⊙▲0200T Percutaneous sacral augmentation (sacroplasty), unilateral injections(s), including the use of a balloon or mechanical device, when used, 1 or more needles~~, inclusive of all imaging guidance~~,includes imaging guidance and bone biopsy, when performed
Sunset January 20~~15~~19

⊙▲0201T Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles~~, inclusive of all imaging guidance~~,includes imaging guidance and bone biopsy, when performed
Sunset January 20~~15~~19

(Do not report 0200T, 0201T in conjunction with 20225 when performed at the same level.

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	~~*(For radiological supervision and interpretation, see 72291, 72292)*~~
	~~*(If bone biopsy is performed, see 20220, 20225)*~~
	~~(0200T and 0201T have been deleted. To report, see 22511, 22512, 22514, 22515)~~
0202T	*Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine*
	(Do not report 0202T in conjunction with ~~22521~~22511, ~~22524~~22514, 22840, 22851, 22857, 63005, 63012, 63017, 63030, 63042, 63047, 63056 at the same level)
	(0203T has been deleted. To report, use 95800)
(0204T has been deleted. To report, use 95801)	

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22510 Tracking Number W1 Original Specialty Recommended RVU: **9.10**
Presented Recommended RVU: **8.15**
Global Period: 010 RUC Recommended RVU: **8.15**

CPT Descriptor: Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old woman develops sudden, severe mid back pain after loading groceries into her car. A thoracic spine MRI demonstrates an acute compression fracture involving T9, and conservative medical management fails to relieve her pain. She is referred for thoracic vertebroplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 88% , In the ASC 3%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 67% , Overnight stay-less than 24 hours 30% , Overnight stay-more than 24 hours 3%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 70%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 51%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of relevant preoperative diagnostic imaging studies are retrieved and reviewed (eg, plain films and MRI). The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record.

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the prone position on the multi-planar fluoroscopy table. Time is taken to prop and bolster the patient appropriately for patient comfort and appropriate positioning for the procedure. A time out is performed. The patient is placed on physiologic monitors. Moderate conscious sedation is administered. Preliminary fluoroscopy is performed to localize the target vertebral body which is marked. The patient is prepped and draped is the usual sterile fashion.

Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach, medial to the pleura, toward the base of the targeted pedicle, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the vertebral body in the desired position (imaging not separately reportable). PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make sure that cement does not

migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the ventral two-thirds to three-quarters of the vertebral body has been opacified by cement. The trocar is removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, and to verify that no venous migration of cement is observed. If only unilateral vertebral body filling with cement is demonstrated, the procedure is repeated from the contralateral side with a bi-pedicular approach. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebroplasty entered in the electronic medical record. The patient is evaluated for pain and neurological changes following the procedure. The procedure is documented in the chart using a short postprocedure note. The patient is transferred from the procedure table to the recovery area and monitored. The procedure outcome is discussed with the patient and family. Postprocedure care instructions and plans for follow-up are also discussed. Recovery care and targeted examination findings are documented in a progress note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed. The patient is discharged with discharge instructions given and a note written.

The patient is seen in the office within the 10 day global period for a problem-focused follow-up (99213) and overall treatment response and any followup issues noted.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22510		
Sample Size:	5174	**Resp N:** 47	**Response:** 0.9 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	120.00
Survey RVW:	5.00	8.15	**9.10**	10.00	25.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	22510	**Recommended Physician Work RVU: 8.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

CPT Code: 22510

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20245	010	8.95	**RUC Time**

CPT Descriptor Biopsy, bone, open; deep (eg, humerus, ischium, femur)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55706	010	6.28	**RUC Time**	1,569

CPT Descriptor 1 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 55.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 22510**	**Key Reference CPT Code:** 20245	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	80.00	

Median Intra-Service Time	45.00	90.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	20.00
Median Discharge Day Management Time	19.0	38.00
Median Office Visit Time	23.0	86.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**160.00**	**344.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.12	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.46	3.27
Urgency of medical decision making	2.96	2.81
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.46
Physical effort required	3.65	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.92	3.19
Outcome depends on the skill and judgment of physician	4.04	3.35
Estimated risk of malpractice suit with poor outcome	3.88	3.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.35	3.00
Intra-Service intensity/complexity	3.65	3.12
Post-Service intensity/complexity	2.88	2.69

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur) was similar to the vertebroplasty and kyphoplasty codes including 10 day global period and similar work RVU as well as work effort and intensity in large bones. MPC codes selected which bracketed the recommended RVW were CPT 55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance and CPT 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510, 11, 13, 14).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes, and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	each additional cervicothoracic or lumbosacral vertebral body	4.50		1		30	1	0.149					
22515 survey	each additional thoracic or lumbar vertebral body	5.00		1		30	1	0.165					
22511 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral	9.00	33	15	5	45	20	0.129	1		0.5		
22510 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	9.10	33	15	5	45	20	0.132	1		0.5		
22514 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	9.20	33	15	5	45	20	0.134	1		0.5		
22513 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9.35	33	15	5	50	20	0.124	1		0.5		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22520 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,466
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 5825 Percentage 78.02 %

Specialty Orthopaedic Surgery Frequency 448 Percentage 6.00 %

Specialty Neuro Surgery Frequency 525 Percentage 7.03 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22520

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22511 Tracking Number W2 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **8.05**
Global Period: 010 RUC Recommended RVU: **8.05**

CPT Descriptor: Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old female develops sudden, severe low back pain after bending over to retrieve a laundry item. A thoracic spine MRI demonstrates an acute compression fracture involving L2. Despite a period of conservative medical management, the pain persists. Percutaneous lumbar vertebroplasty is performed

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 88% , In the ASC 3%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 68% , Overnight stay-less than 24 hours 32% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 78%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 52%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 73%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of relevant preoperative diagnostic imaging studies are retrieved and reviewed (eg, plain films and MRI). The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record.

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the prone position on the multi-planar fluoroscopy table. Time is taken to prop and bolster the patient appropriately for patient comfort and appropriate positioning for the procedure. A time out is performed. The patient is placed on physiologic monitors. Moderate conscious sedation is administered. Preliminary fluoroscopy is performed to localize the target vertebral body which is marked. The patient is prepped and draped is the usual sterile fashion.

Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach, medial to the pleura, toward the base of the targeted pedicle, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the vertebral body in the desired position (imaging not separately reportable). PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL

aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make sure that cement does not migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the ventral two-thirds to three-quarters of the vertebral body has been opacified by cement. The trocar is removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, and to verify that no venous migration of cement is observed. If only unilateral vertebral body filling with cement is demonstrated, the procedure is repeated from the contralateral side with a bi-pedicular approach. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebroplasty entered in the electronic medical record. The patient is evaluated for pain and neurological changes following the procedure. The procedure is documented in the chart using a short postprocedure note. The patient is transferred from the procedure table to the recovery area and monitored. The procedure outcome is discussed with the patient and family. Postprocedure care instructions and plans for follow-up are also discussed. Recovery care and targeted examination findings are documented in a progress note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed. The patient is discharged with discharge instructions given and a note written.

The patient is seen in the office within the 10 day global period for a problem-focused follow-up (99213) and overall treatment response and any followup issues noted.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22511		
Sample Size:	5174	**Resp N:** 46	**Response:** 0.8 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	20.00	120.00
Survey RVW:	5.00	7.20	**9.00**	9.50	25.00
Pre-Service Evaluation Time:			**58.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	22511	**Recommended Physician Work RVU: 8.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20245	010	8.95	**RUC Time**

CPT Descriptor Biopsy, bone, open; deep (eg, humerus, ischium, femur)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55706	010	6.28	**RUC Time**	1,569

CPT Descriptor 1 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 45.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 22511**	**Key Reference CPT Code:** 20245	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	80.00	

Median Intra-Service Time	45.00	90.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	20.00
Median Discharge Day Management Time	19.0	38.00
Median Office Visit Time	23.0	86.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**160.00**	**344.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	2.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.33	3.10
Urgency of medical decision making	2.86	2.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.62	3.33
Physical effort required	3.48	3.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.81	3.24
Outcome depends on the skill and judgment of physician	4.00	3.43
Estimated risk of malpractice suit with poor outcome	3.67	2.95

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.19	2.90
Intra-Service intensity/complexity	3.48	3.10
Post-Service intensity/complexity	2.76	2.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur) was similar to the vertebroplasty and kyphoplasty codes including 10 day global period and similar work RVU as well as work effort and intensity in large bones. MPC codes selected which bracketed the recommended RVW were CPT 55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance and CPT 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510, 11, 13, 14).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes,

and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	each additional cervicothoracic or lumbosacral vertebral body	4.50		1		30	1	0.149					
22515 survey	each additional thoracic or lumbar vertebral body	5.00		1		30	1	0.165					
22511 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral	9.00	33	15	5	45	20	0.129	1		0.5		
22510 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	9.10	33	15	5	45	20	0.132	1		0.5		
22514 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	9.20	33	15	5	45	20	0.134	1		0.5		
22513 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9.35	33	15	5	50	20	0.124	1		0.5		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22521 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,704
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 5860 Percentage 76.06 %

Specialty Orthopaedic Surgery Frequency 540 Percentage 7.00 %

Specialty Neuro Surgery Frequency 620 Percentage 8.04 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22521

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22512 Tracking Number W3 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.00**
Global Period: ZZZ RUC Recommended RVU: **4.00**

CPT Descriptor: Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old woman develops sudden, severe mid and low back pain after bending over while working in her garden. A thoracolumbar spine MRI demonstrates acute compression fractures involving T9 and L1. Despite appropriate conservative care, her pain persists. The patient is referred for thoracolumbar vertebroplasty. A percutaneous vertebroplasty (and bone biopsy, if indicated) has already been performed at T9. An additional percutaneous vertebroplasty of L1 is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital , In the ASC , In the office

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 53%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Medical history, physical exam, consent, and laboratories are obtained and reviewed.

Description of Intra-Service Work: After completion of injections at the initial level, the work of the additional level vertebroplasty at commences. Antiseptic skin preparation is done at the additional target level and the skin is draped. Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach, medial to the pleura, toward the base of the targeted pedicle, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the vertebral body in the desired position (imaging not separately reportable). PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make sure that cement does not migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the ventral two-thirds to three-quarters of the vertebral body has been opacified by cement. The trocar is removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, and to verify that no venous migration of cement is observed. If only unilateral vertebral body filling with cement is demonstrated, the procedure is repeated from the contralateral side with a bi-pedicular approach. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebral augmentation entered in the electronic medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22512		
Sample Size:	5174	**Resp N:** 44	**Response:** 0.8 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	80.00
Survey RVW:	2.15	4.00	**4.50**	6.13	24.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	41.25	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22512	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37223	ZZZ	4.25	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	010	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	CPT Code: 22512	Key Reference CPT Code: 37223	Source of Time RUC Time
Median Pre-Service Time	1.00	1.00	
Median Intra-Service Time	30.00	45.00	
Median Immediate Post-service Time	1.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**32.00**	**47.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.36	3.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.82	3.73
Urgency of medical decision making	3.45	3.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.91
Physical effort required	3.82	3.55
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.64	3.73
Outcome depends on the skill and judgment of physician	4.09	4.00
Estimated risk of malpractice suit with poor outcome	3.73	3.64

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.73	3.55
Intra-Service intensity/complexity	3.73	3.73

Post-Service intensity/complexity	3.36	3.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed was similar in intensity and work effort for a ZZZ code. MPC codes selected which bracketed the recommended RVW were CPT 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes and CPT 57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510, 11, 13, 14).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage

or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes, and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	**each additional cervicothoracic or lumbosacral vertebral body**	**4.50**		**1**		**30**	**1**	**0.149**					
22515 survey	**each additional thoracic or lumbar vertebral body**	**5.00**		**1**		**30**	**1**	**0.165**					
22511 survey	**Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral**	**9.00**	**33**	**15**	**5**	**45**	**20**	**0.129**	**1**		**0.5**		
22510 survey	**Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**	**9.10**	**33**	**15**	**5**	**45**	**20**	**0.132**	**1**		**0.5**		
22514 survey	**Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**	**9.20**	**33**	**15**	**5**	**45**	**20**	**0.134**	**1**		**0.5**		
22513 survey	**Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**	**9.35**	**33**	**15**	**5**	**50**	**20**	**0.124**	**1**		**0.5**		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22522 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,586
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 2515 Percentage 70.13 %

Specialty Orthopaedic Surgery Frequency 360 Percentage 10.03 %

Specialty Neuro Surgery Frequency 400 Percentage 11.15 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22522

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22513 Tracking Number W4 Original Specialty Recommended RVU: **9.35**
Presented Recommended RVU: **8.90**
Global Period: 010 RUC Recommended RVU: **8.90**

CPT Descriptor: Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old woman develops sudden, severe mid back pain after lifting her grandchild. Plain radiographs reveal an acute compression fracture with sever anterior wedging involving T10 and consequent new kyphosis. Pain persists despite a period of conservative care. After referral, percutaneous thoracic vertebral augmentation (and bone biopsy, if indicated) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 87% , In the ASC 3%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 62% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 8%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 60%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 48%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 63%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of relevant preoperative diagnostic imaging studies are retrieved and reviewed (eg, plain films and MRI). The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record.

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the prone position on the multi-planar fluoroscopy table. Time is taken to prop and bolster the patient appropriately for patient comfort and appropriate positioning for the procedure. A time out is performed. The patient is placed on physiologic monitors. Moderate conscious sedation is administered. Preliminary fluoroscopy is performed to localize the target vertebral body which is marked. The patient is prepped and draped is the usual sterile fashion.

Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach via either a transpedicular or extrapedicular approach into the compressed vertebral body, medial to the pleura, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the

vertebral body in the desired position (imaging bundled with procedure code). The metal cannula is removed, and a drill is advanced through the needle. The entire process is repeated on the contralateral side. A mechanical cavity creation fracture reduction device is gradually deployed to create a cavity (eg. high pressure balloon monitored by pressure gauge system). The device is then removed, leaving behind the formed cavity. PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make sure that cement does not migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the cavities are filled with bone cement. The trocar needles are removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, alignment, and to verify that no venous migration of cement is observed. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebroplasty entered in the electronic medical record. The patient is evaluated for pain and neurological changes following the procedure. The procedure is documented in the chart using a short postprocedure note. The patient is transferred from the procedure table to the recovery area and monitored. The procedure outcome is discussed with the patient and family. Postprocedure care instructions and plans for follow-up are also discussed. Recovery care and targeted examination findings are documented in a progress note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed. The patient is discharged with discharge instructions given and a note written.

The patient is seen in the office within the 10 day global period for a problem-focused follow-up (99213) and overall treatment response and any followup issues noted.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22513		
Sample Size:	5174	**Resp N:** 44	**Response:** 0.8 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	21.25	120.00
Survey RVW:	5.00	8.90	**9.35**	10.50	25.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	34.00	**50.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	22513	**Recommended Physician Work RVU: 8.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50593	010	9.13	**RUC Time**

CPT Descriptor Biopsy, bone, open; deep (eg, humerus, ischium, femur)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55706	010	6.28	**RUC Time**	1,569

CPT Descriptor 1 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 52.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 22513**	**Key Reference CPT Code:** 50593	**Source of Time** RUC Time
Median Pre-Service Time	53.00	65.00	

Median Intra-Service Time	50.00	90.00
Median Immediate Post-service Time	20.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	23.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**165.00**	**217.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.65	3.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.78
Urgency of medical decision making	3.35	3.48
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.35	4.30
Physical effort required	4.13	3.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.09	4.09
Outcome depends on the skill and judgment of physician	4.13	4.13
Estimated risk of malpractice suit with poor outcome	3.83	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.61	3.65
Intra-Service intensity/complexity	4.13	3.96
Post-Service intensity/complexity	3.30	3.39

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur) was similar to the vertebroplasty and kyphoplasty codes including 10 day global period and similar work RVU as well as work effort and intensity in large bones. MPC codes selected which bracketed the recommended RVW were CPT 55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance and CPT 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510x, 11x, 13x, 14x).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes, and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	each additional cervicothoracic or lumbosacral vertebral body	4.50		1		30	1	0.149					
22515 survey	each additional thoracic or lumbar vertebral body	5.00		1		30	1	0.165					
22511 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral	9.00	33	15	5	45	20	0.129	1		0.5		
22510 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	9.10	33	15	5	45	20	0.132	1		0.5		
22514 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	9.20	33	15	5	45	20	0.134	1		0.5		
22513 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9.35	33	15	5	50	20	0.124	1		0.5		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22523 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
22,603 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 7912 Percentage 35.00 %

Specialty Orthopaedic Surgery Frequency 7250 Percentage 32.07 %

Specialty Neuro Surgery Frequency 4975 Percentage 22.01 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22523

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22514 Tracking Number W5 Original Specialty Recommended RVU: **9.20**
Presented Recommended RVU: **8.24**
Global Period: 010 RUC Recommended RVU: **8.24**

CPT Descriptor: Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old woman presents with severe, persistent low back pain and progressive spinal deformity secondary to osteoporotic vertebral collapse. Plain radiographs reveal an acute compression fracture of L3. Despite conservative medical management, pain persists. Percutaneous lumbar vertebral augmentation (and bone biopsy, if indicated) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 88% , In the ASC 3%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 69% , Overnight stay-less than 24 hours 24% , Overnight stay-more than 24 hours 7%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 89%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 53%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of relevant preoperative diagnostic imaging studies are retrieved and reviewed (eg, plain films and MRI). The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record.

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the prone position on the multi-planar fluoroscopy table. Time is taken to prop and bolster the patient appropriately for patient comfort and appropriate positioning for the procedure. A time out is performed. The patient is placed on physiologic monitors. Moderate conscious sedation is administered. Preliminary fluoroscopy is performed to localize the target vertebral body which is marked. The patient is prepped and draped is the usual sterile fashion.

Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach via either a transpedicular or extrapedicular approach into the compressed vertebral body, medial to the pleura, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the

vertebral body in the desired position (imaging bundled with procedure code). The metal cannula is removed, and a drill is advanced through the needle. The entire process is repeated on the contralateral side. A mechanical cavity creation fracture reduction device is gradually deployed to create a cavity (eg. high pressure balloon monitored by pressure gauge system). The device is then removed, leaving behind the formed cavity. PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make sure that cement does not migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the cavities are filled with bone cement. The trocar needles are removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, alignment, and to verify that no venous migration of cement is observed. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebroplasty entered in the electronic medical record. The patient is evaluated for pain and neurological changes following the procedure. The procedure is documented in the chart using a short postprocedure note. The patient is transferred from the procedure table to the recovery area and monitored. The procedure outcome is discussed with the patient and family. Postprocedure care instructions and plans for follow-up are also discussed. Recovery care and targeted examination findings are documented in a progress note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed. The patient is discharged with discharge instructions given and a note written.

The patient is seen in the office within the 10 day global period for a problem-focused follow-up (99213) and overall treatment response and any followup issues noted.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22514		
Sample Size:	5174	**Resp N:** 44	**Response:** 0.8 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	24.00	120.00
Survey RVW:	5.00	8.24	**9.20**	10.38	25.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	30.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	22514	**Recommended Physician Work RVU: 8.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

CPT Code: 22514

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50593	010	9.13	**RUC Time**

CPT Descriptor Biopsy, bone, open; deep (eg, humerus, ischium, femur)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55706	010	6.28	**RUC Time**	1,569

CPT Descriptor 1 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 2 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 56.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 22514**	**Key Reference CPT Code:** 50593	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	65.00	

Median Intra-Service Time	45.00	90.00
Median Immediate Post-service Time	20.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	23.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**160.00**	**217.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.68	3.72
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.72	3.68
Urgency of medical decision making	3.40	3.48
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.16	4.04
Physical effort required	3.96	3.76
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.88
Outcome depends on the skill and judgment of physician	4.04	3.92
Estimated risk of malpractice suit with poor outcome	3.76	3.72

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.64	3.68
Intra-Service intensity/complexity	3.88	3.80
Post-Service intensity/complexity	3.36	3.48

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur) was similar to the vertebroplasty and kyphoplasty codes including 10 day global period and similar work RVU as well as work effort and intensity in large bones. MPC codes selected which bracketed the recommended RVW were CPT 55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance and CPT 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510, 11, 13, 14).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes, and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	each additional cervicothoracic or lumbosacral vertebral body	4.50		1		30	1	0.149					
22515 survey	each additional thoracic or lumbar vertebral body	5.00		1		30	1	0.165					
22511 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral	9.00	33	15	5	45	20	0.129	1		0.5		
22510 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	9.10	33	15	5	45	20	0.132	1		0.5		
22514 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	9.20	33	15	5	45	20	0.134	1		0.5		
22513 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9.35	33	15	5	50	20	0.124	1		0.5		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22524 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
26,093 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 9133 Percentage 35.00 %

Specialty Orthopaedic Surgery Frequency 8090 Percentage 31.00 %

Specialty Neuro Surgery Frequency 5745 Percentage 22.01 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22524

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22515 Tracking Number W6 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.00**
Global Period: ZZZ RUC Recommended RVU: **4.00**

CPT Descriptor: Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old woman develops sudden, severe mid and low back pain after assisting her spouse get out of bed. A thoracolumbar spine MRI demonstrates an acute compression fracture with severe anterior wedging involving T9,T10, and L1, and consequent new kyphosis. Pain persists despite bed rest and narcotic analgesics. Percutaneous thoracic vertebral augmentation (and bone biopsy, if indicated) is performed at T9. An additional percutaneous vertebral augmentation of T10 is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital , In the ASC , In the office

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 53%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Medical history, physical exam, consent, and laboratories are obtained and reviewed.

Description of Intra-Service Work: After completion of injections at the initial level, the work of the additional level vertebral augmentation commences. Antiseptic skin preparation is done at the additional target level and the skin is draped.

Local anesthetic is infiltrated at the incision site and into the subcutaneous tissues and periosteum. A scalpel is used to incise the skin and subcutaneous tissue. A bone biopsy trocar is then advanced under multiplanar fluoroscopic imaging in a posterior-oblique approach via either a transpedicular or extrapedicular approach into the compressed vertebral body, medial to the pleura, penetrating periosteum and targeting the ventral third of the vertebral body in the midline. Additional imaging (CT, CT fluoroscopy, rotational fluoroscopic acquisition) may be used to confirm trocar placement within the vertebral body in the desired position (imaging bundled with procedure code). The metal cannula is removed, and a drill is advanced through the needle. The entire process is repeated on the contralateral side. A mechanical cavity creation fracture reduction device is gradually deployed to create a cavity (eg. high pressure balloon monitored by pressure gauge system). The device is then removed, leaving behind the formed cavity. PMMA cement with radio-opaque additives (e.g. powdered barium or tungsten) is then mixed. Once the PMMA cement has cured to the desired consistency, the cement is incrementally injected in 1 mL aliquots into the vertebral body under real-time multi-planar fluoroscopic imaging to make

sure that cement does not migrate into the basilo-vertebral veins or into the ventral spinal canal. Cement is injected until the cavities are filled with bone cement. The trocar needles are removed. Fluoroscopic spot images are obtained to assess adequacy of vertebral body cement filling, alignment, and to verify that no venous migration of cement is observed. The wound is closed, and sterile dressings are applied.

Description of Post-Service Work: Appropriate care orders for post vertebral augmentation entered in the electronic medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Karin Swartz, MD, John Heiner, MD and William Creevy, MD		
Specialty(s):	SIR, ACR, ASNR, AAOS, AANS/CNS, NASS		
CPT Code:	22515		
Sample Size:	51744	**Resp N:** 45	**Response:** 0.0 %
Description of Sample:	SIR - 900 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 600 US MD Members AAOS - 100 US MD Members NASS - 330 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**6.00**	20.00	100.00
Survey RVW:	2.00	4.00	**5.00**	6.00	14.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	70.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22515	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93613	ZZZ	6.99	**RUC Time**

CPT Descriptor Intracardiac electrophysiologic 3-dimensional mapping

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	010	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 22515**	**Key Reference CPT Code:** 93613	**Source of Time** RUC Time

Median Pre-Service Time	1.00	0.00
Median Intra-Service Time	30.00	120.00
Median Immediate Post-service Time	1.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**32.00**	**120.00**
0		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.50
Urgency of medical decision making	3.67	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.83	4.83
Physical effort required	4.67	4.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	4.67
Outcome depends on the skill and judgment of physician	4.83	4.83
Estimated risk of malpractice suit with poor outcome	4.83	4.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.33	4.33
Intra-Service intensity/complexity	4.67	4.67
Post-Service intensity/complexity	4.17	4.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale

Vertebroplasty describes the percutaneous treatment of a vertebral fracture (osteoporotic, pathologic, or traumatic) with imaging guidance in the absence of any attempt to create a cavity, or to achieve height restoration. Vertebral augmentation with balloon or other cavity-creating device refers to the treatment of a vertebral fracture where a cavity is created or balloon inflated to achieve height restoration (fracture reduction). These procedures were identified in the "Codes Reported Together 75% or More" screen and were referred to CPT. A total of 6 new codes were created that describe percutaneous cervical-thoracic and lumbo-sacral vertebroplasty (22510 and 22511), and any additional level treatment of cervical through sacral level treated 22512. Cervical and sacral vertebroplasty are performed for the treatment of osteoporotic and pathologic cervical fractures and non-displaced sacral insufficiency fractures, but at CPT there was consensus that vertebral augmentation is not performed nor was there sufficient data to support establishing separate vertebral augmentation codes at this time, and guidance will be to continue to use the Cat. III codes 0200T or 0201T for sacral augmentation, if performed. Therefore, the vertebral augmentation codes describe only thoracic (22513) and lumbar (22514), and each additional level (22515)

Surveys were performed by SIR, ACR, ASNR, AANS/CNS, AAOS and NASS. An adequate survey was achieved and a multi-specialty consensus panel was convened to review the data and the following recommendations are provided. These are procedures are performed most commonly in an outpatient, or inpatient hospital setting though approximately 10-15% are now performed in office based practices.

Key Reference Service and MPC

The survey respondents indicated that Key Reference Service CPT 93613ntracardiac electrophysiologic 3-dimensional mapping were similar in intensity and work effort for a ZZZ code. MPC codes selected which bracketed the recommended RVW were CPT 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes and CPT 57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Pre-service time

These patients are typically elderly with co-morbidities and significant pain and disability and must be positioned on a fluoroscopy, or angiography table in the **prone** position. To ensure the safety and comfort of the patient, this typically requires multiple clinical staff, bolstering, padding of elbows, and requires extra time above and beyond the usual allotted in the 2B package. We believe it is appropriate to add additional time for these procedures per the SS3 package-posterior thoracic lumbar spine surgery procedures. We are therefore asking for a total of 15 minutes of positioning time for the base codes (22510, 11, 13, 14).

Intra-time

For the 4 base codes the survey respondents indicated a tight range of intra-times from 40-50 minutes, which is reasonably close to the historical times for the current codes 22520-25. The survey reported times for the add-on zzz codes was 30 minutes, which is slightly less than the current codes.

Post service Time

Survey respondents suggested a post service time of 20 minutes. Based on the survey, patients are typically discharged on the same day with a same day E and M performed on the day of discharge as well as a follow-up office visit (99213) to assess wound complications, and reassess pain and function, review biopsy results, and to ensure progress and readiness for physical therapy, or further treatment.

RVW recommendations:

The differences between the two treatments:
Vertebroplasty focuses on targeting and filling the anterior vertebral body with PMMA cement from endplate to endplate, and in the case of tumors, targeting the lytic portion of the tumor and it's defect in the vertebral body. The work and time are spent targeting the important areas of the VB, with repositioning of the needle, slow careful injection of viscous cement, and monitoring for leakage or shift in bone fragments. Because a cavity has not been created to contain the cement, a more careful slower injection must occur to avoid the dire consequences of cement leakage into the epidural space and spinal canal.

In vertebral augmentation, more time is spent in the beginning of the procedure to create a cavity via balloon or other device with the goal of height restoration and fracture reduction. This cavity, or containment then acts to channel or contain the cement reducing the risk of leakage. This allows for a more expeditious injection of cement and little to no needle/ cannula repositioning. In effect, the important goals and differences in the two procedures somewhat balance each other out with respect to intra time, intensity, and work.

With respect to the universe of interventional spine codes, using magnitude estimation the vertebroplasty and vertebral augmentation are more intense, involve more physical and mental work, carry greater risk than the epidural, transforaminal spinal injection codes, and IDET codes. This is supported by our survey and explains the higher RVW for similar intra times yielding higher IWWPUT values in the 0.12 ranges. We believe the work supports these higher IWPUTs.

CPT Code	CPT Descriptors	Work RVUs	Time					IWPUT	99213	99212	99238	99231	99291
			Eval	Pos	SDW	Intra	Post						
22512 survey	each additional cervicothoracic or lumbosacral vertebral body	4.50		1		30	1	0.149					
22515 survey	each additional thoracic or lumbar vertebral body	5.00		1		30	1	0.165					
22511 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;lumbosacral	9.00	33	15	5	45	20	0.129	1		0.5		
22510 survey	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	9.10	33	15	5	45	20	0.132	1		0.5		
22514 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	9.20	33	15	5	45	20	0.134	1		0.5		
22513 survey	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9.35	33	15	5	50	20	0.124	1		0.5		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22525 and 72291

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty Orthopaedic Surgery How often? Commonly

Specialty Neuro Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,349 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC Database

Specialty Radiology (D&IR) Frequency 3460 Percentage 28.01 %

Specialty Orthopaedic Surgery Frequency 4575 Percentage 37.04 %

Specialty Neuro Surgery Frequency 3000 Percentage 24.29 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22525

SS Rec Summary

ISSUE: Percutaneous Vertebroplasty and Augmentation

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	inpt/sam 38	inpt/sam 39	Office 15	Office 14	Office 13	Office 12	Office 11
REF	20245	Biopsy, bone, open; deep (eg, humerus, ischium, fem	26	0.011			8.95			344	80					90			30	1.0			1	2		
CURRENT	22520	Percutaneous vertebroplasty (bone biopsy included when pe		0.129			9.22			177	30	15	15			45			30	0.5				1		
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22510	Percutaneous vertebroplasty (bone biopsy included w	47	0.102	5.00	8.15	9.10	10.00	25.00	216	60	15	15	20	30	45	60	90	20	1.0				1		
REC				0.111			8.15			160	33	15	5			45			20	0.5				1		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	inpt/sam 38	inpt/sam 39	Office 15	Office 14	Office 13	Office 12	Office 11
REF	20245	Biopsy, bone, open; deep (eg, humerus, ischium, fem	21	0.011			8.95			344	80					90			30	1.0			1	2		
CURRENT	22521	Percutaneous vertebroplasty (bone biopsy included when pe		0.076			8.65			177	30					75			30	0.5				1		
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22511	Percutaneous vertebroplasty (bone biopsy included w	46	0.101	5.00	7.20	9.00	9.50	25.00	214	58	15	15	15	30	45	60	120	20	1.0				1		
REC				0.108			8.05			160	33	15	5			45			20	0.5				1		

Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	38	39	15	14	13	12	11
REF	37223	Ablation, renal tumor(s), unilateral, percutaneous, cry	11	0.093			4.25			48	1		1			45			1							
CURRENT	22522	Percutaneous vertebroplasty (bone biopsy included when pe		0.086			4.30			50						50										
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22512	each additional cervicothoracic or lumbosacral verteb	44	0.140	2.15	4.00	4.50	6.13	24.00	43	8			10	20	30	41	90	5							
REC				0.132			4.00			32	1					30			1							

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	inpt/sam 38	inpt/sam 39	Office 15	Office 14	Office 13	Office 12	Office 11
REF	50593	Ablation, renal tumor(s), unilateral, percutaneous, cry	23	0.064			9.13			217	45	10	10			90			20	0.5				1		
CURRENT	22523	Percutaneous vertebral augmentation, including cavity creat		0.101			9.04			180	30	15	15			58			20	0.5				1		
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22513	Percutaneous vertebral augmentation, including cavit	44	0.097	5.00	8.90	9.35	10.50	25.00	221	60	15	15	20	34	50	60	120	20	1.0				1		
REC				0.115			8.90			165	33	15	5			50			20	0.5				1		

Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	38	39	15	14	13	12	11
REF	50593	Ablation, renal tumor(s), unilateral, percutaneous, cry	25	0.064			9.13			217	45	10	10			90			20	0.5				1		
CURRENT	22523	ercutaneous vertebral augmentation, including cavity creatic		0.097			8.54			177	30	15	15			55			20	0.5				1		
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22514	Percutaneous vertebral augmentation, including cavit	46	0.104	5.00	8.24	9.20	10.38	25.00	216	60	15	15	20	30	45	60	120	20	1.0				1		
REC				0.113			8.24			160	33	15	5			45			20	0.5				1		

Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	38	39	15	14	13	12	11
REF	93613	Intracardiac electrophysiologic 3-dimensional mappir	6	0.058			6.99			120						120										
CURRENT	22525	Percutaneous vertebral augmentation, including cavity creat		0.112			4.47			40						40										
CURRENT	72291	Radiological supervision and interpretation, percutaneous ve		-0.001			1.31			120	45					60			15							
SVY	22515	each additional thoracic or lumbar vertebral body	45	0.152	2.00	4.00	5.00	6.00	14.00	50	10			10	25	30	45	70	10							
REC				0.132			4.00			32	1					30			1							

CPT Code: 22510-515
Specialty Society('s): SIR, ASNR, ACR, AANS/CNS, AAOS and NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptors:

CPT Code 22510X
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

CPT Code 22511X
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

CPT Code 22513X
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

22514X
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

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Global Periods: ZZZ

CPT Long Descriptors:

CPT Code 22512X
each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)

CPT Code 22515X
each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations including SIR, ACR, ASNR, AAOS, NASS and AANS/CNS convened a panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

There are existing inputs for the codes currently used to report these services. As such, we have included those on the spreadsheet for comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

CPT Code 22522 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body* is currently not priced in an office. We are recommending pricing the add-on code for cervicothoracic or lumbosacral vertebral body in the office setting. Therefore direct PE inputs are included.

The new bundled codes include image guidance. As such, we have modified the 'assist physician" section of the PE recommendations to reflect current PE 'standard' for interventional procedures. (Source: carotids, embo, stents).

- Line 40 – recommended 75% total physician time for tech to acquire images (current 'standard' for interventional procedures)
- Line 41 – added RN/LPN/MTA time to account for the 25% circulator

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

The patient is greeted, gowning is provided and patient is escorted to procedure room. The nurse obtains vital signs, interviews the patient for allergies, medications and coagulopathy. Procedure is explained and informed consent is witnessed. The nurse prepares the room, equipment and supplies after consulting with the M.D regarding the supplies to be used. The patient is positioned, skin is prepped and the patient is draped. RN administers conscious sedation. The rad tech assists the M.D. performing procedure. The patient is escorted to the observation area. RN performs sequential vital signs over 1 hour observation. RT completes all the necessary paperwork. The nurse cleans the room. The patient is given discharge instructions.

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit

CPT Code: 22510-515
Specialty Society('s): SIR, ASNR, ACR, AANS/CNS, AAOS and NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptors:

CPT Code 22510X
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

CPT Code 22511X
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

CPT Code 22513X
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

22514X
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations including SIR, ACR, ASNR, AAOS, NASS and AANS/CNS convened a panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

There are existing inputs for the codes currently used to report these services. As such, we have included those on the spreadsheet for comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	**REVISED at Meeting**			**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**		**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Apr'05**	**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date: April 2014 Tab: Tab 6 Percutaneous Vertebroplasty and Augmentation Specialty: SIR, ACR, ASNR, AAOS, NASS, AANS/CNS**			**22520**		**22510**		**22521**		**22511**		**22522**		**22512**		**22523**		**22513**		**22524**		**22514**		**22525**		**22515**		**72291**	
3	*bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions document for an example.*	**CMS Code**	**Staff Type**	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		lumbosacral		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		each additional cervicothoracic or lumbosacral vertebral body		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		lumbar		Percutaneous vertebral augmentation, including cavity creation (fracture		each additional thoracic or lumbar vertebral body		Radiological supervision and interpretation, percutaneous vertebroplasty,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**				
6	**TOTAL CLINICAL LABOR TIME**			**203**	**72**	**234**	**72**	**230**	**72**	**234**	**72**	**0**	**0**	**90**	**0**	**280**	**72**	**249**	**72**	**270**	**72**	**234**	**72**	**120**	**0**	**90**	**0**	**0**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**21**	**30**	**18**	**30**	**21**	**30**	**18**	**30**	**0**	**0**	**0**	**0**	**21**	**30**	**18**	**30**	**21**	**30**	**18**	**30**	**0**	**0**	**0**	**0**	**0**	**0**
8		*L037D*	*RN/LPN/TA*	*21*	*30*	*18*	*30*	*21*	*30*	*18*	*30*	*0*		*0*		*21*	*30*	*18*	*30*	*21*	*30*	*18*	*30*	*0*	*0*	*0*	*0*	*0*	*0*
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**143**	**6**	**180**	**6**	**170**	**6**	**180**	**6**	**0**	**0**	**90**	**0**	**220**	**6**	**195**	**6**	**210**	**6**	**180**	**6**	**120**	**0**	**90**	**0**	**0**	**0**
10		*L037D*	*RN/LPN/TA*	*81*	*6*	*39*	*6*	*78*	*6*	*39*	*6*			*7*		*43*	*6*	*40*	*6*	*42*	*6*	*39*	*6*	*10*		*7*		*0*	
11		*L051A*	*RN*	*62*	*0*	*62*	*0*	*92*	*0*	*62*	*0*			*30*		*75*		*67*		*72*		*62*		*40*		*30*		*0*	
12		*L041B*	*RadTech*			*79*				*79*				*53*		*102*		*88*		*96*		*79*		*70*		*53*		*0*	
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**39**	**36**	**36**	**36**	**39**	**36**	**36**	**36**	**0**	**0**	**0**	**0**	**39**	**36**	**36**	**36**	**39**	**36**	**36**	**36**	**0**	**0**	**0**	**0**	**0**	**0**
14		*L037D*	*RN/LPN/TA*	*39*	*36*	*36*	*36*	*39*	*36*	*36*	*36*	*0*	*0*	*0*	*0*	*39*	*36*	*36*	*36*	*39*	*36*	*36*	*36*	*0*	*0*	*0*	*0*	*0*	*0*
15	**PRE-SERVICE**																												
16	**Start: Following visit when decision for surgery or procedure made**																												
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/TA	5	5	5	5	5	5	5	5					5	5	5	5	5	5	5	5						
18	Coordinate pre-surgery services	L037D	RN/LPN/TA	3	10	3	10	3	10	3	10					3	10	3	10	3	10	3	10						
19	Schedule space and equipment in facility	L037D	RN/LPN/TA	3	5		5	3	5		5					3	5		5	3	5		5						
20	Provide pre-service education/obtain consent	L037D	RN/LPN/TA	7	7	7	7	7	7	7	7					7	7	7	7	7	7	7	7						
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/TA	3	3	3	3	3	3	3	3					3	3	3	3	3	3	3	3						
22	Availability of prior images confirmed																												
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist																												
24	*Other Clinical Activity - *specify:*																												
25	**End: When patient enters office/facility for surgery/procedure**																												
26	**SERVICE PERIOD**																												
27	**Start: When patient enters office/facility for surgery/procedure:**																												
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
29	Obtain vital signs	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
30	Provide pre-service education/obtain consent																												
31	Prepare room, equipment, supplies	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
32	Setup scope (non facility setting only)																												
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
34	Sedate/apply anesthesia	L051A	RN	2		2		2		2						2		2		2		2							
35	*Other Clinical Activity - specify:																												
36	**Intra-service**																												
37	Assist Physician	L037D	RN/LPN/TA	53				50																					
38	Assist Physician	L041B	RadTech			45				45				30		58		50		55		45		40		30			
39	Assist Physician	L051A	RN	45		45		75		45				30		58		50		55		45		40		30			
40	Acquire images (75%)	L041B	RadTech			34				34				23		44		38		41		34		30		23			
41	Circulator (25%)	L037D	RN/LPN/TA			11				11				7		15		12		14		11		10		7			
42	**Post-Service**																												
43	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15						15		15		15		15							
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																												
45	Clean room/equipment by physician staff	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
46	Clean Scope																												
47	Clean Surgical Instrument Package																												
48	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/TA	2		2		2		2						2		2		2		2							
49	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/TA	2		2		2		2						2		2		2		2							
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
51	Technologist QC's images in PACS, checking for all images, reformats, and dose page																												
52	Review examination with interpreting MD																												
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue																												
54	*Other Clinical Activity - *specify:*																												
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/TA	n/a	6	n/a	6	n/a	6	n/a	6	n/a		n/a		n/a	6	n/a	6	n/a	6	n/a	6	n/a		n/a		n/a	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
58	**End: Patient leaves office**																												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	**REVISED at Meeting**			**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**		**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Apr'05**	**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date: April 2014 Tab: Tab 6 Percutaneous Vertebroplasty and Augmentation Specialty: SIR, ACR, ASNR, AAOS, NASS, AANS/CNS**			**22520**		**22510**		**22521**		**22511**		**22522**		**22512**		**22523**		**22513**		**22524**		**22514**		**22525**		**22515**		**72291**	
3	*bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions document for an example.*	**CMS Code**	**Staff Type**	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		lumbosacral		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		each additional cervicothoracic or lumbosacral vertebral body		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		lumbar		Percutaneous vertebral augmentation, including cavity creation (fracture		each additional thoracic or lumbar vertebral body		Radiological supervision and interpretation, percutaneous vertebroplasty,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**				
59	**POST-SERVICE Period**																												
60	**Start: Patient leaves office/facility**																												
61	Conduct phone calls/call in prescriptions			3				3								3				3									
62	***Office visits: List Number and Level of Office Visits***			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
63	99211 16 minutes		16																										
64	99212 27 minutes		27																										
65	99213 36 minutes		36	1	1	1	1	1	1	1	1					1	1	1	1	1	1	1	1						
66	99214 53 minutes		53																										
67	99215 63 minutes		63																										
68	**Total Office Visit Time**			36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	0.0	0.0	0.0	0.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	0.0	0.0	0.0	0.0	0.0	0.0
69	*Other Clinical Activity - *specify:*																												
70	**End: with last office visit before end of global period**																												
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																										
72	pack, minimum multi-specialty visit	SA048	pack	2	1	2	1	2	1	2	1					2	1	2	1	2	1	2	1						
73	**kit, vertebroplasty (LP2, CD)**	**SA039**		**1.5**		**1**		**1.5**		**1**																			
74	**Kyphoplasty kit, first fracture**	**SA111**														**1**		**1**		**1**		**1**							
75	**Kyphoplasty kit, additional fracture**	**SA112**																						**1**		**1**			
76	10g cannulae	NEW												2															
77	10g IVAS drill	NEW												1															
78	pack, conscious sedation	SA044		1		1		1		1						1		1		1		1							
79	pack, drapes, laparotomy (chest-abdomen)	SA046		1		1		1		1						1		1		1		1							
80	cap, surgical	SB001		3		3		3		3						3		3		3		3							
81	drape, sterile, c-arm, flouro	SB008		1		1		1		1						1		1		1		1							
82	drape, sterile, for mayo stand	SB012		1		1		1		1						1		1		1		1							
83	Gloves (sterile)	SB024		2		2		2		2						2		2		2		2							
84	Sterile surgical gown	SB028		2		2		2		2						2		2		2		2							
85	Surgical mask	SB034		3		3		3		3						3		3		3		3							
86	needle, 18-26g, 1.5-3.5in, spinal	SC028		1		1		1		1						1		1		1		1							
87	needle, 18-27g	SC029		1		1		1		1						1		1		1		1							
88	scalpel with blade, surgical	SF033		1		1		1		1						1		1		1		1							
89	gauze, sterile 4x4 (10 pack)	SG056		1		1		1		1						1		1		1		1							
90	steri-strip	SG074		1		1		1		1						1		1		1		1							
91	barium sulfate, sterile (Biotrace)	SH015		1		1		1		1																			
92	bone cement (full dose pack uou) (Osteobond, Simplex)	SH020		1		1		1		1																			
93	lidocaine 1%-2% inj (Xylocaine)	SH047		20		20		20		20						20		20		20		20							
94	DuraPrep surgical soln (26ml)	SJ017		1		1		1		1						1		1		1		1							
95	skin marking pen, sterile	SK075		1		1		1		1						1		1		1		1							
96	pack, post-op incision care (suture)	SA054														1		1		1		1							
97	Bone biopsy device	SF055														1		1		1		1							
98	Bone cement with mixer	SH100												1		1		1		1		1							
99																													
100																													
101	**EQUIPMENT**	**CODE**																											
102	room, radiographic-flouro	EL014		83		58		80		58				30		71		63		68		58		40		30			
103	instrument pack, medium	EQ138		83		58		80		58				30		71		63		68		58		40		30			
104	table, power	EF031		36	36	36	36	36	36	36	36					36	36	36	36	36	36	36	36						
105	x-ray view box, 4 panel	ER067		10		10		10		10						10		10		10		10							
106	iv infusion pump	EQ032		107		118		137		118				30		120		123		117		118				30			
107	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		107		118		137		118				30		120		123		117		118				30			
108	table, instrument, mobile	EF027		107		118		137		118				30		120		123		117		118				30			
109	light, exam	EQ168				36	36			36	36					36	36	36	36	36	36	36	36						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	**REVISED at Meeting**			**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**		**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Apr'05**	**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date: April 2014 Tab: Tab 6 Percutaneous Vertebroplasty and Augmentation Specialty: SIR, ACR, ASNR, AAOS, NASS, AANS/CNS**			**22520**		**22510**		**22521**		**22511**		**22522**		**22512**		**22523**		**22513**		**22524**		**22514**		**22525**		**22515**		**72291**	
3	*bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions document for an example.*	**CMS Code**	**Staff Type**	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		lumbosacral		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		each additional cervicothoracic or lumbosacral vertebral body		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		lumbar		Percutaneous vertebral augmentation, including cavity creation (fracture		each additional thoracic or lumbar vertebral body		Radiological supervision and interpretation, percutaneous vertebroplasty,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**				
6	**TOTAL CLINICAL LABOR TIME**			**203**	**72**	**234**	**72**	**230**	**72**	**234**	**72**	**0**	**0**	**90**	**0**	**280**	**72**	**249**	**72**	**270**	**72**	**234**	**72**	**120**	**0**	**90**	**0**	**0**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**21**	**30**	**18**	**30**	**21**	**30**	**18**	**30**	**0**	**0**	**0**	**0**	**21**	**30**	**18**	**30**	**21**	**30**	**18**	**30**	**0**	**0**	**0**	**0**	**0**	**0**
8		*L037D*	*RN/LPN/TA*	*21*	*30*	*18*	*30*	*21*	*30*	*18*	*30*	*0*		*0*		*21*	*30*	*18*	*30*	*21*	*30*	*18*	*30*	*0*	*0*	*0*	*0*	*0*	*0*
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**143**	**6**	**180**	**6**	**170**	**6**	**180**	**6**	**0**	**0**	**90**	**0**	**220**	**6**	**195**	**6**	**210**	**6**	**180**	**6**	**120**	**0**	**90**	**0**	**0**	**0**
10		*L037D*	*RN/LPN/TA*	*81*	*6*	*39*	*6*	*78*	*6*	*39*	*6*			*7*		*43*	*6*	*40*	*6*	*42*	*6*	*39*	*6*	*10*		*7*		*0*	
11		*L051A*	*RN*	*62*	*0*	*62*	*0*	*92*	*0*	*62*	*0*			*30*		*75*		*67*		*72*		*62*		*40*		*30*		*0*	
12		*L041B*	*RadTech*			*79*				*79*				*53*		*102*		*88*		*96*		*79*		*70*		*53*		*0*	
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**39**	**36**	**36**	**36**	**39**	**36**	**36**	**36**	**0**	**0**	**0**	**0**	**39**	**36**	**36**	**36**	**39**	**36**	**36**	**36**	**0**	**0**	**0**	**0**	**0**	**0**
14		*L037D*	*RN/LPN/TA*	*39*	*36*	*36*	*36*	*39*	*36*	*36*	*36*	*0*	*0*	*0*	*0*	*39*	*36*	*36*	*36*	*39*	*36*	*36*	*36*	*0*	*0*	*0*	*0*	*0*	*0*
15	**PRE-SERVICE**																												
16	**Start: Following visit when decision for surgery or procedure made**																												
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/TA	5	5	5	5	5	5	5	5					5	5	5	5	5	5	5	5						
18	Coordinate pre-surgery services	L037D	RN/LPN/TA	3	10	3	10	3	10	3	10					3	10	3	10	3	10	3	10						
19	Schedule space and equipment in facility	L037D	RN/LPN/TA	3	5		5	3	5		5					3	5		5	3	5		5						
20	Provide pre-service education/obtain consent	L037D	RN/LPN/TA	7	7	7	7	7	7	7	7					7	7	7	7	7	7	7	7						
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/TA	3	3	3	3	3	3	3	3					3	3	3	3	3	3	3	3						
22	Availability of prior images confirmed																												
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist																												
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25	**End: When patient enters office/facility for surgery/procedure**																												
26	**SERVICE PERIOD**																												
27	**Start: When patient enters office/facility for surgery/procedure:**																												
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
29	Obtain vital signs	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
30	Provide pre-service education/obtain consent																												
31	Prepare room, equipment, supplies	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
32	Setup scope (non facility setting only)																												
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
34	Sedate/apply anesthesia	L051A	RN	2		2		2		2						2		2		2		2							
35	*Other Clinical Activity - specify:																												
36	**Intra-service**																												
37	Assist Physician	L037D	RN/LPN/TA	53				50																					
38	Assist Physician	L041B	RadTech			45				45				30		58		50		55		45		40		30			
39	Assist Physician	L051A	RN	45		45		75		45				30		58		50		55		45		40		30			
40	Acquire images (75%)	L041B	RadTech			34				34				23		44		38		41		34		30		23			
41	Circulator (25%)	L037D	RN/LPN/TA			11				11				7		15		12		14		11		10		7			
42	**Post-Service**																												
43	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15						15		15		15		15							
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																												
45	Clean room/equipment by physician staff	L037D	RN/LPN/TA	3		3		3		3						3		3		3		3							
46	Clean Scope																												
47	Clean Surgical Instrument Package																												
48	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/TA	2		2		2		2						2		2		2		2							
49	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/TA	2		2		2		2						2		2		2		2							
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/TA	5		5		5		5						5		5		5		5							
51	Technologist QC's images in PACS, checking for all images, reformats, and dose page																												
52	Review examination with interpreting MD																												
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue																												
54	*Other Clinical Activity - *specify:*																												
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/TA	n/a	6	n/a	6	n/a	6	n/a	6	n/a		n/a		n/a	6	n/a	6	n/a	6	n/a	6	n/a		n/a		n/a	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
58	**End: Patient leaves office**																												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	**REVISED at Meeting**			**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**		**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Oct'10**	**RECOMMENDATION**		**EXISTING**	**Apr'05**	**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date: April 2014 Tab: Tab 6 Percutaneous Vertebroplasty and Augmentation Specialty: SIR, ACR, ASNR, AAOS, NASS, AANS/CNS**			**22520**		**22510**		**22521**		**22511**		**22522**		**22512**		**22523**		**22513**		**22524**		**22514**		**22525**		**22515**		**72291**	
3	*bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions document for an example.*	**CMS Code**	**Staff Type**	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		lumbosacral		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,		each additional cervicothoracic or lumbosacral vertebral body		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		Percutaneous vertebral augmentation, including cavity creation (fracture		lumbar		Percutaneous vertebral augmentation, including cavity creation (fracture		each additional thoracic or lumbar vertebral body		Radiological supervision and interpretation, percutaneous vertebroplasty,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**				
59	**POST-SERVICE Period**																												
60	**Start: Patient leaves office/facility**																												
61	Conduct phone calls/call in prescriptions			3				3								3				3									
62	***Office visits: List Number and Level of Office Visits***			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
63	99211 16 minutes		16																										
64	99212 27 minutes		27																										
65	99213 36 minutes		36	1	1	1	1	1	1	1	1					1	1	1	1	1	1	1	1						
66	99214 53 minutes		53																										
67	99215 63 minutes		63																										
68	**Total Office Visit Time**			36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	0.0	0.0	0.0	0.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	0.0	0.0	0.0	0.0	0.0	0.0
69	*Other Clinical Activity - *specify:*																												
70	**End: with last office visit before end of global period**																												
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																										
72	pack, minimum multi-specialty visit	SA048	pack	2	1	2	1	2	1	2	1					2	1	2	1	2	1	2	1						
73	**kit, vertebroplasty (LP2, CD)**	**SA039**		**1.5**		**1**		**1.5**		**1**																			
74	**Kyphoplasty kit, first fracture**	**SA111**														**1**		**1**		**1**		**1**							
75	**Kyphoplasty kit, additional fracture**	**SA112**																						**1**		**1**			
76	10g cannulae	NEW												2															
77	10g IVAS drill	NEW												1															
78	pack, conscious sedation	SA044		1		1		1		1						1		1		1		1							
79	pack, drapes, laparotomy (chest-abdomen)	SA046		1		1		1		1						1		1		1		1							
80	cap, surgical	SB001		3		3		3		3						3		3		3		3							
81	drape, sterile, c-arm, flouro	SB008		1		1		1		1						1		1		1		1							
82	drape, sterile, for mayo stand	SB012		1		1		1		1						1		1		1		1							
83	Gloves (sterile)	SB024		2		2		2		2						2		2		2		2							
84	Sterile surgical gown	SB028		2		2		2		2						2		2		2		2							
85	Surgical mask	SB034		3		3		3		3						3		3		3		3							
86	needle, 18-26g, 1.5-3.5in, spinal	SC028		1		1		1		1						1		1		1		1							
87	needle, 18-27g	SC029		1		1		1		1						1		1		1		1							
88	scalpel with blade, surgical	SF033		1		1		1		1						1		1		1		1							
89	gauze, sterile 4x4 (10 pack)	SG056		1		1		1		1						1		1		1		1							
90	steri-strip	SG074		1		1		1		1						1		1		1		1							
91	barium sulfate, sterile (Biotrace)	SH015		1		1		1		1																			
92	bone cement (full dose pack uou) (Osteobond, Simplex)	SH020		1		1		1		1																			
93	lidocaine 1%-2% inj (Xylocaine)	SH047		20		20		20		20						20		20		20		20							
94	DuraPrep surgical soln (26ml)	SJ017		1		1		1		1						1		1		1		1							
95	skin marking pen, sterile	SK075		1		1		1		1						1		1		1		1							
96	pack, post-op incision care (suture & staple)	SA053														1		1		1		1							
97	Bone biopsy device	SF055														1		1		1		1							
98	Bone cement with mixer	SH100												1		1		1		1		1							
99																													
100																													
101	**EQUIPMENT**	**CODE**																											
102	room, radiographic-flouro	EL014		83		58		80		58				30		71		63		68		58		40		30			
103	instrument pack, medium	EQ138		83		58		80		58				30		71		63		68		58		40		30			
104	table, power	EF031		36	36	36	36	36	36	36	36					36	36	36	36	36	36	36	36						
105	x-ray view box, 4 panel	ER067		10		10		10		10						10		10		10		10							
106	iv infusion pump	EQ032		107		118		137		118				30		120		123		117		118				30			
107	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		107		118		137		118				30		120		123		117		118				30			
108	table, instrument, mobile	EF027		107		118		137		118				30		120		123		117		118				30			
109	light, exam	EQ168				36	36			36	36					36	36	36	36	36	36	36	36						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Total Disc Arthroplasty Additional Cervical Level Add-On Code

In February 2014, the CPT Editorial Panel approved a new add-on code for second level cervical disc arthroplasty. In addition, the base code 22856 was also revised by the panel. These codes describe procedures that are used to treat patients with spinal cord compression and/or cervical disc herniation.

22856 ***Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical***

The RUC reviewed survey results from 47 physicians specializing in spinal surgery. The RUC determined that the current work RVU of 24.05, which is slightly less than the 25th percentile appropriately accounts for the work required to perform this service. The RUC determined that this code compares well with the key reference service CPT code *22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2* (work RVU = 25.00, 60 minutes pre-time, 120 intraservice time, 30 minutes post-time) with a similar work RVU and the same pre, intra, and post service times. The RUC determined that the current times of 80 minutes pre-service, 120 intra service and 30 minutes of post-time are appropriate. For additional support, the RUC noted that MPC codes 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protectio*n (work RVU = 19.68) and 55866 *Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed* (work RVU =32.06), suitably bracket this code in terms of physician time and work.. **The RUC recommends a work RVU of 24.05 for CPT code 22856 which maintains the current value.**

22858 ***Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)***

The RUC reviewed the survey data from physicians specializing in spinal surgery. The RUC determined that the median work RVU of 8.40 appropriately accounts for the work required to perform this service The RUC noted that this procedure involves the use of a new technology that replicates the biomechanics of a disc. The RUC compared CPT code 22858 to the key reference code 22552 Arthrodesis*, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)* (work RVU = 6.50) and noted that the surveyed code requires 30 more minutes of intra-service time and is appropriately valued higher than 22552. The RUC spent considerable time discussing the correct approach to maintain relativity between the base code 22856 and the new add-on code. For additional support, the RUC noted that CPT code

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61642 *Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)* (work RVU = 8.66) compares well to CPT code 22858. Although 22858 requires 15 more minutes of intra-service time it is slightly less intense and is appropriately valued lower. **The RUC recommends a work RVU of 8.40 for CPT code 22858.**

New Technology
The RUC recommends that CPT code 22858 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Musculoskeletal System** **Spine (Vertebral Column)** **Spinal Instrumentation**				
▲22856	X1	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection)~~,~~; single interspace, cervical (Do not report 22856 in conjunction with 22554, 22845, 22851, 63075, 0375TX when performed at the same level) *(Do not report 22856 in conjunction with 69990)* (For additional interspace cervical total disc arthroplasty, ~~use~~ see 22858, 0375TX)	090	24.05

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✚●22858	X2	second level, cervical (List separately in addition to code for primary procedure) (Use 22858 in conjunction with 22856) (Do not report 22858 in conjunction with 0375TX when performed at the same level)	ZZZ	8.40

Category III

✚~~0092T~~ ~~Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (List separately in addition to code for primary procedure)~~

~~(Use 0092T in conjunction with 22856)~~

~~(Do not report 0092T in conjunction with 22851 when performed at the same level)~~

●0375TX Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels

(Do not report 0375TX in conjunction with 22851, 22856, 22858 when performed at the same level)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22856 Tracking Number X1 Original Specialty Recommended RVU: **24.05**
Presented Recommended RVU: **24.05**
Global Period: 090 RUC Recommended RVU: **24.05**

CPT Descriptor: Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48-year-old male presents with right-sided cervical brachial pain refractory to multimodality conservative therapy. Examination shows findings of nerve root compression with cervical motion, C6 radiculopathy on neurologic examination along with an MRI scan showing a single degenerative C5-6 disc with focal right paracentral disc herniation and associated osteophyte formation with foraminal and canal compromise.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 97% , In the ASC 3%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 8% , Overnight stay-less than 24 hours 72% , Overnight stay-more than 24 hours 19%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 58%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 19%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The results of preadmission testing are reviewed. The preoperative imaging is examined with special attention to the vascular anatomy of the cervical spine and appropriate templating for the arthroplasty device. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics and sequential compression devices are written. Select and order the appropriate antibiotic(s) and confirm timing and administration. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Verify correct configuration and balance of surgical microscope. Monitor/assist with positioning the patient in cervical lordotic traction. Monitor/assist with positioning of c-arm fluoroscopy and confirm appropriate fluoroscopic visualization. Indicate areas surrounding skin incision to be prepped and draped. Scrub and gown. Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work: A skin incision is made and sharp and blunt dissection is used to dissect between the carotid sheath laterally and the esophagus and trachea medially exposing the prevertebral space. Vertebral level is identified using fluoroscopy and the edges of the longus coli muscles are dissected and elevated from the vertebral bodies. Self-retaining retractors are inserted beneath the edge of the longus coli. The disc space is incised and the disc material is removed with curettes and rongeurs to the posterior longitudinal ligament. Disc space distractor pins are introduced into the C5 and C6 vertebral bodies, the distractor is applied and the space is open up with end plates parallel to each other. The operating microscope is sterilely draped and brought the field. The remainder of the procedure is performed utilizing standard microdissection techniques. The posterior ligament is opened and resected. The disc herniation is identified and

removed from the epidural space decompressing the nerve root. A micro kerrison punch and/or the high speed air powered drill is used to perform a foramentomy on both sides to remove uncovertebral osteophytes. Hemostasis is achieved, the cartilaginous end plate is removed sparing the bone. The implant trial is introduced into the disc space between the uncinate processes. The trial is then confirmed to be appropriately sized and located utilizing AP and Lateral plane fluoroscopy. A drill guide is then introduced over the implant trial and tracts are created in the inferior and superior end plates and cleaned of bone debris. The trial is removed and the final implant is inserted into the tracts previously cut and tapped into position. Fluoroscopy is used to confirm position in AP and Lateral projections, adjustments are made as necessary. Hemostasis is achieved, the retractors are removed and the incision is closed in layers and a sterile dressing is placed.

Description of Post-Service Work: Apply sterile dressings. Obtain final AP and lateral imaging postoperatively to document arthroplasty position. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Evaluate and document postoperative neurologic status Dictate operative report and copy referring physician(s). Patient is discharged from recovery room. Write orders for transferring to floor and discuss postoperative plan with floor nurses.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD; William Creevy, MD; John Heiner, MD; Karin Swartz, MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	22856				
Sample Size:	1193	**Resp N:**	37	**Response:** 3.1 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	6.00	90.00
Survey RVW:	6.00	25.00	**27.13**	30.00	49.99
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	90.00	**120.00**	120.00	80.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	22856	**Recommended Physician Work RVU: 24.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22551	090	25.00	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	47,642

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 48.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 22856**	**Key Reference CPT Code: 22551**	**Source of Time RUC Time**
Median Pre-Service Time	90.00	98.00	
Median Intra-Service Time	120.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	40.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	69.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**367.00**	**395.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.83	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.56
Urgency of medical decision making	3.28	3.22
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.67	3.89
Physical effort required	3.89	3.56
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	4.44	4.11
Outcome depends on the skill and judgment of physician	4.56	4.00
Estimated risk of malpractice suit with poor outcome	4.33	4.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.89	3.67
Intra-Service intensity/complexity	4.00	3.56

Post-Service intensity/complexity	3.33	3.11

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

At the February 2014 CPT Editorial Panel meeting, the Panel approved new code 22858 for two level cervical disc arthroplasty, necessitating review of code 22856.

AANS/CNS, AAOS, and NASS conducted a survey of a random sample of members. Based on the survey responses, the specialty societies recommend maintaining the current value of 24.05 RVW for code 22856.

The specialty societies recommend an additional 20 minutes of pre-service evaluation time, in line with the survey median, as dynamic radiographs need to be obtained and reviewed. Additionally, many patients will require a pre-operative CT scan. Therefore, the specialty societies believe the survey data are accurate in recommending 20 additional minutes for pre-operative evaluation and assessment for disc arthroplasty than is in the standard package. The specialty societies also request additional positioning time based on the standardized additional times for spinal procedure positioning.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22856

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurosurgery How often? Rarely

Specialty Orthopedic Surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Neurosurgery Frequency 51 Percentage 51.00 %

Specialty Orthopedic surgery Frequency 49 Percentage 49.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 22856

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22858 Tracking Number X2 Original Specialty Recommended RVU: **8.40**
Presented Recommended RVU: **8.40**
Global Period: ZZZ RUC Recommended RVU: **8.40**

CPT Descriptor: Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 37 year-old female presents with right sided cervical radicular pain refractory to multimodality conservative therapy. Examination shows findings of nerve root compression with cervical motion, C6 and C7 radiculopathy on neurologic examination along with an MRI scan showing a C5-6 disc with focal right paracentral disc herniation and/or associated osteophyte formation with C6 foraminal and canal compromise and C6-7 Para central or right sided foraminal compression from either herniated disc or disc osteophyte causing compression of the C7 nerve root. After the first level (reported separately), a second level total disc arthroplasty is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The additional vertebral level is identified using fluoroscopy and the edges of the longus coli muscles are dissected and elevated from the vertebral bodies. Self-retaining retractors are repositioned beneath the edge of the longus coli to expose the additional level. The disc space is incised and the disc material is removed with curettes and rongeurs to the posterior longitudinal ligament. Disc space distractor pins are introduced into the C6 and C7 vertebral bodies, the distractor is applied and the space is open up with end plates parallel to each other. The operating microscope is repositioned in the field. The remainder of the procedure is performed utilizing standard microdissection techniques. The posterior ligament is opened and resected. The disc herniation is identified and removed from the epidural space decompressing the nerve root. A micro-Kerrison punch and/or the high speed air powered drill is used to perform a foraminotomy on both sides to remove uncovertebral osteophytes. Hemostasis is achieved, the cartilaginous end plate is removed sparing the bone. The implant trial is introduced into the disc space between the uncinate processes. The trial is then confirmed to be appropriately sized and located utilizing AP and Lateral plane fluoroscopy. A drill guide is then introduced over the implant trial and tracts are created in the inferior and superior end plates and cleaned of bone debris. The trial is removed and the final implant is inserted into the tracts previously cut and tapped into position. Fluoroscopy is used to confirm position in AP and Lateral projections, adjustments are made as necessary. Hemostasis is achieved, the retractors are removed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD; William Creevy, MD; John Heiner, MD; Karin Swartz, MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	22858				
Sample Size:	1194	**Resp N:**	25	**Response:** 2.0 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	30.00
Survey RVW:	5.00	7.00	**8.40**	12.00	25.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	60.00	**75.00**	90.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22858	**Recommended Physician Work RVU: 8.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,043

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 76.0 **%**

TIME ESTIMATES (Median)	CPT Code: 22858	Key Reference CPT Code: 22552	Source of Time RUC Time
Median Pre-Service Time	0.00	5.00	
Median Intra-Service Time	75.00	45.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**75.00**	**50.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.11	3.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.26	3.84
Urgency of medical decision making	3.68	3.53
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.58	3.95
Physical effort required	4.05	3.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.47	3.95
Outcome depends on the skill and judgment of physician	4.63	4.16
Estimated risk of malpractice suit with poor outcome	4.53	4.16

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.95	3.53
Intra-Service intensity/complexity	4.42	3.74

Post-Service intensity/complexity	3.74	3.53

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

At the February 2014 CPT Editorial Panel meeting, the Panel approved new code 22858 for two level cervical disc arthroplasty due to the availability of new literature supporting this procedure.

AANS/CNS, AAOS, and NASS conducted a survey of a random sample of members. Based on the survey responses, the specialty societies recommend the median survey value of 8.40 RVW. Code 22858 requires additional intra-time as compared with reference code 22552 (6.50 RVW) as a disc arthroplasty procedure is different than a procedure involving a device that is not mobile. Additionally, disc arthroplasty replicates the biomechanics of a disc, requiring increased procedure time.

The code will be reviewed under the new technology screen in several years, when the specialty societies anticipate more physicians will be performing the procedure, allowing for more data from physicians with experience.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 22858x would only be billed with code 22856, currently under review by the RUC.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0092T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurosurgery How often? Rarely

Specialty Orthopedic Surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 50 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. based on frequency of base code 22856

Specialty Neurosurgery Frequency 26 Percentage 52.00 %

Specialty Orthopedic Surgery Frequency 24 Percentage 48.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22856

SS Rec Summary

ISSUE: **Cervical Disc Arthroplasty**

TAB: **7**

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					Office				
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	33	32	31	38	39	15	14	13	12	11
REF	22551	Arthrodesis, an	18	0.140			25.00			395	60	18	20			120			30		1		1.0				3		
CURRENT	22856	Total disc arthr	92	0.136			24.05			377	40	20	20			120			30		1		1.0				3		
SVY	22856	Total disc arthr	37	0.164	6.00	25.00	27.13	30.00	49.99	367	60	15	15	60	90	120	120	180	30			1	1.0				3		
REC	22856	Total disc arthr		0.139	24.05					367	60	15	15			120			30			1	1.0				3		
REF	22552	Arthrodesis, an	19	0.142			6.50			50	5					45													
NEW							n/a			0																			
SVY	22858	Total disc arthr	25	0.102	5.00	7.00	8.40	12.00	25.00	110	20			5	60	75	90	180	15										
REC	22858	Total disc arthr		0.112	8.40					75						75													

Total Respondents

SURVEY EXPERIENCE											RVW				Total	PRE			INTRA					POST-FACILITY																		POST-OFFICE				
MIN	25th	MED	75th	MAX	SOURCE	CPT	DESC	N	Resp	%	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	SOS	LOS	SD-vis	HV	33	32	31	38	39	OBS	26	25	24	17	OV	15	14	13	12	11
					KEY-REF	22552	Arthrodesis	25	19	76%	0.142			6.50			50	5					45																									
					NEW	22858	Total disc a																																								
0	0	0	2	30	SVY	22858	Total disc a	1194	25	2%	0.102	5.00	7.00	8.40	12.00	25.00	110	20			5	60	75	90	180	15																				
					REC		REC				0.112			8.40			75						75			15																				

Respondents W/Experience

SURVEY EXPERIENCE											RVW				Total	PRE			INTRA					POST-FACILITY																		POST-OFFICE				
MIN	25th	MED	75th	MAX	SOURCE	CPT	DESC	N	Resp	%	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	SOS	LOS	SD-vis	HV	33	32	31	38	39	OBS	26	25	24	17	OV	15	14	13	12	11
					KEY-REF	22552	Arthrodesis	12	10	83%	0.142			6.50			50	5					45																									
0	0	0	2	30	SVY	22858	Total disc arthropla	12	###		0.102	7.00	7.50	9.36	12.00	25.00	110	25			5	38	68	113	180	15																				
					REC		REC				0.112			8.40			75						75																								

Total Respondents

SURVEY EXPERIENCE											RVW				Total	PRE			INTRA					POST-FACILITY																		POST-OFFICE				
MIN	25th	MED	75th	MAX	SOURCE	CPT	DESC	N	Resp	%	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	SOS	LOS	SD-vis	HV	33	32	31	38	39	OBS	26	25	24	17	OV	15	14	13	12	11
					KEY-REF	22552	Arthrodesis	13	9	69%	0.142			6.50			50	5					45																									
0	0	0	2	30	SVY	22858	Total disc arthropla	13	###		0.102	5.00	6.65	7.50	15.00	20.00	110	20			25	56	75	91	120	15																				
					REC		REC				0.112			8.40			75						75																								

Svy Year	CPT	Long Descriptor	2014 GLOB	2014 RVW	2014 IWPUT	Total Time	Pre EVAL	Pre POSIT	Pre SDW	INTRA	Post POST	Post 33	Post 32	Post 31	Post 38	Post 15	Post 14	Post 13	Post 12	Post 11	CMS Utilization File (2011) TOTAL	ORT	NS
2008	**22856**	Total disc arthroplasty (artificial disc), anterior approach, including dis	090	24.05	0.136	377	40	20	20	120	30		1		1			3			117	51	60
NEW	**22858X**	Total disc arthroplasty (artificial disc), anterior approach, including dis	ZZZ																				
2013	**63048**	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral v	ZZZ	3.47	0.077	45				45											123,809	54,005	67,624
2010	**63076**	Discectomy, anterior, with decompression of spinal cord and/or nerve	ZZZ	4.04	0.064	63				63											4,073	1,533	2,303
1995	**22328**	Open treatment and/or reduction of vertebral fracture(s) and/or disloc	ZZZ	4.60	0.102	45				45											756	260	482
2003	**63103**	Vertebral corpectomy (vertebral body resection), partial or complete,	ZZZ	4.82	0.080	60				60											372	179	153
2010	**22585**	Arthrodesis, anterior interbody technique, including minimal discecton	ZZZ	5.52	0.123	45				45											15,367	7,393	6,423
2003	**22534**	Arthrodesis, lateral extracavitary technique, including minimal discect	ZZZ	5.99	0.099	60				60											827	493	306
1995	**22216**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral	ZZZ	6.03	0.101	60				60											4,221	2,907	1,270
1995	**22614**	Arthrodesis, posterior or posterolateral technique, single level; each a	ZZZ	6.43	0.161	40				40											103,173	50,575	50,926
2010	**22552**	Arthrodesis, anterior interbody, including disc space preparation, disc	ZZZ	6.50	0.142	50	5			45													
2011	**22634**	Arthrodesis, combined posterior or posterolateral technique with post	ZZZ	8.16	0.117	70				70													
2007	**22208**	Osteotomy of spine, posterior or posterolateral approach, 3 columns,	ZZZ	9.66	0.078	135				120	15										309	203	102
2012	**63047**	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral v	090	15.37	0.077	362	40	15	20	90	30		1	1	1			3			91,414	40,121	49,045
1995	**22600**	Arthrodesis, posterior or posterolateral technique, single level; cervica	090	17.40	0.042	490	90			120	30			6	1			4			9,361	2,918	6,278
2005	**22554**	Arthrodesis, anterior interbody technique, including minimal discecton	090	17.69	0.106	362	60	20	15	90	30		1		1			3			7,042	2,615	4,113
2005	**63075**	Discectomy, anterior, with decompression of spinal cord and/or nerve	090	19.60	0.132	355	60	20	15	90	30		1		1			2	1		2,193	813	1,233
1995	**22326**	Open treatment and/or reduction of vertebral fracture(s) and/or disloc	090	20.84	0.073	480	95			120	25			5.5	1			4			1,174	333	819
1995	**22220**	Osteotomy of spine, including discectomy, anterior approach, single v	090	22.94	0.053	585	105			165	32			6.5	1			5			144	69	70
2005	**22612**	Arthrodesis, posterior or posterolateral technique, single level; lumba	090	23.53	0.088	482	60	20	15	150	30		2	1	1			3			45,980	26,286	18,577
2003	**22533**	Arthrodesis, lateral extracavitary technique, including minimal discect	090	24.79	0.073	549	116			180	30		1	3	1			3	1		1,288	901	267
1995	**22210**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral	090	25.38	0.061	609	105			180	31			7	1			5			186	95	86
2010	**22551**	Arthrodesis, anterior interbody, including disc space preparation, disc	090	25.00	0.140	395	60	18	20	120	30		1		1			3			32,362	10,132	21,208
1995	**22548**	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (a	090	27.06	0.046	673	100			180	33			8	1			4			36	3	33
2006	**22857**	Total disc arthroplasty (artificial disc), anterior approach, including dis	090	27.13	0.086	550	60	20	15	180	45		2	1	1			4			14	5	9
2011	**22633**	Arthrodesis, combined posterior or posterolateral technique with post	090	27.75	0.080	565	40	18	20	200	30	2	1		1			3			26,227	12,847	12,785
2008	**22864**	Removal of total disc arthroplasty (artificial disc), anterior approach, s	090	29.40	0.134	457	40	20	20	150	40		2		1			3			0		
2006	**22865**	Removal of total disc arthroplasty (artificial disc), anterior approach, s	090	31.75	0.092	600	75	20	15	210	30		2	2	1			4			1	1	
2006	**22862**	Revision including replacement of total disc arthroplasty (artificial disc	090	32.63	0.087	620	70	20	15	240	45		2	1	1			4			0		
2008	**22861**	Revision including replacement of total disc arthroplasty (artificial disc	090	33.36	0.135	477	40	20	20	180	30		3		1			3			7	7	0

CPT Code:22858
Specialty Society('s)AANS/CNS, AAOS, NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date:04/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel comprised of representatives from the specialty societies convened to review the PE inputs for codes 22858x. The panel included physicians from a variety of practice locales and settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The indicated reference code has no practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

CPT Code:22856
Specialty Society('s) AANS/CNS, AAOS, NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical

Global Period: 090 Meeting Date: 04/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A consensus panel comprised of representatives from the specialty societies convened to review the PE inputs for code 22856. The panel included physicians from a variety of practice locales and settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The data for the current code 22856 were reviewed.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard times for 90-day global code:
- Complete pre-service diagnostic & referral form
- Coordinate pre-surgery services/review test/exam results
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls and prescriptions

Intra-Service Clinical Labor Activities:

Standard time for discharge management assistance (12 minutes)

Post-Service Clinical Labor Activities:

Standard time for office visits

	A	B	C	D	E	F	G	H	I
1				EXISTING CODE		RECOMMEND		RECOMMEND	
2	***Please note: If a supply has a purchase price of $100 or**			22856		22856		22858	
3	**Meeting Date: 04/2014** **Tab: 7** **Specialty: AANS/CNS, AAOS, NASS**	**CMS Code**	**Staff Type**	Total disc arthroplasty (artificial disc), anterior approach, including		Total disc arthroplasty (artificial disc), anterior approach, including		Total disc arthroplasty (artificial disc), anterior approach, including	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**		**L037D**	**0**	**195**	**0**	**180**	**0**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		**L037D**	**0**	**75**	**0**	**60**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**		**L037D**	**0**	**12**	**0**	**12**	**0**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**		**L037D**	**0**	**108**	**0**	**108**	**0**	**0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms				**5**		**5**		
13	Coordinate pre-surgery services				**20**		**20**		
14	Schedule space and equipment in facility				**8**		**8**		
15	Provide pre-service education/obtain consent				**20**		**20**		
16	Follow-up phone calls & prescriptions				**7**		**7**		
17	*Other Clinical Activity - *specify:*				**15**				
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**	**n/a**	
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36		**3**		**3**		
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0**	**108**	**0**	**108**	**0**	**0**
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**3**		
60	pack, post-op incision care (suture)	SA054	pack		**1**		**1**		
61	**EQUIPMENT**	**CODE**							
62	table, power	EF031			**108**		**108**		

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Sacroiliac Joint Fusion

In February 2014, the CPT Editorial Panel converted one Category III code to a Category I code to report minimally invasive sacroiliac joint, fusion which includes image guidance. Additionally, the CPT Editorial Panel revised CPT code 27280 to include the word "open."

27279 ***Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device***
The specialty societies indicated and agreed that the survey respondents overestimated the work required to perform CPT code 27279. The specialty societies noted that the survey process was interfered with by an outside party. Therefore, the specialty societies recommended and the RUC agreed that directly crosswalking 27279 to 62287 *Decompression procedure, percutaneous, of nucleus pulpous of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar* (work RVU=9.03, 70 minutes pre-time, 60 minutes intra-time, 30 minutes post-time) is appropriate. The RUC recommends 55 minutes pre-service, 60 minutes intra-service and 30 minutes immediate post-service time for 27279. The RUC noted that both 27279 and 62287 require the same physician work and time to perform and therefore should be valued the same. For additional support, the RUC referenced MPC codes 49507 *Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated* (work RVU= 9.09). and 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46), which require similar physician work and time and support the recommended work RVU of 9.03 for CPT code 27279, **The RUC recommends a work RVU of 9.03 for CPT code 27279.**

27280 ***Arthrodesis, open, sacroiliac joint including obtaining bone graft***
The specialty societies presented a letter to the RUC requesting that this code be referred back to the CPT Editorial Penal so that language can be added to the code clarifying that instrumentation is included in this procedure. The RUC agreed that this request is reasonable and referred this issue back to the CPT Editorial Panel to revise the descriptor to "includes instrumentation when performed". In the interim, the RUC recommends maintaining the current value of work RVU= 14.64 for this code. Specifically, the specialties believe that during the survey process for CPT code 27280 led some respondents to believe that instrumentation could be reported separately even though it cannot, causing significant confusion. The specialty societies believe that a new survey using a revised descriptor will yield more accurate results. **The RUC referred CPT Code 27280 to the CPT Editorial Panel. The RUC recommends that the current work RVU of 14.64 be maintained and that this service be resurveyed after revisions from the CPT Editorial Panel.**

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New Technology
The RUC recommends CPT code 27279 be placed on the New Technology list and be re-reviewed by the RUC to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Musculoskeletal System** **Pelvis and Hip Joint** **Fracture and/or Dislocation**				
27216		*Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)		
27218		*Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)		
Category I **Surgery** **Musculoskeletal System** **Pelvis and Hip Joint** **Arthrodesis**				

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●27279	Y1	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device (For bilateral procedure, report 27279 with modifier 50)	090	9.03
▲27280	Y2	Arthrodesis, open, sacroiliac joint including obtaining bone graft (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)	090	14.64 Refer to CPT

Category III

~~0334T~~ ~~Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)~~

~~(For bilateral procedure, report 0334T with modifier 50)~~

(0334T has been deleted)

(To report percutaneous/minimally invasive [indirect visualization] arthrodesis of the sacroiliac joint with image guidance, use 27279)

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NASS
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Fax: (630) 230-3700 Web: www.spine.org

April 18, 2014

Barbara Levy, MD, Chair
American Medical Association
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Levy:

We are writing on behalf of the North American Spine Society (NASS) to follow up on a letter that the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) sent to you on March 10, 2014 regarding an email that an orthopedic surgeon, Louis Rappoport, MD, sent to an unknown number of physicians about the survey for minimally-invasive sacroiliac joint fusion conducted for the April RUC meeting (Attachment 1). At that time, AMA staff suggested that the specialty societies contact Dr. Rappoport directly. AANS and CNS shared this information with NASS and the American Academy of Orthopaedic Surgeons (AAOS) as we conducted the survey jointly.

NASS contacted Dr. Rappoport to determine the origin and rationale behind his email as well as to request his email distribution list (Attachment 2). In response, Dr. Rappoport provided a letter outlining the background of the email (Attachment 3) as well as a letter from Globus Medical Inc. addressing their involvement in the writing and distribution of the email (Attachment 4).

As the specialty societies will be presenting their survey data and recommendations next week, we felt it important to share these letters with the RUC prior to the meeting.

Thank you for your attention to this matter. Please contact us if you need any additional information.

Sincerely,

William Watters, MD
President

Karin Swartz, MD
RUC Advisor

Attachments

AMERICAN ASSOCIATION OF
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Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
WILLIAM T. COULDWELL, MD PHD
Salt Lake City, Utah

CONGRESS OF
NEUROLOGICAL SURGEONS
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President
DANIEL K. RESNICK, MD
Madison, Wisconsin

March 10, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Subject: **RUC Survey of Minimally Invasive Sacroiliac Joint Fusion Code**

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), along with the North American Spine Society (NASS) and the American Academy of Orthopaedic Surgeons (AAOS), are preparing to survey the Minimally Invasive Sacroiliac Joint Fusion Code 27279X (Tracking Number Y1) code — which passed at the February 2014 CPT Panel — for presentation at the April RUC meeting. To this end, we wanted to immediately bring a matter to your attention.

On March 6, 2014, we were informed by one of our neurosurgeons that he received the following email regarding this survey from Louis Rappoport, MD, an orthopedic surgeon in Arizona.

> **From:** Louis Rappoport MD [mailto:lhr4spine@aol.com]
> **Sent:** Thursday, March 06, 2014 2:48 PM
> **Subject:** Minimally Invasive Sacroiliac Joint Fusion
>
> Dear Colleague,
>
> You may have received a RUC Survey (Relative Value Scale (RVS) Update Committee –RUC) from one or more specialty societies of which you are a member relating to minimally invasive sacroiliac joint fusion. The AMA formed the AMA/Specialty Society RUC to act as an expert panel in developing relative value recommendations to CMS for use in annual updates to the Medicare RVS. As you may be aware, completion of the RUC survey is critical to appropriate valuation for services and procedures described by potential new CPT codes. The results of the survey will be used by the RUC in determining the work Relative Value Units (RVUs) for potential new CPT codes including, but not limited to, a CPT code to describe minimally invasive sacroiliac joint fusion.
>
> I am writing to encourage you to respond to the RUC survey. As spine surgeons, we are all busy, but participation in the RUC process is important to us all. The process gives practicing physicians a voice in the valuation of procedures we perform. It is important that you respond with accuracy and honesty, and do not over estimate or under estimate the time and resources required to perform the procedure. In the survey, you will be asked to consider comparable surgeries to minimally invasive sacroiliac joint fusion that you perform in regards to time, skill, resources and effort. I have personally performed over one hundred minimally invasive sacroiliac joint fusion procedures. From my perspective, a comparable procedure in terms of knowledge, skill, risk, and time would be a single level lumbar microdiscectomy (CPT code 63030). The RUC survey may provide other reference procedures for your consideration. A link to instructions on how to complete a RUC survey from the AMA is provided below:

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
725 Fifteenth Street, NW, Suite 500 Washington, DC 20005
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

http://www.apapracticecentral.org/reimbursement/ruc-survey-presentation.pdf

Thank you for your time and consideration.

Sincerely,

Louis Rappoport , M.D.
Arizona Spine Consultants LTD
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

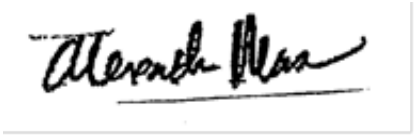
Clearly, this correspondence is inappropriate, so we are writing to bring it to your attention and seek the RUC's advice as to how to handle this situation. The AANS and CNS were never involved with this solicitation, nor were we consulted about this e-mail. The AANS and CNS only learned of it because we were alerted by a recipient of the email.

We are willing to proceed with the survey and are prepared to include any disclaimer — including a question about whether the survey recipient received the e-mail from Dr. Rappoport — that you require. In addition, if the AMA is able to obtain a list from Dr. Rappaport of the individuals to whom he sent his e-mail, we would be willing to use that information to "segregate" the survey responses from respondents who may have seen the email. We can then flag that data and present data from both groups (those that received the email vs. those that did not), which has been done by other societies who have experienced similar complications. Finally, if the Research Subcommittee or AMA staff feels it is necessary, we can delay the survey and presentation of data for the SI Joint fusion for another meeting.

Thank you for providing us with advice on how to best handle this situation in advance sending out the surveys. We certainly want to avoid conducting the survey only to find that the data will not be meaningful to the RUC. If you have any questions or need additional information, please contact us.

Sincerely,





John Ratliff, RUC Advisor
American Association of Neurological Surgeons

Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons

cc: Scott Collins, MD, Chair, RUC Research Subcommittee

Staff Contact:
Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
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Fax: (630) 230-3700 Web: www.spine.org

April 7, 2014

Louis Rappoport, MD
Arizona Spine Consultants LTD
640 West Maryland Avenue, Suite 3
Phoenix, AZ 85013

Dear Dr. Rappoport:

I am writing on behalf of the North American Spine Society (NASS) regarding your recent communication to physicians about the ongoing AMA Relative Value Update Committee (RUC) survey for minimally-invasive sacroiliac joint fusion. NASS, along with the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the American Academy of Orthopaedic Surgeons (AAOS) is conducting a RUC survey to value a new minimally-invasive SI fusion code along with the existing open SI fusion code.

Any communication to physicians regarding RUC surveys must be sent only via the surveying specialty societies. Communication from other entities is expressly prohibited by the RUC as it has the potential to compromise the survey process and the integrity of the data being used to formulate value recommendations. In particular, your suggestion of code 63030 as a reference service code risks compromising the survey by not allowing potential respondents to form their own opinions about the most appropriate reference service code.

As a result of your communication, the surveying specialty societies are taking steps to ensure that none of the data we use in developing our recommendations was affected by the suggestions you made. To assist in segregating potentially compromised data, NASS requests that you share the following information:

1. A list of names and email addresses to whom you sent the letter.
2. Did you receive any encouragement or assistance with writing the letter? If so, from whom?
3. Do you have any potential conflicts of interest (stock options, consulting contract, etc.) related to SI fusion?

In the future, NASS reminds you to follow the RUC process and contact specialty society staff with any questions or concerns regarding the survey process rather than contacting physicians directly.

Thank you for your prompt attention to this request. If you have any questions, please contact Allison Waxler: awaxler@spine.org, 630/230-3683.

Sincerely,

W. C. Watters III MD

William Watters, MD
President

ARIZONA SPINE CONSULTANTS, Ltd.

Louis H. Rappoport, M.D.
Diplomate, American Board of Orthopaedic Surgery

April 14, 2014

William Watters, M.D. – President
North American Spine Society
ATTENTION: ALLISON WAXLER
7075 Veterans Blvd.
Burr Ridge, IL 60527

Dear Dr. Watters:

I am in receipt of your correspondence dated 4/7/14 with regards to a communication to physicians that was sent out via E-mail with regards to an upcoming RUC survey for minimally invasive sacroiliac joint fusion. As per my discussion with Ms. Waxler, I was approached by Globus to sponsor this E-mail letter. I was provided with a sample letter from Globus which I reviewed and agreed with the content. As noted by Mr. Demski (see enclosed correspondence from Globus), the e-mail was written to show our excitement over a potential new CPT code for minimally invasive sacroiliac joint fusion and to encourage physician participation in the process. Globus has informed me that AMA Guidelines for completing a RUC survey were attached to the E-mail. There was no deliberate intent to bias or influence surgeons in any way what so ever. Globus asked if they could send the E-mail out using my E-mail address and I gave them approval to make it on a more personal level as I am quite interested in minimally invasive sacroiliac joint fusion. The E-mail was subsequently sent out using my E-mail address by Globus with their mailing list. I have no access to their mailing list and if you need access you would have to discuss this further with Mr. Demski. I did receive a few responses to my E-mail and I did not respond to any of them. Obviously, I was unaware of any other specific guidelines with regards to the RUC process which you have discussed in your correspondence to me.

Again, I was approached by Globus directly to sponsor a letter for them, and therefore I assumed that it was okay to do so.

I sincerely apologize if this E-mail letter has caused a problem with the RUC process but obviously that was not the intent.

Therefore in response to your specific questions: 1) a list of names and E-mail addresses to whom you sent the letter. As I have stated, the letter was sent via my E-mail address (with my permission) via the Globus mailing list by them. I have no access to this mailing list. If you

640 W. Maryland Ave., Suite 3, Phoenix, AZ 85013 • (602) 242-6500 Fax (602) 242-6600

require further information with regards to this mailing list, I suggest that you contact Mr. Demski directly at Globus.

2) Did you receive any encouragement or assistant with writing the letter? If so, from whom? As I have stated above, I did not write the letter. It was written by Globus and reviewed by myself for approval. I did agree with the content of the letter.

3) Do you have any potential conflicts of interest (stock options, consulting contract etc. related to SI fusion?) As stated in Mr. Demski's letter, I am engaged by Globus as a Consulting Physician for teaching purposes on their SI fusion technique. I do not have any stock options, receive any royalties or other consulting fees on the products utilized in the MIS SI Joint Fusion surgery. My understanding from Globus is that I was contacted to sponsor this letter because of my knowledge and experience with the MIS SI Joint Fusion procedure and excitement over this procedure.

Again, I sincerely apologize if this letter has caused any significant problem with regards to the RUC process. I can assure you that I would never involve myself in anything like this ever again and in the future will follow the RUC process and contact specialty society staff with any questions or concerns regarding the survey process rather than contacting physicians directly.

Please feel free to contact me should you have any further questions or concerns.

Sincerely,

Louis H. Rappoport, M.D.
Thank you

Enclosure
LHR:kah

GLOBUS
MEDICAL

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Order Fax: 610.930.2041
www.globusmedical.com

April 10, 2014

Louis Rappoport, M.D.
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

Dear Dr. Rappoport;

This letter is to confirm that Globus Medical, Inc. ("Globus") initiated a request that you send out an e-mail to surgeons concerning a potential CPT Code for minimally invasive SI joint fusion. A sample letter was provided for your review prior to the release of the CPT Panel Meeting Summary of Actions and therefore prior to your knowledge of the Panel's actions to move forward with a CPT code. The letter was drafted by Globus for your approval and you agreed to the content with no revisions. The e-mail was specifically written so as not to interfere with or influence the RUC process, but to encourage physician participation in the process, as lack of participation by physicians has long been a criticism of the RUC process. AMA Guidelines for completing a RUC survey were attached to the e-mail.

Globus sent out the e-mail using your e-mail address to approximately 1,200 surgeons. According to our records, only about 24% of the surgeons contacted even opened the e-mail. Some of the surgeons responded directly to you with various suggestions. Globus requested that you not respond to any e-mails sent to you and it is our understanding that you have not done so. Again, the intent of the e-mail was to encourage participation not to influence other surgeons.

This letter also confirms the fact that Globus engages you to teach other surgeons on the technique and that you do not receive any royalties or other consulting fees on the products utilized in MIS SI joint fusion surgery.

Sincerely,

Dave Demski
President and COO
Globus Medical, Inc.

cc: Vickie Sullivan

AMERICAN ASSOCIATION OF
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President
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President
DANIEL K. RESNICK, MD
Madison, Wisconsin

March 10, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Subject: **RUC Survey of Minimally Invasive Sacroiliac Joint Fusion Code**

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), along with the North American Spine Society (NASS) and the American Academy of Orthopaedic Surgeons (AAOS), are preparing to survey the Minimally Invasive Sacroiliac Joint Fusion Code 27279X (Tracking Number Y1) code — which passed at the February 2014 CPT Panel — for presentation at the April RUC meeting. To this end, we wanted to immediately bring a matter to your attention.

On March 6, 2014, we were informed by one of our neurosurgeons that he received the following email regarding this survey from Louis Rappoport, MD, an orthopedic surgeon in Arizona.

> **From:** Louis Rappoport MD [mailto:lhr4spine@aol.com]
> **Sent:** Thursday, March 06, 2014 2:48 PM
> **Subject:** Minimally Invasive Sacroiliac Joint Fusion
>
> Dear Colleague,
>
> You may have received a RUC Survey (Relative Value Scale (RVS) Update Committee –RUC) from one or more specialty societies of which you are a member relating to minimally invasive sacroiliac joint fusion. The AMA formed the AMA/Specialty Society RUC to act as an expert panel in developing relative value recommendations to CMS for use in annual updates to the Medicare RVS. As you may be aware, completion of the RUC survey is critical to appropriate valuation for services and procedures described by potential new CPT codes. The results of the survey will be used by the RUC in determining the work Relative Value Units (RVUs) for potential new CPT codes including, but not limited to, a CPT code to describe minimally invasive sacroiliac joint fusion.
>
> I am writing to encourage you to respond to the RUC survey. As spine surgeons, we are all busy, but participation in the RUC process is important to us all. The process gives practicing physicians a voice in the valuation of procedures we perform. It is important that you respond with accuracy and honesty, and do not over estimate or under estimate the time and resources required to perform the procedure. In the survey, you will be asked to consider comparable surgeries to minimally invasive sacroiliac joint fusion that you perform in regards to time, skill, resources and effort. I have personally performed over one hundred minimally invasive sacroiliac joint fusion procedures. From my perspective, a comparable procedure in terms of knowledge, skill, risk, and time would be a single level lumbar microdiscectomy (CPT code 63030). The RUC survey may provide other reference procedures for your consideration. A link to instructions on how to complete a RUC survey from the AMA is provided below:

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
725 Fifteenth Street, NW, Suite 500 Washington, DC 20005
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

http://www.apapracticecentral.org/reimbursement/ruc-survey-presentation.pdf

Thank you for your time and consideration.

Sincerely,

Louis Rappoport , M.D.
Arizona Spine Consultants LTD
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

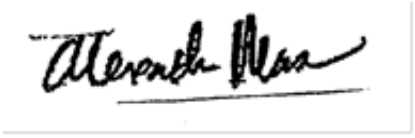
Clearly, this correspondence is inappropriate, so we are writing to bring it to your attention and seek the RUC's advice as to how to handle this situation. The AANS and CNS were never involved with this solicitation, nor were we consulted about this e-mail. The AANS and CNS only learned of it because we were alerted by a recipient of the email.

We are willing to proceed with the survey and are prepared to include any disclaimer — including a question about whether the survey recipient received the e-mail from Dr. Rappoport — that you require. In addition, if the AMA is able to obtain a list from Dr. Rappaport of the individuals to whom he sent his e-mail, we would be willing to use that information to "segregate" the survey responses from respondents who may have seen the email. We can then flag that data and present data from both groups (those that received the email vs. those that did not), which has been done by other societies who have experienced similar complications. Finally, if the Research Subcommittee or AMA staff feels it is necessary, we can delay the survey and presentation of data for the SI Joint fusion for another meeting.

Thank you for providing us with advice on how to best handle this situation in advance sending out the surveys. We certainly want to avoid conducting the survey only to find that the data will not be meaningful to the RUC. If you have any questions or need additional information, please contact us.

Sincerely,





John Ratliff, RUC Advisor
American Association of Neurological Surgeons

Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons

cc: Scott Collins, MD, Chair, RUC Research Subcommittee

Staff Contact:
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Senior Manager, Regulatory Affairs
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www.aaos.org

April 16, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the North American Spine Society (NASS), and the American Academy of Orthopaedic Surgeons (AAOS) would like to provide comments for CPT code 27280, arthrodesis, open, sacroiliac joint including obtaining bone graft. 27280 was surveyed by AAOS, NASS and AANS/CNS for the April 2014 RUC meeting as part of Tab 8. In the process of conducting the survey and reviewing the survey results our consensus panel had questions about the reliability of the survey data.

We believe that in the survey of 27280 there was some confusion to surgeons of disparate spine and orthopaedic trauma backgrounds, with the former group potentially considering that instrumentation related to this procedure would be coded separately, as is common with many surgical procedures of the spine. The latter group, however, traditionally performs procedures where instrumentation is included as part of the procedure code. Thus, surgeons may have appraised this code differently in RUC survey responses. While the code's description of intra-service work details the use of instrumentation, no reference to instrumentation is made in the CPT code descriptor.

CPT code 27280 is scheduled for review at the April, 2014 meeting of the RUC, and we respectfully ask that this code be returned to the CPT Editorial Panel for a revision in the descriptor to include the term "…includes instrumentation when performed". We then ask for the code to be re-surveyed, with the revised descriptor. We would also publish through our respective publications coding guidance and would suggest a CPT assistant article be published as well.

Lastly, we also would propose the RUC research subcommittee consider the merits of including the intra-service work descriptors used by the RUC panel in the survey

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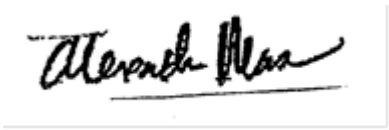
instrument itself. In this instance, had the service descriptor been included the inclusion of instrumentation would have been more explicit to survey respondents.

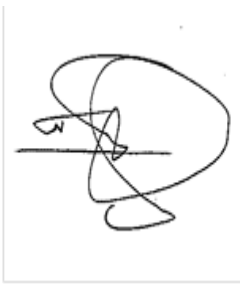
Sincerely,



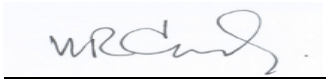
Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons



John Ratliff,
RUC Advisor
American Association of Neurological Surgeons



Karin Swartz, MD, RUC Advisor
North American Spine Society



William Creevy, MD,
RUC Advisor,

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27279 Tracking Number Y1 Original Specialty Recommended RVU: **9.03**
Presented Recommended RVU: **9.03**
Global Period: 090 RUC Recommended RVU: **9.03**

CPT Descriptor: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

(For bilateral procedure, report 27279X with modifier 50)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old female has chronic low back and posterior, buttock and thigh pain following a motor vehicle accident. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 93% , In the ASC 7%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 14% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 21%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 71%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Update preoperative history and physical exam. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. Review length of procedure, anticipated blood loss and post-operative needs with anesthesiologist. After placement of foley catheter and anesthesia lines in the supine position, the patient is turned prone on an OR table and bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The skin is incised with a scalpel. The subcutaneous tissues are divided to the depth of the gluteus fascia with an electro cautery or with blunt dissection. Care is taken to avoid dissection through the fascia or the fibers of the gluteus. A pin is then placed through the fascia of the gluteus muscle and docked into the lateral cortex of the ilium. Care is taken to confirm the appropriate starting point for the pin. The pin is started caudal to the alar line and is centered within the middle third of the sacral body (dorsal to ventral) as viewed on the lateral fluoroscopic image. The image intensifier is then repositioned to the inlet view and the trajectory of the pin is adjusted so that the pin is headed

toward the center of the S1 sacral body. The image intensifier is repositioned to the outlet view and the pin is adjusted so that the pin trajectory is in a line parallel to the S1 vertebral endplate. The pin is advanced in a medial direction, checking the fluoroscopic images often to confirm appropriate position and trajectory. Gentle blunt dissection around the pin releasing a small amount of the gluteus fascia is performed. The soft tissue protector is then placed over the pin and is advanced until it is firmly seated onto the lateral cortical wall of the sacrum. The pin sleeve is removed from the soft tissue protector assembly. The cannulated drill is placed over the pin and a channel is created by drilling down through the ilium to the SI joint. Bone removed during the drilling process is collected for later grafting.

While leaving the soft tissue protector in place, the pin is removed. Working through the soft tissue protector, the cartilage on the sacral and iliac sides of the SI joint is removed using angled curettes. Direct and indirect visualization is employed to confirm access to and debridement of the joint. After debridement of the joint, the pin is replaced and the drill is utilized to create a channel into the lateral aspect of the sacral ala. The drill is removed and bone fragments are collected. The broach is then placed over the pin and advanced to a point where the teeth of the broach are across the SI joint as visualized on the outlet view. This creates a triangular channel through the ilium and into the sacrum. The broach is removed and the 7 mm implant is then placed over the pin and is advanced across the ilium, across the SI joint and into the sacrum. The trailing end of the implant remains 2 – 3 mm proud thus engaging the lateral cortical wall of the ilium. The final position of the implant is confirmed with fluoroscopic imaging, direct and indirect visualization, tactile feedback from the inserter device, and digital palpation of the implant on the lateral surface of the ilium. The identical steps are then repeated for placement of the second and third implants. Subsequent pins and implants are placed in a progressively caudal manner. Care is taken to keep the pins (and implants), positioned within the osseous confines of the ilium and sacrum.

After the third implant is placed, all pins and the soft tissue protector are removed from the surgical incision. The wound is inspected and any bleeding controlled. The incision is irrigated and the wound is closed in layers. Sterile dressing is applied. The patient is rolled supine and the anesthesia is reversed.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Write brief operative note and medication orders. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome with patient. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and write order for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office during the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy,MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	27279				
Sample Size:	500	**Resp N:**	28	**Response:** 5.6 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	5.00	20.00
Survey RVW:	5.70	10.00	**15.55**	18.00	25.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	59.00	**60.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27279	**Recommended Physician Work RVU: 9.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,264

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	12,109

CPT Descriptor 2 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Other Reference CPT Code	Global	Work RVU	Time Source
62287	090	9.03	**RUC Time**

CPT Descriptor Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 32.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 27279**	**Key Reference CPT Code: 22554**	**Source of Time RUC Time**
Median Pre-Service Time	73.00	95.00	
Median Intra-Service Time	60.00	90.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	62.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**244.00**	**362.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.56	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.44	4.00
Urgency of medical decision making	2.56	2.89
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	4.11
Physical effort required	3.44	3.44
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.44	3.56
Outcome depends on the skill and judgment of physician	4.33	4.22
Estimated risk of malpractice suit with poor outcome	4.00	4.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.00
Intra-Service intensity/complexity	3.67	3.67

Post-Service intensity/complexity	3.22	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. The CPT coding change proposal was based on sufficient literature, information regarding industry sales volume, and information from industry that the procedure was in fairly widespread use. Although industry representatives offered to provide contact information for surgeons with experience, the involved societies determined that if the industry information about utilization was correct, a random survey of membership would result in sufficient survey responses.

DISCLOSURE: Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	**Check Yes or No**			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	**Yes**		**No**	

In addition, we agreed to remove code 63030 from the reference service list.

The AANS/CNS, NASS, and AAOS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys.

Our consensus panel discussed the survey results and agreed the survey respondents: 1) overestimated the post-op facility work; and 2) overestimated the RVW.

We are recommending an RVW of 9.03 – crosswalked from code 62287. This RVW is less than the survey 25th percentile. Code 62287 was on our reference service list.

CPT	Descriptor	RVW	IWPUT	Total	EVAL	INTRA	POST	HV	POV
27279X	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	9.03	0.065	244	73	60	30	0.5	3
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	9.03	0.054	248	70	60	30	0.5	3

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with additional positioning time: **SS3,** Posterior Thoracic/Lumbar (Prone) (eg laminectomy), 15 Minutes

Key Reference Service
KRS code 22554 was chosen by 9 of 28 respondents, but does not compare well with the survey code. Code 22554 is a cervical spine fusion inpatient procedure requiring more time/visits and significantly more work than 27279..

Additional Reference Service
As stated above, we believe that code 62287 from the reference list is a better comparator to 27279. This is a percutaneous procedure and has similar pre, intra, and post data. This code was chosen as a reference by four respondents.

New Technology
We acknowledge that we did not receive the requisite 30 survey responses. Although this new procedure is established, it is not widely performed. Although we are confident in our crosswalk recommendation, we also recommend that available 2015 utilization data be reviewed in early 2016 to determine if there are different specialties providing this service and/or the procedure is performed in a different site of service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0334T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. SI-BONE sales data shows that more than 9,000 MIS SI joint fusions have been performed in the U.S. since 2008. Their data also indicate growth may be rapid in the next few years.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Code 0334T was new July 2013. Medicare data is not available. We cannot predict utilization for the Medicare aged population, but expect it to be low when compared with the nationale population. We suggest that CMS look at their files for the second half of 2013 and first half of 2014 to predict utilization for 2015.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62287

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27280 Tracking Number Y2 Original Specialty Recommended RVU: **19.00**
Presented Recommended RVU: **14.64**
Global Period: 090 RUC Recommended RVU: **14.64**

CPT Descriptor: Arthrodesis, open, sacroiliac joint including obtaining bone graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year-old female has chronic posterior, buttock and thigh pain following a motor vehicle accident with derangement of the sacroiliac joint. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 4% , Overnight stay-less than 24 hours 32% , Overnight stay-more than 24 hours 64%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 63%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. After placement of foley catheter and anesthesia lines in the supine position, the patient is rolled over to to a 30 degree lateral position on a radiolucent operating table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The sacroiliac joint is approached anteriorly through an incision over the anterolateral iliac crest. The common insertion of the abdominal obliques joins the origins of the tensor fascia lata and gluteus medius at the lateral edge of the iliac crest. This tendinous structure is divided from ASIS to the gluteus medius pillar, leaving the abductor origin intact on the ilium. The gluteus medius pillar roughly marks the equator of the pelvic ring. Roughly at this landmark, the exposure may either be continued posteriorly along the iliac crest or extended cranially, splitting the fibers of the external oblique muscle. If the latter is preformed, the transversus abdominis and internal obliques are released from their insertion with electrocautery working from the inner table of the iliac crest outward. The iliacus is elevated from iliac fossa, taking care to remain subperiosteal. Significant bleeding is often encountered from the nutrient vessel that enters the ilium just lateral to the pelvic brim and anterior to the sacroiliac joint. Bone wax may help provide hemostasis for bleeding associated with this nutrient foramen. Blunt dissection is continued posteriorly to identify the SI joint. The soft tissues anterior to the sacral ala are mobilized medially to protect the traversing L5 nerve root. A malleable retractor or Homan

retractor is utilized to protect the L5 root and retract it from the operative field. The SI joint is exposed from its superior aspect at the top of the sacral ala. Bridging osteophytes are removed as needed to gain access to the joint. The SI joint is not freely mobile, therefore multiple different techniques can be utilized to gain access to the joint. One technique is placement of Schanz pins medial and lateral to the joint to forcefully distract and "open up" the joint. Laminar spreaders can also be used to hinge the joint open and provide access to the chondral surfaces The joint surfaces, once exposed are denuded of cartilage and soft tissue down to bare bone. The bony surfaces are decorticated with a burr down to bleeding bone to ensure osseous healing. Vigorous bleeding is to be expected. Once the surfaces are prepared, bone graft is harvested from the anterior iliac crest, usually in the region of the gluteus medius pillar. The cortex is opened up with a bone cutting osteotome. Curettes and gouges are then used to harvest spongy cancellous bone. The bone graft is collected and then placed within the sacroiliac joint to promote bony fusion. The joint is then reduced and compressed. A temporary reduction clamp is applied to hold the surfaces together. Arthrodesis is assured by the insertion of stable internal fixation, employing plates, iliosacral screws, or a combination of both. Care is taken to avoid injury to the superior gluteal neurovascular bundle since the screw entry point is close to the neurovascular bundle as it exits the sciatic notch. Guide wire placement requires careful attention to avoid damage to important muscular and neurovascular structures. Lateral x-ray projections can be used to center the guide wire on the sacrum anterior to the spinal canal and to ensure that the guide wire is below the iliac cortical density and sacral alar slope to prevent injury to the L5 nerve root. Images taken in the pelvic outlet projection ensure that the guide wire passes above the S1 sacral foramen. In that view images are required to ensure that the guide wire is at the proper directory and coming to rest in the anterior aspect of the sacral promontory for maximal purchase. This ensures that the fixation screws will reside within the safe corridor in between the valley of the ala anteriorly (L5 nerve root), the sacral canal posteriorly and the sacral foramen inferiorly (S1 nerve root). Inlet radiographic views are used to confirm trajectory of screw path and that screw does not extrude anterior to sacrum. Once the guide wire is satisfactorily placed, the length is determined using the depth gauge. The screw passage is over-drilled with a cannulated drill bit, and a large (6.5mm-8.0mm) cannulated screw is placed over the guide between the ilium and the sacral ala. One or more additional screws are placed to control rotation. Care is taken to ensure that the bony surfaces of the sacrum and the ilium are well coapted and compressed to ensure fusion. Final radiographic images are taken to ensure coaptation of the bony surfaces and safe placement of the fixation hardware. The wound is then copiously irrigated. A drain is placed near the operative site. The detached muscles are then reattached to the iliac wing with sutures in multiple layers to promote reattachment of external obliques and prevent possible dehiscence. The superficial wound is closed in layers.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and interval data charted. Communicate with other professionals and with patient and patient's family. Exam patient, assessing neurovascular status and drain. Order and review imaging as necessary. Consider relevant data, options, and risks and revise treatment plan as necessary. On subsequent days, review medical records and interval data charted. Examine and talk with patient. Take down dressings, assess wound and patient status. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office several times through the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures and drain when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy, MD				
Specialty(s):	AAOS, AANS/CNS, NASS				
CPT Code:	27280				
Sample Size:	500	**Resp N:**	28	**Response:** 5.6 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	3.00	6.00
Survey RVW:	6.00	13.38	**19.00**	20.00	25.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	25.00	64.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27280	**Recommended Physician Work RVU: 14.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	62.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,120

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 35.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 27280**	**Key Reference CPT Code:** 63075	**Source of Time** RUC Time

Median Pre-Service Time	73.00	95.00
Median Intra-Service Time	90.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	40.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	62.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**353.00**	**355.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.30	3.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.00
Urgency of medical decision making	2.40	3.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	4.00
Physical effort required	3.80	3.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.40	3.80
Outcome depends on the skill and judgment of physician	4.20	4.00
Estimated risk of malpractice suit with poor outcome	3.80	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.90
Intra-Service intensity/complexity	3.90	3.90
Post-Service intensity/complexity	3.10	3.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

BACKGROUND

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. In addition, they revised code 27280 to add the word "open" to differentiate this code from 27279X. Code 27280 has been a CPT code for over 20 years.

Disclosure Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work for the new percutaneous code 27279 would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed remove code 63030 from the reference service list and to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	Check Yes or No			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	**Yes**		**No**	

COMPELLING EVIDENCE

- *Evidence that incorrect assumptions were made in the previous valuation of the service; a misleading vignette and/or survey in a previous evaluation*

Code 27280 is a Harvard-based code that was reviewed by orthopaedic surgeons during the Harvard study. Open SI joint fusion is an uncommon procedure now and was less common during the Harvard review. Our consensus panel does not believe that the few general orthopaedic surgeons reviewing this code would have been familiar with the procedure and therefore would not have been able to provide accurate work or time estimates. This can be compared to the RUC reviewing survey summary data from only 10 respondents, all of which have no experience in the past 12 months, or even in their career. The surgery is now performed through a retroperitoneal approach with different fixation.

- *Evidence that technology has changed physician work.*

Open arthrodesis of the SI joint, when performed, has been has been made more complex with the introduction of new imaging methods that provide the basis for new and varied surgical strategies. There are also new internal fixation devices (compared to the 1980's) that require more complex work. The surgery is now performed through a retroperitoneal approach with different fixation.

RECOMMENDATION

The AAOS, AANS/CNS, and NASS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys. Open SI joint fusion is a rarely performed service.

We are recommending an RVW of 19.00 which is the survey median.

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with 15 minutes additional positioning time for either of the following positions.

SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Key Reference Service
KRS code 63075 has the same intra-service time and similar post-operative hospital and office visits. Intra-operative work complexity is similar.

The following table provides other RUC reviewed services with 90 minutes of intra-time and similar total time, as support for the recommendation of 19.00 for code 27280.

CPT	Long Descriptor	RVW	IWPUT	Time	EVAL	POSIT	SDW	INTRA	POST	32	31	38	13	12
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	**17.88**	0.097	384	30	15	15	**90**	30	3		1.0	2	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	**18.00**	0.108	367	60	25	15	**90**	30	1		1.0	3	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	**18.14**	0.120	354	60			**90**	25			0.5		10
27280	Open SI joint fusion	**19.00**	0.123	353	40	18	15	**90**	30	1	1	1.0	2	1
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	**19.35**	0.103	407	45	25	10	**90**	30	2	1	1.0	3	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	**19.60**	0.132	355	60	20	15	**90**	30	1		1.0	2	1
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	**21.23**	0.130	400	85			**90**	45	1	2	1.0	2	1
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	**23.24**	0.175	302	10	10	15	**90**	20			0.5	6	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27280

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe that the increased utilization in the past few years for code 27280 was due to reporting percutaneous SI joint fusion. With implementation of the new Cat I percutaneous code 27279X, we believe code 27280 utilization will decrease back to a frequency less than 200.

Specialty orthopaedic surgery Frequency 180 Percentage 90.00 %

Specialty neurosurgery Frequency 20 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27280

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Minimally Invasive Sacroiliac Joint Fusion

TAB: 8

					RVW					Total	PRE	PRE			INTRA					POST-FACILITY					POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11
KEY-REF	22554	Arthrodesis, anterior interbody tech	9	0.106			17.69			362		60	20	15			90			30		1		1.0				3		
X-WALK	62287	Decompression procedure, percuta	4	0.054			9.03			248		70					60			30				0.5				3		
NEW	27279						N/A																							
SVY	27279	Arthrodesis, sacroiliac joint, percut	28	0.145	5.70	10.00	15.55	18.00	25.00	295		50	20	15	20	59	60	90	180	30		1		1.0				2	1	
REC	27279	CROSSWALK TO 62287		0.064			9.03			246	4	40	20	15			60			30				0.5				2	1	

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

NOTE – NO DIRECT INPUTS FOR NON-FACILITY

CPT Long Descriptor:
27279X-Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280- Arthrodesis, open, sacroiliac joint including obtaining bone graft
Global Period: 090 Meeting Date: 04/2014

1.Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AANS/CNS, NASS, and AAOS RUC Advisors met by conference call to discuss the practice expense details for codes 27279X and 27280. It was determined that both codes would only be reported in a facility setting. Both codes have a 90-day global period. As such, we are recommending the standard clinical staff times associated with 90-day global codes and standard supplies and equipment time related to office visits per the RUC survey.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

For 27279X, we have chosen CPT code 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

For 27280, we have listed the current PE inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:
- Discharge management assistance

Post-Service Clinical Labor Activities:
- Assist at follow up office visits

	A	B	C	E	F	G	H	I	J	K	L
1				REF CODE		recommend		EXISTING CODE		recommend	
2	*Please note: If a supply has a purchase price of $100 or			62287		27279		27280		27280	
3	Meeting Date: 04/2014 Tab:8-Minimally Invasive Sacroiliac Joint Fusion Specialty:AANS/CNS, AAOS, NASS	CMS Code	Staff Type	Arthrodesis, anterior interbody, including disc space preparation, discectomy,		Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end		Arthrodesis, sacroiliac joint (including obtaining graft)		Arthrodesis, open, sacroiliac joint including obtaining bone graft	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD				090		090		090		090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	186	0	165	0	207	0	198
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	60	0	60	0	60	0	75
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	18	0	6	0	12	0	24
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	108	0	99	0	135	0	99
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MA		7		7		7		7
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MA	n/a	6	n/a		n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MA	n/a		n/a	12	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
45	End: Patient leaves office										
46	POST-SERVICE Period										
47	Start: Patient leaves office/facility										
49	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
50	99211 16 minutes		16								
51	99212 27 minutes		27				1		5		1
52	99213 36 minutes		36		3		2				2
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Total Office Visit Time			0.0	108.0	0.0	99.0	0.0	135.0	0.0	99.0
57	End: with last office visit before end of global period										
58	MEDICAL SUPPLIES**	CODE	UNIT								
59	pack, minimum multi-specialty visit	SA048	pack		3		3		5		3
60	pack, post-op incision care (suture)	SA054	pack		1		1		1		1
61	bandage, Kling, non-sterile 2in	SG017	pack		2		0				
62	EQUIPMENT	CODE									
63	table, power	EF031			108		99		135		99
64	cast cutter	EQ081							135		0

	A	B	C	E	F	G	H	I	J	K	L
1				REF CODE		recommend		EXISTING CODE		recommend	
2	*Please note: If a supply has a purchase price of $100 or			62287		27279		27280		27280	
3	Meeting Date: 04/2014 Tab:8-Minimally Invasive Sacroiliac Joint Fusion Specialty:AANS/CNS, AAOS, NASS	CMS Code	Staff Type	Arthrodesis, anterior interbody, including disc space preparation, discectomy,		Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end		Arthrodesis, sacroiliac joint (including obtaining graft)		Arthrodesis, open, sacroiliac joint including obtaining bone graft	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD				090		090		090		090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	186	0	165	0	207	0	198
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	60	0	60	0	60	0	75
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	18	0	6	0	12	0	24
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	108	0	99	0	135	0	99
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MA		7		7		7		7
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MA	n/a	6	n/a		n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MA	n/a		n/a	6	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
45	End: Patient leaves office										
46	POST-SERVICE Period										
47	Start: Patient leaves office/facility										
49	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
50	99211 16 minutes		16								
51	99212 27 minutes		27				1		5		1
52	99213 36 minutes		36		3		2				2
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Total Office Visit Time			0.0	108.0	0.0	99.0	0.0	135.0	0.0	99.0
57	End: with last office visit before end of global period										
58	MEDICAL SUPPLIES**	CODE	UNIT								
59	pack, minimum multi-specialty visit	SA048	pack		3		3		5		3
60	pack, post-op incision care (suture)	SA054	pack		1		1		1		1
61	bandage, Kling, non-sterile 2in	SG017	pack		2		0				
62	EQUIPMENT	CODE									
63	table, power	EF031			108		99		135		99
64	cast cutter	EQ081							135		0

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Subcutaneous Implantable Defibrillator Procedures

At the May 2012 CPT Editorial Panel meeting, the Panel created several Category III CPT codes describing the insertion, removal and/or replacement of subcutaneous implantable defibrillator devices. At the February 2014 CPT Editorial Panel meeting, the Category III codes were deleted and replaced with CPT Category I codes describing the same procedures. In addition, editorial changes to the descriptors were approved to include the word "implantable."

33270 ***Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed***

The RUC reviewed the survey results from 33 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 39 minutes (the standard pre time package of 2b Difficult patient/straightforward procedure in a facility), intra-service time of 90 minutes and immediate post-service time of 25 (the standard post time package of 8A). The RUC noted that one 99214 post-operative office visit is appropriate for this procedure as these patients have heart failure with low ejection fraction and other concomitant comorbid states. Furthermore, these devices are three times larger than the current defibrillator devices and require three incisions, which are larger. Finally, the physician must evaluate the patient's severe pain due to defibrillation under general anesthesia. The RUC also agreed that a full-day discharge (99238) is appropriate as the patient is discharged the following day and patient explanation of the device is complex.

The RUC reviewed the survey respondents' estimated work values and agreed that the survey's 25th percentile work RVU of 9.10 is appropriate. To justify a work RVU of 9.10, the RUC compared the surveyed code to CPT code 64570 *Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* (work RVU= 9.10) and noted that both services have comparable physician work and identical intra-service time, 90 minutes. Therefore, the two codes should be valued identically. The RUC also reviewed code 61886 *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays* (work RVU= 9.93, intra time = 100 minutes) and agreed that since the reference code has more intra-service time compared to 33270, it is justly valued higher. **The RUC recommends a work RVU of 9.10 for CPT code 33270.**

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33271 ***Insertion of subcutaneous implantable defibrillator electrode***

The RUC reviewed the survey results from 30 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 39 minutes (the standard pre time package of 2b Difficult patient/straightforward procedure in a facility), intra-service time of 60 minutes and immediate post-service time of 25 (the standard post time package of 8A). The RUC noted that one 99214 post-operative office visit is appropriate for this procedure as these patients have heart failure with low ejection fraction and other concomitant comorbid states. Furthermore, these devices are three times larger than the current defibrillator devices and require three incisions, which are larger. Finally, the physician must evaluate the patient's severe pain due to defibrillation under general anesthesia. The RUC also agreed that a full-day discharge (99238) is appropriate as the patient is discharged the following day and patient explanation of the device is complex.

The RUC reviewed the survey respondents' estimated work values and agreed that the survey's 25th percentile work RVU of 7.50 is appropriate. To justify a work RVU of 7.50, the RUC compared the surveyed code to CPT code 33207 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular* (work RVU= 8.05) and noted that both these services have identical intra-service time, 60 minutes and analogous physician work. Since the reference code has slightly more total time, 33271 is appropriately valued slightly less than this reference code. The RUC also reviewed MPC code 49505 *Repair initial inguinal hernia, age 5 years or older; reducible* (work RVU= 7.96, intra time= 70 minutes) and agreed that since the reference code has greater intra-service time compared to 33271, it is appropriately valued slightly higher. **The RUC recommends a work RVU of 7.50 for CPT code 33271.**

33272 ***Removal of subcutaneous implantable defibrillator electrode***

The RUC reviewed the survey results from 29 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 39 minutes (the standard pre time package of 2b Difficult patient/straightforward procedure in a facility), intra-service time of 45 minutes and immediate post-service time of 25 (the standard post time package of 8A). The RUC noted that one 99213 post-operative office visit is appropriate for this procedure as the post-operative care is not as complex as the post-operative care for the insertion of the device. Furthermore, a half-day discharge (99238) is more appropriate given that the patient has already received instructions about the device following the insertion procedure.

The RUC reviewed the survey respondents' estimated work values and agreed that the values were too high at the 25th percentile (work RVU= 6.05). The RUC compared the surveyed code to CPT code 28039 *Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater* (work RVU= 5.42) and agreed that since both services have identical intra-service times and nearly identical total times, they should be directly crosswalked. The Committee agreed that since 33272 has 15 fewer minutes of intra-time compared to the insertion procedure (33271), a work value of 5.42 is appropriate within the relativity of the family of services. **The RUC recommends a work RVU of 5.42 for CPT code 33272.**

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33273 ***Repositioning of previously implanted subcutaneous implantable defibrillator electrode***
The RUC reviewed the survey results from 30 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 39 minutes (the standard pre time package of 2b Difficult patient/straightforward procedure in a facility), intra-service time of 60 minutes and immediate post-service time of 25 (the standard post time package of 8A). The RUC noted that one 99214 post-operative office visit is appropriate for this procedure as the patient is still complex and needs incisions to remove the device and reposition. Finally, the physician must evaluate the patient's severe pain due to defibrillation under general anesthesia. The RUC also agreed that a half-day discharge (99238) is more appropriate given that the patient has already received instructions about the device following the insertion procedure.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 6.50 is an accurate value for 33273. The RUC reviewed the key reference service 33215 *Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode* (work RVU= 4.92) and agreed that while both services have identical intra-service time, 60 minutes, 33273 is a much more complex procedure than 33215 because the size of the device is three times larger and there are a greater number of longer incisions. The RUC also reviewed CPT code 21552 *Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater* (work RVU= 6.49, intra time= 60 minutes) and agreed that with identical intra-time and similar total time, 33273 should be valued similarly to this reference code. **The RUC recommends a work RVU of 6.50 for CPT code 33273.**

93260 ***Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system***
The RUC reviewed the survey results from 31 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 10 minutes, intra-service time of 15 minutes and post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 0.85 is an accurate value for 93260. The RUC compared the surveyed code to the key reference service 93282 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead implantable cardioverter-defibrillator system* (work RVU= 0.85) and agreed that the work to program the standard cardioverter-defibrillator system is no different than programming a subcutaneous lead defibrillator system. Since the intra-service time is identical, 15 minutes, the RUC agreed that both services should be valued identically. **The RUC recommends a work RVU of 0.85 for CPT code 93260.**

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93261 ***Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system***
The RUC reviewed the survey results from 32 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 10 minutes, intra-service time of 15 minutes and post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 0.74 is an accurate value for 93261. The RUC compared the surveyed code to the key reference service 93289 *Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements* (work RVU= 0.92) and noted that while both services have identical intra-service time, 15 minutes, 93261 should be valued slightly less than the reference code given the survey responses indicated that the surveyed code is slightly less intense to perform. **The RUC recommends a work RVU of 0.74 for CPT code 93261.**

93644 ***Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)***
The RUC reviewed the survey results from 33 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 39 minutes (the standard pre time package of 2b Difficult patient/straightforward procedure in a facility), intra-service time of 20 minutes and immediate post-service time of 25 (the standard post package of 8A).

The RUC reviewed the survey respondents' estimated work values and agreed that the values were too high at the 25th percentile (work RVU= 4.65). To determine an appropriate work value, the RUC compared the surveyed code to CPT code 15002 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children* (work RVU= 3.65) and noted that while the reference code has greater pre-service time, the codes have identical intra-service times and should thus be valued identically. The RUC recommends a direct crosswalk of work RVUs between 15002 and 93644. To justify a value of 3.65, the RUC also reviewed CPT code 16035 *Escharotomy; initial incision* (work RVU= 3.74, intra time= 20 minutes) and noted that both services have identical intra-service time and should be valued similarly. **The RUC recommends a work RVU of 3.65 for CPT code 93644.**

Practice Expense
The RUC reviewed and approved the direct practice expense with minor modifications as approved by the Practice Expense Subcommittee.

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New Technology
These services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Vignette Revision - 33273
The RUC noted that the vignette for 33273 indicates that this service is typically performed the day after the device is inserted. This however was in error. The repositioning of the device is not typically performed, but when it is it would fall outside the global period for the insertion procedure. The RUC agreed with the specialty societies that this error did not seem to confuse the respondents in valuing this service. The societies will work with the RUC and the CPT Editorial Panel to revise the vignettes for publication.

Moderate Sedation
The RUC noted that these services were indicated to have moderate sedation in the Code Change Proposal (CCP) approved by the CPT Editorial Panel, but did not receive the Appendix G symbol in the CPT language. These services mimic many other Cardiology services which have moderate sedation inherent in the procedure. The RUC did note that the survey respondents reported a low percentage of these procedures are done with moderate sedation, however the median survey performance rate was 0 and the specialty societies agreed that the respondents may not have enough experience performing the procedure. Therefore, the RUC agreed that these procedures are typically performed with moderate sedation and should be placed in Appendix G.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Integumentary System** **Skin, Subcutaneous, and Accessory Structures** **Introduction and Removal**				
10140		*Incision and drainage of hematoma, seroma or fluid collection* *(If imaging guidance is performed, see 76942, 77012, 77021)* (Do not report 10140 in conjunction with 33223)		
10180		*Incision and drainage, complex, postoperative wound infection*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For secondary closure of surgical wound, see 12020, 12021, 13160)		
		(Do not report 10180 in conjunction with 33223)		
		Category I **Surgery** **Integumentary System** **Skin, Subcutaneous, and Accessory Structures** **Debridement**		
11042		*Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less*		
		(For debridement of skin [ie, epidermis and/or dermis only], see 97597, 97598)		
#✚ *11045*		*each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*		
		(Use 11045 in conjunction with 11042)		
		(Do not report 11042, 11045 in conjunction with 33223)		
11043		*Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less*		
#✚ *11046*		*each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*		
		(Use 11046 in conjunction with 11043)		
		(Do not report 11043, 11046 in conjunction with 33223)		
11044		*Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less*		
11045		*Code is out of numerical sequence. See 11000-11047*		
11046		*Code is out of numerical sequence. See 11000-11047*		
✚*11047*		*each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

(Do not report 11044, 11045, 11046, 11047 in conjunction with 33223)

Category I
Surgery
Integumentary System
Repair (Closure)
Repair—Complex

13100 *Repair, complex, trunk; 1.1 cm to 2.5 cm*

(For 1.0 cm or less, see simple or intermediate repairs)

13101 *2.6 cm to 7.5 cm*

✚*13102* *each additional 5 cm or less (List separately in addition to code for primary procedure)*

(Use 13102 in conjunction with 13101)

(Do not report 13100, 13101, 13102 in conjunction with 33223)

Category I
Surgery
Cardiovascular System
Heart and Pericardium
Pacemaker or ~~Pacing Cardioverter~~ Implantable Defibrillator

A pacemaker system includes a pulse generator containing electronics, a battery, and one or more electrodes (leads). Pulse generators are placed in a subcutaneous "pocket" created in either a subclavicular site or underneath the abdominal muscles just below the ribcage. Electrodes may be inserted through a vein (transvenous) or they may be placed on the surface of the heart (epicardial). The epicardial location of electrodes requires a thoracotomy for electrode insertion.

A single chamber pacemaker system includes a pulse generator and one electrode inserted in either the atrium or ventricle. A dual chamber

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

pacemaker system includes a pulse generator and one electrode inserted in the right atrium and one electrode inserted in the right ventricle. In certain circumstances, an additional electrode may be required to achieve pacing of the left ventricle (bi-ventricular pacing). In this event, transvenous (cardiac vein) placement of the electrode should be separately reported using code 33224 or 33225. Epicardial placement of the electrode should be separately reported using 33202-33203.

Like a pacemaker system, ~~a pacing cardioverter-~~ an implantable defibrillator ~~(ICD)~~ system includes a pulse generator and electrodes~~, although pacing cardioverter-defibrillators may require multiple leads, even when only a single chamber is being paced~~. Two general categories of implantable defibrillators exist: transvenous implantable pacing cardioverter-defibrillator (ICD) and subcutaneous implantable defibrillator (S-ICD). ~~A~~Implantable pacing cardioverter-defibrillator ~~system may be inserted in a single chamber (pacing in the ventricle)~~devices use a combination of antitachycardia pacing, low-energy cardioversion or defibrillating shocks to treat ventricular tachycardia or ~~in dual chambers (pacing in atrium and ventricle)~~ventricular fibrillation. The subcutaneous implantable defibrillator uses a single subcutaneous electrode to treat ventricular tachyarrhythmias. ~~These devices use a combination of antitachycardia~~Subcutaneous implantable defibrillators differ from transvenous implantable pacing~~, low~~ cardioverter~~-energy cardioversion or defibrillating shocks to treat ventricular tachycardia~~defibrillators in that subcutaneous defibrillators do not provide antitachycardia pacing or ~~ventricular fibrillation~~chronic pacing.

~~Pacing cardioverter-~~ Implantable defibrillator pulse generators may be implanted in a subcutaneous infraclavicular~~ pocket~~, axillary, or ~~in an~~ abdominal pocket. Removal of ~~a pacing cardioverter-~~ an implantable defibrillator pulse generator requires opening of the existing subcutaneous pocket and disconnection of the pulse generator from its electrode(s). A thoracotomy (or laparotomy in the case of abdominally placed pulse generators) is not required to remove the pulse generator.

The electrodes (leads) of ~~a pacing cardioverter-~~ an implantable defibrillator system ~~are~~may be positioned ~~in~~within the atrial and/or ventricular chambers of the heart via the venous system (transvenously), or placed on the surface of the heart (epicardial), or positioned under the skin overlying the heart (subcutaneous). Electrode positioning on the epicardial surface of the heart requires a thoracotomy, or thoracoscopic placement of the leads. Epicardial placement of electrode(s) may be separately reported using 33202, ~~in most circumstances~~33203. The electrode (lead) of a subcutaneous implantable defibrillator system is tunneled under the skin to the left parasternal margin. Subcutaneous placement of electrode may be reported using 33270 or 33271. In certain circumstances, an additional electrode may be required to achieve pacing of the left ventricle (bi-ventricular pacing). In this event, transvenous (cardiac vein) placement of the electrode ~~should~~may be separately reported using code 33224 or 33225~~. Epicardial placement of the electrode should be separately reported using 33202-33203~~.

~~Electrode positioning on the epicardial surface of the heart requires a thoracotomy, or thoracoscopic placement of the leads.~~ Removal of a transvenous electrode(s) may first be attempted by transvenous extraction (33234, 33235, or 33244). However, if transvenous extraction is unsuccessful, a thoracotomy may be required to remove the electrodes (33238 or 33243). Use 33212, 33213, 33221, 33230, 33231, 33240 as

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

appropriate in addition to the thoracotomy or endoscopic epicardial lead placement codes (33202 or 33203) to report the insertion of the generator if done by the same physician during the same session. Removal of a subcutaneous implantable defibrillator electrode may be separately reported using 33272.

When the "battery" of a pacemaker or ~~pacing cardioverter-~~implantable defibrillator is changed, it is actually the pulse generator that is changed. Removal of a pacemaker or ~~pacing cardioverter-~~implantable defibrillator pulse generator only is reported with 33233 or 33241. ~~Removal of~~If only a ~~pacemaker-~~pulse generator is inserted or replaced without any right atrial and/or ~~pacing cardioverter-defibrillator pulse generator with insertion of a new~~right ventricular lead(s) inserted or replaced, report the appropriate code for pulse generator ~~without any~~only insertion or replacement ~~or insertion~~based on the number of ~~a~~final existing lead(s) ~~is reported with 33227-33229~~(33227, 33228, 33229 and ~~33262-33264~~33262, 33263, 33264). Do not report removal of a pulse generator 33233 or 33241 separately for this service. Insertion of a new pulse generator, when existing lead~~s~~(s) are already in place and when no prior pulse generator is removed, is reported with 33212, 33213, 33221, 33230, 33231, 33240. When a pulse generator insertion involves the insertion or replacement of one or more right atrial and/or right ventricular lead(s) or subcutaneous lead(s), use the system codes ~~33206-33208~~33206, 33207, 33208 for pacemaker ~~-or~~, 33249 for implantable pacing cardioverter-defibrillator, or 33270 for subcutaneous implantable defibrillator. ~~Removal~~When reporting the system insertion or replacement codes, removal of a pulse generator (33233 or 33241) ~~or~~may be reported separately, when performed. Additionally, extraction of ~~transvenous~~ leads ~~(~~33234, 33235 or 33244~~) should~~ for transvenous or 33272 for subcutaneous may be reported separately, when performed. An exception involves a pacemaker upgrade from single to dual system which includes removal of pulse generator, replacement of new pulse generator, and insertion of new lead, reported with 33214.

Revision of a skin pocket is included in 33206-33249, ~~33262-33264~~33262, 33263, 33264, 33270, 33271, 33272, 33273. When revision of a skin pocket involves incision and drainage of a hematoma or complex wound infection, see 10140, 10180, 11042, 11043, 11044, 11045, 11046, 11047 as appropriate.

Relocation of a skin pocket for a pacemaker (33222) or ~~cardioverter-~~implantable defibrillator (33223) is necessary for various clinical situations such as infection or erosion. Relocation of an existing pulse generator may be performed as a stand-alone procedure or at the time of a pulse generator or electrode insertion, replacement, or repositioning. When skin pocket relocation is performed as part of an explant of an existing generator followed by replacement with a new generator, the pocket relocation is reported separately. Skin pocket relocation includes all work associated with the initial pocket (eg, opening the pocket, incision and drainage of hematoma or abscess if performed, and any closure performed) in addition to the creation of a skin pocket for the new generator to be placed.

The pacemaker and ~~pacing cardioverter-~~implantable defibrillator device evaluation codes 93279-93299, 93261, 93260 may not be reported in conjunction with pulse generator and lead insertion or revision codes 33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Defibrillator threshold testing (DFT) during ~~pacing cardioverter~~ transvenous implantable defibrillator insertion or replacement may be separately reported using 93640, 93641. DFT testing during subcutaneous implantable defibrillator system insertion is not separately reportable. DFT testing for transvenous or subcutaneous implantable defibrillator in followup or at the time of replacement may be separately reported using 93642 or 93644.

Radiological supervision and interpretation related to the pacemaker or ~~pacing cardioverter~~ implantable defibrillator procedure is included in 33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273. To report fluoroscopic guidance for diagnostic lead evaluation without lead insertion, replacement, or revision procedures, use 76000.

~~A subcutaneous implantable defibrillator system is an implantable technology that uses a subcutaneous pulse generator attached to a single subcutaneous electrode to treat ventricular tachyarrhythmias. For these services see 0319T-0328T.~~

The following definitions apply to 33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273.

Single lead: *a pacemaker or implantable ~~pacing cardioverter~~ defibrillator with pacing and sensing function in only one chamber of the heart or a subcutaneous electrode.*

Dual lead: a pacemaker or implantable ~~pacing cardioverter~~ defibrillator with pacing and sensing function in only two chambers of the heart.

Multiple lead: a pacemaker or implantable ~~pacing cardioverter~~ defibrillator with pacing and sensing function in three or more chambers of the heart.

33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)

	System	
~~Transvenous~~ Procedure	Pacemaker	Implantable ~~Cardioverter~~ Defibrillator
Insert transvenous single lead only without pulse generator	33216	33216
Insert transvenous dual leads without pulse generator	33217	33217

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Insert transvenous multiple leads without pulse generator		33217 + 33224	33217 + 33224	
Insert subcutaneous defibrillator electrode only without pulse generator		N/A	33271	
Initial pulse generator insertion only with existing single lead, includes transvenous or subcutaneous defibrillator lead		33212	33240	
Initial pulse generator insertion only with existing dual leads		33213	33230	
Initial pulse generator insertion only with existing multiple leads		33221	33231	
Initial pulse generator insertion or replacement plus insertion of transvenous single lead		33206 (atrial) or 33207 (ventricular)	33249	
Initial pulse generator insertion or replacement plus insertion of transvenous dual leads		33208	33249	
Initial pulse generator insertion or replacement plus insertion of transvenous multiple leads		33208 + 33225	33249 + 33225	
Initial pulse generator insertion or replacement plus insertion of subcutaneous defibrillator electrode		N/A	33270	
Upgrade single chamber system to dual chamber system		33214 (includes removal of existing pulse generator)	33241 + 33249	
Removal pulse generator only (without replacement)		33233	33241	
Removal pulse generator with replacement pulse generator only single lead system, includes (transvenous) or subcutaneous defibrillator lead		33227	33262	
Removal pulse generator with replacement pulse generator only dual lead system (transvenous)		33228	33263	
Removal pulse generator with replacement pulse generator only multiple lead system (transvenous)		33229	33264	

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Removal transvenous electrode only single lead system		33234	33244	
Removal transvenous electrode only dual lead system		33235	33244	
Removal subcutaneous defibrillator lead only		N/A	33272	
Removal and replacement of pulse generator and transvenous electrodes		33233 + (33234 or 33235) + (33206 or 33207 or 33208) and 33225, when appropriate	33241 + 33244 + 33249 and 33225, when appropriate	
Removal and replacement of implantable defibrillator pulse generator and subcutaneous electrode		N/A	33272+33241+33270	
Conversion of existing dual system to bi-ventricular system (addition of LV lead and removal of current pulse generator with insertion of new pulse generator with biventricular pacing capabilities)		33225+33228 or 33229	33225+33263 or 33264	

33203 *endoscopic approach (eg, thoracoscopy, pericardioscopy)*

(When epicardial lead placement is performed with insertion of the generator, report 33202, 33203 in conjunction with 33212, 33213, 33221, 33230, 33231, 33240)

⊙*33206* *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial*

⊙*33207* *ventricular*

⊙*33208* *atrial and ventricular*

(Do not report 33206, 33207, 33208 in conjunction with 33216, 33217)

(Codes 33206-33208 include subcutaneous insertion of the pulse generator and transvenous placement of electrode[s])

(For removal and replacement of pacemaker pulse generator and transvenous electrode(s), use 33233 in conjunction with

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		either 33234 or 33235 and 33206-33208)		
		(Do not report 33206-33208 in conjunction with 33227-33229)		
⊙33210		*Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)*		
⊙33211		*Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)*		
⊙33212		*Insertion of pacemaker pulse generator only; with existing single lead*		
⊙33213		*with existing dual leads*		
#⊙33221		*with existing multiple leads*		
		(Do not report 33212, 33213, 33221 in conjunction with 33216, 33217)		
		(Do not report 33212, 33213, 33221 in conjunction with 33233 for removal and replacement of the pacemaker pulse generator. Use 33227-33229, as appropriate, when pulse generator replacement is indicated)		
		(When epicardial lead placement is performed with insertion of generator, report 33202, 33203 in conjunction with 33212, 33213, 33221)		
33214		*Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)*		
		(Do not report 33214 in conjunction with 33216, 33217, 33227-33229)		
▲33215(e)		Repositioning of previously implanted transvenous pacemaker or implantable ~~pacing cardioverter~~ defibrillator (right atrial or right ventricular) electrode	090	4.92 (No Change)
⊙▲33216 (e)		Insertion of a single transvenous electrode, permanent pacemaker or ~~cardioverter~~ implantable defibrillator (Do not report 33216 in conjunction with 33206, 33207, 33208,	090	5.87 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		33212, 33213, 33214, 33221, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264)		
⊙▲33217 (e)		Insertion of 2 transvenous electrodes, permanent pacemaker or ~~cardioverter-~~ implantable defibrillator (Do not report ~~33216-33217 in conjunction with~~33217 in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264) *(For insertion or replacement of a cardiac venous system lead, see 33224, 33225)*	090	5.84 (No Change)
⊙▲33218 (e)		Repair of single transvenous electrode, permanent pacemaker or implantable ~~pacing cardioverter-~~defibrillator (For repair of single permanent pacemaker or ~~pacing cardioverter-~~ implantable defibrillator electrode with replacement of pulse generator, see ~~33227-3322933227, 33228, 33229~~ or ~~33262-3326433262, 33263, 33264~~ and 33218)	090	6.07 (No Change)
⊙▲33220 (e)		Repair of 2 transvenous electrodes for permanent pacemaker or implantable ~~pacing cardioverter-~~defibrillator (For repair of 2 transvenous electrodes for permanent pacemaker or implantable ~~pacing cardioverter-defibrillator-~~with replacement of pulse generator, use 33220 in conjunction with 33228, 33229, 33263,	090	6.15 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		33264)		
33221		*Code is out of numerical sequence. See 33202-33249*		
⊙33222		*Relocation of skin pocket for pacemaker* *(Do not report 33222 in conjunction with 10140, 10180, 11042, 11043, 11044, 11045, 11046, 11047, 13100, 13101, 13102)*		
▲33223(e)		Relocation of skin pocket for <u>implantable</u> ~~cardioverter~~ defibrillator (Do not report 33223 in conjunction with 10140, 10180, 11042, 11043, 11044, 11045, 11046, 11047, 13100-13102)	090	6.55 (No Change)
▲33224(e)		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or <u>implantable</u> ~~pacing cardioverter~~ defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) (When epicardial electrode placement is performed, report 33224 in conjunction with 33202, 33203)	000	9.04 (No Change)
▲33225(e)		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of ~~pacing cardioverter~~ <u>implantable</u> defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code	ZZZ	8.33 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		for primary procedure) *(Use 33225 in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33223, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33249, 33263, 33264)* (Use 33225 in conjunction with 33222 only with pacemaker pulse generator pocket relocation and with 33223 only with implantable ~~pacing cardioverter~~-defibrillator [ICD] pocket relocation)		
33226	*Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)*			
33227	*Code is out of numerical sequence. See 33202-33249*			
33228	*Code is out of numerical sequence. See 33202-33249*			
33229	*Code is out of numerical sequence. See 33202-33249*			
33230	*Code is out of numerical sequence. See 33202-33249*			
33231	*Code is out of numerical sequence. See 33202-33249*			
⊙33233	*Removal of permanent pacemaker pulse generator only*			
#⊙33227	*Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system*			
#⊙33228	*dual lead system*			
#⊙33229	*multiple lead system*			

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(Do not report 33227-33229 in conjunction with 33214, 33216, 33217, 33233)		
		(For removal and replacement of pacemaker pulse generator and transvenous electrode(s), use 33233 in conjunction with either 33234 or 33235 and 33206-33208)		
⊙33234		*Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular*		
⊙33235		*dual lead system*		
33236		*Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular*		
33237		*dual lead system*		
33238		*Removal of permanent transvenous electrode(s) by thoracotomy*		
⊙▲33240(e)		Insertion of implantable ~~pacing cardioverter-~~defibrillator pulse generator only; with existing single lead (Do not report 33240 in conjunction with 33271, 93261, 93260) *(Use 33240, as appropriate, in addition to the epicardial lead placement codes to report the insertion of the generator when done by the same physician during the same session)*	090	6.05 (No Change)
#⊙33230		*with existing dual leads*		
#⊙33231		*with existing multiple leads*		
		(Do not report 33240, 33230, 33231 in conjunction with 33216, 33217)		
		(Do not report 33230, 33231, 33240 in conjunction with 33241 for removal and replacement of the ~~pacing cardioverter-~~ implantable defibrillator pulse generator. Use 33262-33264, as appropriate, when pulse generator replacement is indicated)		
		(When epicardial lead placement is performed with insertion of generator, report 33202, 33203 in conjunction with 33230, 33231, 33240)		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙▲33241(e)		Removal of implantable ~~pacing cardioverter~~ defibrillator pulse generator only (Do not report 33241 in conjunction with 33230, 33231, 33240 for removal and replacement of the implantable defibrillator pulse generator. Use 33262-33264, as appropriate, when pulse generator replacement is indicated) (For removal and replacement of an implantable ~~pacing cardioverter~~ defibrillator pulse generator and electrode(s), use 33241 in conjunction with either 33243 or 33244 and 33249 for transvenous electrode(s) or 33270 and 33272 for subcutaneous electrode) (Do not report 33241 in conjunction with 93261, 93260)	090	3.29 (No Change)
⊙▲33262 (e)		Removal of ~~pacing cardioverter~~ implantable defibrillator pulse generator with replacement of implantable ~~pacing cardioverter~~ defibrillator pulse generator; single lead system (Do not report 33262 in conjunction with 33271, 93261, 93260)	090	6.06 (No Change)
⊙33263(e)		dual lead system	090	6.33 (No Change)
⊙33264(e)		multiple lead system	090	6.60 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(Do not report ~~33262-33264~~33262, 33263, 33264 in conjunction with 33216, 33217, 33241) (For removal of electrode[s] by thoracotomy in conjunction with pulse generator removal or replacement, use 33243 in conjunction with 33241 or~~,~~ 33262-33264) (For removal of electrode[s] by transvenous extraction in conjunction with pulse generator removal or replacement, use 33244 in conjunction with 33241 or~~,~~ 33262-33264) (For repair of implantable ~~cardioverter-~~defibrillator pulse generator and/or leads, see 33218, 33220) (For removal of subcutaneous electrode in conjunction with implantable defibrillator pulse generator removal or replacement, use 33272 in conjunction with 33241 or 33262)				
▲33243(e)		Removal of single or dual chamber ~~pacing cardioverter-~~implantable defibrillator electrode(s); by thoracotomy	090	23.57 (No Change)
⊙▲33244 (e)		by transvenous extraction	090	13.99 (No Change)
▲33249 (e)		Insertion or replacement of permanent ~~pacing cardioverter-~~implantable defibrillator system; with transvenous lead(s), single or dual chamber (Do not report 33249 in conjunction with 33216, 33217) (For removal and replacement of an ~~pacing cardioverter-~~implantable defibrillator ~~system [~~pulse generator and transvenous electrode(s)~~]~~, use~~report~~ 33241 in conjunction with either 33243 or 33244 and 33249) (For insertion of transvenous implantable ~~cardioverter-~~defibrillator	090	15.17 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		lead(s), without thoracotomy, use 33216 or 33217)		
●33270	Z1	Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed (For removal and replacement of an implantable defibrillator pulse generator and subcutaneous electrode, use 33241 in conjunction with 33270 and 33272) (For insertion of subcutaneous implantable defibrillator lead(s), use 33271) (Do not report 33270 in conjunction with 33271, 93261, 93260, 93644)	090	9.10
●33271	Z2	Insertion of subcutaneous implantable defibrillator electrode (Do not report 33271 in conjunction with 33240, 33262, 33270, 93261, 93260) (For insertion or replacement of a cardiac venous system lead, see 33224, 33225)	090	7.50

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33272	Z3	Removal of subcutaneous implantable defibrillator electrode	090	5.42
●33273	Z4	Repositioning of previously implanted subcutaneous implantable defibrillator electrode (Do not report 33272, 33273 in conjunction with 93261, 93260)	090	6.50

Category I
Medicine
Cardiovascular
Implantable and Wearable Cardiac Device Evaluations

~~(For subcutaneous implantable defibrillator device evaluation, see 0327T, 0328T)~~

Cardiac device evaluation services are diagnostic medical procedures using in-person and remote technology to assess device therapy and cardiovascular physiologic data. Codes ~~93279-93299~~93279-93299, 93261, 93260 describe this technology and technical/professional and service center practice. Codes 93279-93292, 93261, 93260 are reported per procedure. Codes 93293-~~93296~~, 93294, 93295, 93296 are reported no more than **once** every 90 days. Do not report ~~93293-93296~~93293, 93294, 93295, 93296 if the monitoring period is less than 30 days. Codes 93297, 93298 are reported no more than **once** up to every 30 days. Do not report 93297-93299 if the monitoring period is less than 10 days.

A service center may report 93296 or 93299 during a period in which a physician or other qualified health care professional performs an in-person interrogation device evaluation. The same individual may not report an in-person and remote interrogation of the same device during the same period. Report only remote services when an in-person interrogation device evaluation is performed during a period of remote interrogation device evaluation. A period is established by the initiation of the remote monitoring or the 91st day of a pacemaker or implantable ~~cardioverter-~~defibrillator ~~(ICD)~~ monitoring or the 31st day of an implantable loop recorder (ILR) or implantable cardiovascular monitor (ICM) monitoring and extends for the subsequent 90 or 30 days, respectively, for which remote monitoring is occurring. Programming device evaluations and in-person interrogation device evaluations may not be reported on the same date by the same individual. Programming device evaluations and remote interrogation device evaluations may both be reported during the remote interrogation device

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

evaluation period.

For monitoring by wearable devices, see 93224-93272.

ECG rhythm derived elements are distinct from physiologic data, even when the same device is capable of producing both. ICM device services are always separately reported from implantable defibrillator ~~ICD~~ services. When ILR data is derived from an implantable defibrillator~~ICD~~ or pacemaker, do not report ILR services with pacemaker or implantable defibrillator~~ICD~~ services.

Do not report 93268-93272 when performing 93279-93289, 93291-93296 or 93298-93299, 93261, 93260. Do not report 93040~~-~~, 93041, 93042 when performing 93279-93289, 93291-93296, or 93298-93299, 93261, 93260.

The pacemaker and implantable defibrillator~~ICD~~ interrogation device evaluations, peri-procedural device evaluations and programming, and programming device evaluations may not be reported in conjunction with pacemaker or implantable defibrillatorICD device and/or lead insertion or revision services by the same individual.

The following definitions and instructions apply to codes 93279-93299, 93261, 93260

Attended surveillance: the immediate availability of a remote technician to respond to rhythm or device alert transmissions from a patient, either from an implanted or wearable monitoring or therapy device, as they are generated and transmitted to the remote surveillance location or center.

Device, single lead: a pacemaker or implantable ~~cardioverter~~ defibrillator with pacing and sensing function in only one chamber of the heart *or a subcutaneous electrode*.

Device, dual lead: a pacemaker or implantable ~~cardioverter~~ defibrillator with pacing and sensing function in only two chambers of the heart.

Device, multiple lead: a pacemaker or implantable ~~cardioverter~~ defibrillator with pacing and sensing function in three or more chambers of the heart.

Electrocardiographic rhythm derived elements: elements derived from recordings of the electrical activation of the heart including, but not limited to heart rhythm, rate, ST analysis, heart rate variability, T-wave alternans.

Implantable cardiovascular monitor (ICM): an implantable cardiovascular device used to assist the physician in the management of non-rhythm related cardiac conditions such as heart failure. The device collects longitudinal physiologic cardiovascular data elements from one or more internal sensors (such as right ventricular pressure, left atrial pressure or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessment and management. The data are stored and transmitted by either local telemetry or remotely to

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

an Internet-based file server or surveillance technician. The function of the ICM may be an additional function of an implantable cardiac device (eg, implantable ~~cardioverter-~~defibrillator) or a function of a stand-alone device. When ICM functionality is included in an implantable defibrillator~~ICD~~ device or pacemaker, the ICM data and the implantable defibrillator~~ICD~~ or pacemaker, heart rhythm data such as sensing, pacing, and tachycardia detection therapy are distinct and therefore, the monitoring processes are distinct.

Implantable ~~cardioverter-defibrillator (ICD):~~ Two general categories of implantable defibrillators exist: transvenous implantable pacing cardioverter-defibrillator (ICD) and subcutaneous implantable defibrillator (SICD). A~~an~~ implantable pacing cardioverter-defibrillator device ~~that~~ provides high-energy and low-energy stimulation to one or more chambers of the heart to terminate rapid heart rhythms called tachycardia or fibrillation. Implantable pacing cardioverter-defibrillators ~~CDs~~ also have pacemaker functions to treat slow heart rhythms called bradycardia. In addition to the tachycardia and bradycardia functions, the implantable pacing cardioverter-defibrillator~~ICD~~ may or may not include the functionality of an implantable cardiovascular monitor or an implantable loop recorder. The subcutaneous implantable defibrillator uses a single subcutaneous electrode to treat ventricular tachyarrhythmias.Subcutaneous implantable defibrillators differ from transvenous implantable pacing cardioverter-defibrillators in that subcutaneous implantable defibrillators do not provide antitachycardia pacing or chronic pacing. For subcutaneous implantable defibrillator device evaluation, see 93261, 93260

Implantable loop recorder (ILR): an implantable device that continuously records the electrocardiographic rhythm triggered automatically by rapid and slow heart rates or by the patient during a symptomatic episode. The ILR function may be the only function of the device or it may be part of a pacemaker or implantable ~~cardioverter-~~defibrillator device. The data are stored and transmitted by either local telemetry or remotely to an Internet-based file server or surveillance technician. Extraction of data and compilation or report for physician or qualified health care professional interpretation is usually performed in the office setting.

Interrogation device evaluation: an evaluation of an implantable device such as a cardiac pacemaker, implantable ~~cardioverter-~~defibrillator, implantable cardiovascular monitor, or implantable loop recorder. Using an office, hospital, or emergency room instrument or via a remote interrogation system, stored and measured information about the lead(s) when present, sensor(s) when present, battery and the implanted device function, as well as data collected about the patient's heart rhythm and heart rate is retrieved. The retrieved information is evaluated to determine the current programming of the device and to evaluate certain aspects of the device function such as battery voltage, lead impedance, tachycardia detection settings, and rhythm treatment settings.

The components that must be evaluated for the various types of implantable cardiac devices are listed below. (The required components for both remote and in-person interrogations are the same.)

Pacemaker: Programmed parameters, lead(s), battery, capture and sensing function and heart rhythm.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

***Implantable ~~cardioverter-~~defibrillator*:** Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying heart rhythm.

Implantable cardiovascular monitor: Programmed parameters and analysis of at least one recorded physiologic cardiovascular data element from either internal or external sensors.

Implantable loop recorder: Programmed parameters and the heart rate and rhythm during recorded episodes from both patient initiated and device algorithm detected events, when present.

Interrogation device evaluation (remote): a procedure performed for patients with pacemakers, implantable ~~cardioverter-~~defibrillators or implantable loop recorders using data obtained remotely. All device functions, including the programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias (for implantable defibrillators~~ICDs~~) and underlying heart rhythm are evaluated.

The components that must be evaluated for the various types of implantable cardiac devices are listed below. (The required components for both remote and in person interrogations are the same.)

Pacemaker: *Programmed parameters, lead(s), battery, capture and sensing function, and heart rhythm*

Implantable ~~cardioverter-~~defibrillator: Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias, and underlying heart rhythm.

Implantable cardiovascular monitor: *Programmed parameters and analysis of at least one recorded physiologic cardiovascular data element from either internal or external sensors.*

Implantable loop recorder: *Programmed parameters and the heart rate and rhythm during recorded episodes from both patient-initiated and device algorithm detected events, when present.*

Pacemaker: *an implantable device that provides low energy localized stimulation to one or more chambers of the heart to initiate contraction in that chamber.*

Peri-procedural device evaluation and programming: an evaluation of an implantable device system (either a pacemaker or implantable ~~cardioverter-~~defibrillator) to adjust the device to settings appropriate for the patient prior to a surgery, procedure, or test. The device system data are interrogated to evaluate the lead(s), sensor(s), and battery in addition to review of stored information, including patient and system measurements. The device is programmed to settings appropriate for the surgery, procedure, or test, as required. A second evaluation and

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

programming are performed after the surgery, procedure, or test to provide settings appropriate to the post procedural situation, as required. If one performs both the pre- and post-evaluation and programming service, the appropriate code, either 93286 or 93287, would be reported two times. If one performs the pre-surgical service and a separate individual performs the post-surgical service, each reports either 93286 or 93287 only one time.

Physiologic cardiovascular data elements: *data elements from one or more internal sensors (such as right ventricular pressure, left atrial pressure or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessment and management. It does not include ECG rhythm derived data elements.*

Programming device evaluation (in person): a procedure performed for patients with a pacemaker, implantable ~~cardioverter-~~defibrillator, or implantable loop recorder. All device functions, including the battery, programmable settings and Iead(s), when present, are evaluated. To assess capture thresholds, iterative adjustments (eg, progressive changes in pacing output of a pacing lead) of the programmable parameters are conducted. The iterative adjustments provide information that permits the operator to assess and select the most appropriate final program parameters to provide for consistent delivery of the appropriate therapy and to verify the function of the device. The final program parameters may or may not

The programming device evaluation includes all of the components of the interrogation device evaluation (remote) or the interrogation device evaluation (in person), and it includes the selection of patient specific programmed parameters depending on the type of device.

The components that must be evaluated for the various types of programming device evaluations are listed below. (See also required interrogation device evaluation [remote and in person] components above.)

Pacemaker: *Programmed parameters, lead(s), battery, capture and sensing function, and heart rhythm. Often, but not always, the sensor rate response, lower and upper heart rates, AV intervals, pacing voltage and pulse duration, sensing value, and diagnostics will be adjusted during a programming evaluation.*

Implantable ~~cardioverter-~~defibrillator: Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying heart rhythm. Often, but not always, the sensor rate response, lower and upper heart rates, AV intervals, pacing voltage and pulse duration, sensing value, and diagnostics will be adjusted during a programming evaluation. In addition, ventricular tachycardia detection and therapies are sometimes altered depending on the interrogated data, patient's rhythm, symptoms, and condition.

Implantable loop recorder: *Programmed parameters and the heart rhythm during recorded episodes from both patient initiated and device algorithm detected events. Often, but not always, the tachycardia and bradycardia detection criteria will be adjusted during a programming*

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
evaluation. ***Transtelephonic rhythm strip pacemaker evaluation:*** *service of transmission of an electrocardiographic rhythm strip over the telephone by the patient using a transmitter and recorded by a receiving location using a receiver/recorder (also commonly known as transtelephonic pacemaker monitoring). The electrocardiographic rhythm strip is recorded both with and without a magnet applied over the pacemaker. The rhythm strip is evaluated for heart rate and rhythm, atrial and ventricular capture (if observed) and atrial and ventricular sensing (if observed). In addition, the battery status of the pacemaker is determined by measurement of the paced rate on the* *93279* *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system* *(Do not report 93279 in conjunction with 93286, 93288)* *93280* *dual lead pacemaker system* *(Do not report 93280 in conjunction with 93286, 93288)* *93281* *multiple lead pacemaker system* (Do not report 93281 in conjunction with 93286, 93288)				
▲93282(e)		single lead <u>transvenous</u> implantable ~~cardioverter~~-defibrillator system (Do not report 93282 in conjunction with 93287, 93289, 93745, <u>93260</u>)	XXX	0.85 (No Change)
▲93283(e)		dual lead <u>transvenous</u> implantable ~~cardioverter~~-defibrillator system	XXX	1.15 (No Change)

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(Do not report 93283 in conjunction with 93287, 93289)		
▲93284(e)		multiple lead transvenous implantable ~~cardioverter-~~ defibrillator system (Do not report 93284 in conjunction with 93287, 93289)	XXX	1.25 (No Change)
●93260	Z5	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system (Do not report 93260 in conjunction with 93261, 93282, 93287) (Do not report 93260 in conjunction with pulse generator and lead insertion or repositioning codes 33240, 33241, 33262, 33270, 33271, 33272, 33273)	XXX	0.85

93285 implantable loop recorder system

(Do not report 93285 in conjunction with 33282, 93279-93284, 93291)

93286 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system

(Report 93286 once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)

(Do not report 93286 in conjunction with 93279-93281, 93288)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲93287(e)		single, dual, or multiple lead implantable cardioverter-defibrillator system *(Report 93287 once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)* (Do not report 93287 in conjunction with ~~93282-9328~~4<u>93260, 93261, 93282, 93283, 93284</u>, 93289) ~~(For peri-procedural device evaluation and programming of a subcutaneous implantable defibrillator, see 0327T, 0328T)~~	XXX	0.45 (No Change)
93288	*Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system* *(Do not report 93288 in conjunction with 93279-93281, 93286, 93294, 93296)*			
▲93289(e)		single, dual, or multiple lead <u>transvenous</u> implantable ~~cardioverter-~~defibrillator system, including analysis of heart rhythm derived data elements (For monitoring physiologic cardiovascular data elements derived from a<u>n implantable defibrillator</u>~~n ICD~~, use 93290) (Do not report 93289 in conjunction with ~~93282-93284, 93287, 93295, 93296)~~<u>93261, 93282, 93283, 93284, 93287, 93295, 93296)</u>	XXX	0.92 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●93261	Z6	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system (Do not report 93261 in conjunction with 93260, 93287, 93289) (Do not report 93261 in conjunction with pulse generator and lead insertion or repositioning codes 33240, 33241, 33262, 33270, 33271, 33272, 33273)	XXX	0.74
93290		*implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors* *(For heart rhythm derived data elements, use 93289)* *(Do not report 93290 in conjunction with 93297, 93299)*		
93291		*implantable loop recorder system, including heart rhythm derived data analysis* *(Do not report 93291 in conjunction with 33282, 93288-93290, 93298, 93299)*		
93292		*wearable defibrillator system* *(Do not report 93292 in conjunction with 93745)*		
93293		*Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days* *(Do not report 93293 in conjunction with 93294)* *(For in person evaluation, see 93040, 93041, 93042)* *(Report 93293 only once per 90 days)*		
93294		*Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		analysis, review(s) and report(s) by a physician or other qualified health care professional *(Do not report 93294 in conjunction with 93288, 93293)* *(Report 93294 only once per 90 days)*		
▲93295(e)		single, dual, or multiple lead implantable ~~cardioverter~~ defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional *(For remote monitoring of physiologic cardiovascular data elements derived from an ICD, use 93297)* *(Do not report 93295 in conjunction with 93289)* *(Report 93295 only once per 90 days)*	XXX	1.29 (No Change)
▲93296(e)		single, dual, or multiple lead pacemaker system or implantable ~~cardioverter~~ defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results *(Do not report 93296 in conjunction with 93288, 93289, 93299)* *(Report 93296 only once per 90 days)*	XXX	PE Only (No Change)
93297		*Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

(For heart rhythm derived data elements, use 93295)

(Do not report 93297 in conjunction with 93290, 93298)

(Report 93297 only once per 30 days)

93298 *implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93298 in conjunction with 33282, 93291, 93297)

(Report 93298 only once per 30 days)

93299 *implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results*

(Do not report 93299 in conjunction with 93290, 93291, 93296)

(Report 93299 only once per 30 days)

Category I
Medicine
Cardiovascular
Intracardiac Electrophysiological Procedures/Studies

Intracardiac electrophysiologic studies (EPS) are invasive diagnostic medical procedures…..

Definitions

***Arrhythmia Induction**: In most electrophysiologic studies, an attempt is made to induce arrhythmia(s) from single or multiple sites within the heart. Arrhythmia induction may be achieved by multiple techniques, eg, by performing pacing at different rates or programmed stimulation (introduction of critically timed electrical impulses). Because arrhythmia induction occurs via the same catheter(s) inserted for the electrophysiologic study(ies), catheter insertion and temporary pacemaker codes are not additionally reported. Codes 93600-93603, 93610, 93612, and 93618 are used to describe unusual situations where there may be recording, pacing, or an attempt at arrhythmia induction from only one site in the heart. Code 93619 describes only evaluation of the sinus node, atrioventricular node, and His-Purkinje*

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
conduction system, without arrhythmia induction. Codes 93620-93624, 93640-93642, 93653, 93654, and 93656 all include recording, pacing, and attempted arrhythmia induction from one or more site(s) in the heart. ***Mapping**: When a tachycardia is induced, . . .* ***Ablation**: Once the part of the heart involved in the tachycardia is localized, . . .* ⊙*93640* *Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;* ⊙*93641* *with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator* *(For subsequent or periodic electronic analysis and/or reprogramming of single or dual chamber pacing cardioverter-defibrillators, see 93282, 93283, 93289, 93292, 93295, 93642)* ~~(For electrophysiologic evaluation of a subcutaneous implantable defibrillator device evaluation, use 0326T)~~				
▲93642(e)		Electrophysiologic evaluation of single or dual chamber <u>transvenous</u> pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	000	4.88 (No Change)
⦿●93644	Z7	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) <u>(Do not report 93644 in conjunction with 33270 at the time of subcutaneous implantable defibrillator device insertion)</u> <u>(For subsequent or periodic electrophysiologic evaluation of a</u>	000	3.65

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		subcutaneous implantable defibrillator device, see 93261, 93260)		

Category III Codes

~~**0319T** Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode~~

~~(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0319T in conjunction with 0322T, 0324T)~~

~~**0320T** Insertion of subcutaneous defibrillator electrode~~

~~(Do not report 0320T in conjunction with 0319T)~~

~~**0321T** Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode~~

~~(Do not report 0321T in conjunction with 0322T, 0323T for removal and replacement of the subcutaneous defibrillator pulse generator)~~

~~(For removal of pulse generator with insertion of a new subcutaneous implantable defibrillator pulse generator without any replacement or insertion of a lead, use 0323T)~~

~~**0322T** Removal of subcutaneous implantable defibrillator pulse generator only~~

~~(Do not report 0322T in conjunction with 0321T, 0323T for removal and replacement of the subcutaneous defibrillator pulse generator)~~

~~(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0322T in conjunction with 0319T, 0324T)~~

~~**0323T** Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only~~

~~(Do not report 0323T in conjunction with 0322T)~~

~~(For removal of electrode[s] in conjunction with pulse generator removal or replacement, use 0324T in conjunction with~~

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		~~0322T, 0323T)□~~		
		~~**0324T** Removal of subcutaneous defibrillator electrode~~		
		~~(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0324T in conjunction with 0319T, 0322T)□~~		
		~~**0325T** Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator~~		
		~~(Do not report 0325T in conjunction with 0319T, 0320T, 0321T, 0322T, 0323T, 0324T)~~		
		~~**0326T** Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)~~		
		~~(Report 0326T separately during device insertion, replacement, or for follow-up device testing, when performed)~~		
		~~**0327T** Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable subcutaneous lead defibrillator system~~		
		~~(Do not report 0327T in conjunction with pulse generator and lead insertion or repositioning codes 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T,~~		
		~~0328T)~~		
		~~(For peri-procedural device evaluation and programming for evaluation of the implantable defibrillator to adjust device to settings appropriate for the patient prior to or after a surgery, procedure, or test, see 0327T, 0328T)~~		
		~~**0328T** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, implantable subcutaneous lead defibrillator system~~		
		~~(Do not report 0328T in conjunction with pulse generator and lead insertion or repositioning codes 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T)~~		
		(0319T-0328T have been deleted. To report, see 33240, 33241, 33262, 33270, 33271, 33272, 33273, 93261, 93260, 93644)		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33270 Tracking Number Z1 Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 090 RUC Recommended RVU: **9.10**

CPT Descriptor: Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old asymptomatic patient presents with chronic ischemic heart disease and prior history of myocardial infarction 2 years ago. Echocardiography revealed 28% left ventricular ejection fraction (LVEF). Chronic cardiac pacing is not necessary and patient is referred for subcutaneous implantable defibrillator system.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 15% , Overnight stay-less than 24 hours 67% , Overnight stay-more than 24 hours 18%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 46%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 49%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: A pertinent history of and physical examination are performed. All laboratory test, including blood tests, chest x-ray, and ECG screening are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient, and informed consent is obtained. The pertinent history and physical examination and subsequent discussion are documented in the patient's records. Consultation is made with the patient's primary physician, and the decision to proceed with surgery is made. The patient is prepped, given IV antibiotic prophylaxis, and placed under conscious sedation or general anesthesia.

Description of Intra-Service Work: The procedure is performed under ECG, blood pressure, and pulse oximetry monitoring. Local anesthetic is injected into the region (unless the patient is under general anesthesia), and an incision is then made over the sixth rib between the midaxillary line and the anterior axillary line where an appropriate size pocket is fashioned . The lead has an 8-cm shocking coil, flanked by two sensing electrodes.Its insertion is guided by anatomical landmarks. The lead is tunneled medially from the pocket towards the sternum and the proximal electrode is positioned parallel to and 1 to 2 cm to the left of the sternal midline where the lead is sutured and secured. From this point the lead is again tunneled in a cephalic direction toward the manubriosternal junction where the distal sensing electrode is positioned and sutured. The final lead position is such that the distal electrode is adjacent to the manubriosternal junction and the proximal sensing electrode is positioned adjacent to the xiphoid process. The electrodes may require repositioning to ensure adequate sensing and defibrillation threshold. Upon final positioning the lead is connected to an electrically active pulse generator that is placed in the pocket which is then sutured to the underlying muscular tissue. Once the first layer of the pocket is closed defibrillation testing may be performed by induction of ventricular fibrillation through the device (if the patient is under conscious sedtation, deep sedation is now induced for defibrillation testing). Cardiac rhythm is detected

by the two sensing electrodes or by either of the sensing electrodes and the pulse generator. The subcutaneous implantable defibrillator system automatically selects an appropriate sense vector for rhythm detection for avoiding double QRS counting and T-wave oversensing. Once signals have been validated as free of noise and double detection, discrimination feature analysis and rate detection are used to sort rhythm type and determine the need for therapy. A conditional discrimination zone incorporating a feature extraction technique can be programmed between rates of 170 and 240 beats per minute to distinguish supraventricular tachycardia from ventricular tachycardia and avoid inappropriate treatment of the former. Reconfirmation of ventricular tachyarrhythmia follows capacitor charging to avoid the delivery of shocks for nonsustained ventricular tachyarrhythmias. Defibrillator threshold testing of the device during implantation is done with the use of 65-J shocks to ensure an energy margin of safety. The incision closing is then completed and the wound is dressed.

Description of Post-Service Work: After monitoring the vital signs and obtaining and reviewing a chest x-ray and electrocardiogram, the ICD sensing, pacing, and impedance characteristics are assessed, and final settings for the ICD and dual-chamber pacemaker are determined. The wound is assessed and instruction for postoperative care is given. The patient returns to the pacemaker clinic where appropriate sensing is once again determined, and the ICD is interrogated. The wound is assessed with respect to appropriate healing. The dressing is removed. Any required antibiotics or anagesic medications are prescribed. The physician documents the procedure, generates a report, and communicates with the referring physician, patient, and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	33270				
Sample Size:	160	**Resp N:**	33	**Response:** 20.6 %	
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.00	**6.00**	11.00	25.00
Survey RVW:	6.05	9.10	**12.00**	15.00	27.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	45.00	70.00	**90.00**	120.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	33270	**Recommended Physician Work RVU: 9.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33208	090	8.77	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,782

CPT Descriptor 1 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53445	090	13.00	**RUC Time**	1,933

CPT Descriptor 2 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 51.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 33270**	**Key Reference CPT Code:** 33208	**Source of Time** RUC Time
Median Pre-Service Time	39.00	45.00	

Median Intra-Service Time	90.00	60.00
Median Immediate Post-service Time	25.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	40.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	40.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**232.00**	**236.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.53	3.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.29	3.65
Urgency of medical decision making	3.82	3.35
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	3.82
Physical effort required	4.29	3.59
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.82
Outcome depends on the skill and judgment of physician	4.18	4.00
Estimated risk of malpractice suit with poor outcome	4.12	3.88

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.18	3.59
Intra-Service intensity/complexity	4.53	3.76
Post-Service intensity/complexity	3.71	3.35

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33270 is a new code to describe the work of inserting or replacing a subcutaneous implantable defibrillator system. This is a new application of existing technology with subcutaneous rather than endovascular placement of the defibrillation lead. It requires extensive subcutaneous tunneling, and defibrillation threshold testing is required to evaluate proper sensing during induction of ventricular fibrillation at the time of implant.

1) Cardiac pacing technology is incorporated into current transvenous ICD's. By contrast S-ICD systems do not provide long-term back-up capability.
2) Single or dual chamber pacing technology is incorporated into transvenous ICD systems. By contrast S-ICD systems do not involve lead insertion within one or two chambers of the heart.
3) The defibrillator lead in an S-ICD is tunneled under the skin and sutured in a subcutaneous position over the heart. In a standard ICD the lead is placed transvenously and positioned within the right ventricular chamber
4) The generator pocket in an S-ICD system is larger and positioned in the axilla. In a transvenous ICD, the generator pocket is smaller and generally positioned in the upper chest.

The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data. The survey was completed be providers familiar with this diffusing service.

The panel reviewed the preservice time and selected package 2b, a difficult patient and a straightforward procedure with sedation. The service is generally performed under conscious sedation which is included as part of the code. The service is commonly performed in a hospital and the patient is sent home the next day. We recommend a hospital discharge service.

Survey respondents identified a median of one 99214 follow-up office visit during the global period. The panel agreed this made sense for these patients. We recommend one 99214 in the global period. At this visit the three surgical incisions are evaluated. Pain management of extensive tunneling sites is addressed. Heart failure and arrhythmia burden is evaluated and medical therapy adjusted if needed. Patients are educated on device follow-up procedures as well as restrictions and limitations in the post-operative period as well as long term potential sources of electromechanical interference. Coordination is made with referring cardiologist and physicians for proper follow-up of the patient's medical cardiovascular and arrhythmia management.

The key reference service is 93308, insertion or replacement of an AV pacemaker. The key reference was selected by 52% of the respondents. Respondents who selected the key reference service found 33270 more intense/complex in every metric.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0319T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15386
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electyrophysiology Frequency 15386 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,693
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume. The above estimate is 15% of 2012 utilization of 33249, the transvenous ICD system implant code.

Specialty cardiology/electrophysiology Frequency 7693 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Pacemaker insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33249

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33271 Tracking Number Z2 Original Specialty Recommended RVU: **8.05**
Presented Recommended RVU: **8.05**
Global Period: 090 RUC Recommended RVU: **7.50**

CPT Descriptor: Insertion of subcutaneous implantable defibrillator electrode

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient developed a mild infection of a subcutaneous electrode. The subcutaneous electrode was removed previously followed by treatment of antibiotics. The patient presents for insertion of a new subcutaneous electrode with connection to an existing functional subcutaneous pulse generator

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 63% , Overnight stay-more than 24 hours 13%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 48%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 50%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: A pertinent history of and physical examination are performed. All laboratory test, including blood tests, chest x-ray, and ECG are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient, and informed consent is obtained. The pertinent history and physical examination and subsequent discussion are documented in the patient's records. Consultation is made with the patient's primary physician, and the decision to proceed with surgery is made. The patient is prepped, given IV antibiotic prophylaxis, and placed under conscious sedation or general anesthesia.

Description of Intra-Service Work: The procedure is performed under ECG, blood pressure, and pulse oximetry monitoring. Local anesthetic is injected into the region over the existing device (unless the patient is under general anesthesia), and an incision is then made over the sixth rib between the midaxillary line and the anterior axillary. Subcutaneous dissection of the device (if present) is performed followed by lead implantation as described in what follows. The lead has an 8-cm shocking coil, flanked by two sensing electrodes.Its insertion is guided by anatomical landmarks. The lead is tunneled medially from the pocket towards the sternum and the proximal electrode is positioned parallel to and 1 to 2 cm to the left of the sternal midline where the lead is sutured and secured. From this point the leadis again tunneled in a cephalic direction toward the manubriosternal junction where the distal sensing electrode is positioned and sutured. The final lead position is such that the distal electrode is adjacent to the manubriosternal junction and the proximal sensing electrode is positioned adjacent to the xiphoid process. The electrodes may require repositioning to ensure adequate sensing and defibrillation threshold. Upon final positioning the lead is connected to an electrically active pulse generator that is placed in the pocket which is then sutured to the underlying muscular tissue. Once the first layer of the pocket is closed defibrillation testing may be performed by induction of ventricular fibrillation through the device (if the patient is under conscious sedtation, deep sedation is now induced for defibrillation testing). Cardiac rhythm is detected by the two sensing electrodes or by either of the sensing electrodes and the pulse generator. The subcutaneous implantable

defibrillator system automatically selects an appropriate sense vector for rhythm detection for avoiding double QRS counting and T-wave oversensing. Once signals have been validated as free of noise and double detection, discrimination feature analysis and rate detection are used to sort rhythm type and determine the need for therapy. A conditional discrimination zone incorporating a feature extraction technique can be programmed between rates of 170 and 240 beats per minute to distinguish supraventricular tachycardia from ventricular tachycardia and avoid inappropriate treatment of the former. Reconfirmation of ventricular tachyarrhythmia follows capacitor charging to avoid the delivery of shocks for nonsustained ventricular tachyarrhythmias. Defibrillator threshold testing of the device during implantation is done with the use of 65-J shocks to ensure an energy margin of safety. The incision closing is then completed and the wound is dressed.

Description of Post-Service Work: After monitoring the vital signs and obtaining and reviewing a chest x-ray and electrocardiogram, the ICD sensing, and impedance characteristics are assessed, and final settings for the ICD and dual-chamber pacemaker are determined. The wound is assessed and instruction for postoperative care is given. The patient returns to the pacemaker clinic where appropriate sensing is once again determined, and the ICD is interrogated. The wound is assessed with respect to appropriate healing. The dressing is removed. Any required antibiotics or anagesic medications are prescribed. The physician documents the procedure, generates a report, and communicates with the referring physician, patient, and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	33271				
Sample Size:	160	**Resp N:**	30	**Response:** 18.7 %	
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	25.00
Survey RVW:	4.92	7.50	**8.05**	10.08	20.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	15.00	45.00	**60.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	33271	**Recommended Physician Work RVU: 7.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	40.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33207	090	8.05	**RUC Time**

CPT Descriptor Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49505	090	7.96	**RUC Time**	77,912

CPT Descriptor 1 Repair initial inguinal hernia, age 5 years or older; reducible

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22524	010	8.54	**RUC Time**	26,093

CPT Descriptor 2 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 56.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 33271**	**Key Reference CPT Code:** 33207	**Source of Time** RUC Time

Median Pre-Service Time	39.00	47.50
Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	25.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	40.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	40.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**202.00**	**238.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.82	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.94	3.71
Urgency of medical decision making	3.59	3.47
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.29	4.06
Physical effort required	4.18	3.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.88	3.94
Outcome depends on the skill and judgment of physician	4.00	4.06
Estimated risk of malpractice suit with poor outcome	4.06	4.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.76	3.71
Intra-Service intensity/complexity	4.06	3.88
Post-Service intensity/complexity	3.41	3.41

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33271 is a new code to describe the work of inserting a subcutaneous implantable defibrillator electrode. The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data.

The panel reviewed the preservice time and selected package 2b, a difficult patient and a straightforward procedure with sedation. The service is generally performed under conscious sedation which is included as part of the code. The service is commonly performed in a hospital and the patient is sent home the next day. We recommend a hospital discharge service.

Survey respondents identified a median of one 99214 follow-up office visit during the global period. The panel agreed this made sense for these patients. We recommend one 99214 in the global period.

The key reference service is 93307, insertion or replacement of a ventricular pacemaker. The key reference was selected by 57% of the respondents. Respondents who selected the key reference service found 33271 comparable to 93307 with most intensity/complexity measures slightly higher.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0320T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1600

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electyrophysiology Frequency 1600 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume.

Specialty cardiology/electrophysiology Frequency 800 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Pacemaker insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33216

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33272 Tracking Number Z3 Original Specialty Recommended RVU: **6.05**
Presented Recommended RVU: **6.05**
Global Period: 090 RUC Recommended RVU: **5.42**

CPT Descriptor: Removal of subcutaneous implantable defibrillator electrode

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient with a subcutaneous implantable defibrillator system implanted 6 months previously develops a mild infection of the subcutaneous electrode site. Electrode removal is performed followed by antibiotic treatment. A new subcutaneous electrode will be placed after the infection has been resolved.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 31% , Overnight stay-less than 24 hours 55% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 40%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 45%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: A pertinent history of and physical examination are performed. All laboratory test, including blood tests, chest x-ray, and ECG are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient, and informed consent is obtained. The pertinent history and physical examination and subsequent discussion are documented in the patient's records. Consultation is made with the patient's primary physician, and the decision to proceed with surgery is made. The patient is prepped, given IV antibiotic prophylaxis, and placed under conscious sedation or general anesthesia.

Description of Intra-Service Work: An incision is made over the sixth rib between the mid-axillary line and the anterior axillary line. If an existing generator is present, subcutaneous dissection of the pulse generator is performed and thelead is disconnected from the generator. Two incisions are made to gain access to the electrode at the xiphoid and another at the distal tip.The suture ties in these areas are exposed and cut. The lead is then freed from adhesion and removed. The incisions are then closed and the wounds are dressed.

Description of Post-Service Work: The physician documents the procedure, generates a report, and communicates with the referring physician, patient, and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	33272					
Sample Size:	160	**Resp N:**	29	**Response:** 18.1 %		
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.00	5.00
Survey RVW:	4.00	6.05	**7.00**	8.40	18.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	10.00	30.00	**45.00**	90.00	160.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	33272	**Recommended Physician Work RVU: 5.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33264	090	6.60	**RUC Time**

CPT Descriptor Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33240	090	6.05	**RUC Time**	2,929

CPT Descriptor 1 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62350	010	6.05	**RUC Time**	6,859

CPT Descriptor 2 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 24.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 33272**	**Key Reference CPT Code:** 33264	**Source of Time** RUC Time

Median Pre-Service Time	39.00	33.00
Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	25.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	23.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**151.00**	**155.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.86	3.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.57	3.57
Urgency of medical decision making	3.43	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.29	4.14
Physical effort required	4.29	4.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.29	3.71
Outcome depends on the skill and judgment of physician	3.43	3.71
Estimated risk of malpractice suit with poor outcome	3.29	3.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.71	3.71
Intra-Service intensity/complexity	3.71	4.00
Post-Service intensity/complexity	3.57	3.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33272 is a new code to describe the work of removing a subcutaneous implantable defibrillator electrode. The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data.

The panel reviewed the preservice time and selected package 2b, a difficult patient and a straightforward procedure with sedation. The service is generally performed under conscious sedation which is included as part of the code. The service is commonly performed in a hospital and the patient is sent home the same day. Based on RUC standards, we recommend a half- day hospital discharge service.

Survey respondents identified a median of one 99213 follow-up office visit during the global period. The panel agreed this made sense for these patients. We recommend one 99213 in the global period.

The key reference service is 33264, removal and replacement of a multi-lead ICD pulse generator. The key reference was selected by 24% of the respondents. Another 21% of respondents selected 33215 for repositioning of an ICD electrode. Respondents who selected the key reference service found 33272 comparable to 33264 with most intensity/complexity measures slightly higher or equivalent.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0324T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1830
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population.

Specialty cardiology/electyrophysiology	Frequency 1830	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 915
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume.

Specialty cardiology/electrophysiology	Frequency 915	Percentage 100.00 %
Specialty	Frequency	Percentage %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Pacemaker insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33244

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33273 Tracking Number Z4 Original Specialty Recommended RVU: **5.40**
Presented Recommended RVU: **5.40**
Global Period: 090 RUC Recommended RVU: **6.50**

CPT Descriptor: Repositioning of previously implanted subcutaneous implantable defibrillator electrode

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A subcutaneous implantable defibrillator system was placed yesterday. Interrogation of the device the day after surgery indicates the electrode has migrated and requires repositioning.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 30% , Overnight stay-less than 24 hours 53% , Overnight stay-more than 24 hours 17%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 52%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 47%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: A pertinent history of and physical examination are performed. All laboratory test, including blood tests, chest x-ray, and ECG are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient, and informed consent is obtained. The pertinent history and physical examination and subsequent discussion are documented in the patient's records. Consultation is made with the patient's primary physician, and the decision to proceed with surgery is made. The patient is prepped, given IV antibiotic prophylaxis, and placed under conscious sedation or general anesthesia.

Description of Intra-Service Work: An incision is made over the sixth rib between the mid-axillary line and the anterior axillary line over an existing pulse generator.. Subcutaneous dissection of the pulse generator is performed. The lead is disconnected from the generator. Two incisions are made to gain access to the electrode at the xiphoid and another at the distal tip. The suture ties in these areas are exposed and cut. The lead is freed from adhesions and then is inspected,repositioned and reconnected to ensure adequate sensing and defibrillation threshold. Upon final positioning the electrode is connected to an electrically active pulse generator and threshold dermination, programming and follow-up is as described in 3327XX.

Description of Post-Service Work: After monitoring the vital signs and obtaining and reviewing a chest x-ray and electrocardiogram, the ICD sensing, pacing, and impedance characteristics are assessed, and final settings for the ICD and dual-chamber pacemaker are determined. The wound is assessed and instruction for postoperative care is given. The patient returns to the pacemaker clinic where appropriate sensing is once again determined, and the ICD is interrogated. The wound is assessed with respect to appropriate healing. The dressing is removed. Any required antibiotics or anagesic medications are prescribed. The physician documents the procedure, generates a report, and communicates with the referring physician, patient, and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	33273				
Sample Size:	160	**Resp N:**	30	**Response:** 18.7 %	
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.75	15.00
Survey RVW:	4.92	5.40	**6.50**	9.00	20.00
Pre-Service Evaluation Time:			**48.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	10.00	45.00	**60.00**	74.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**40.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	33273	**Recommended Physician Work RVU: 6.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	40.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33215	090	4.92	**RUC Time**

CPT Descriptor Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63688	010	5.30	**RUC Time**	5,659

CPT Descriptor 1 Revision or removal of implanted spinal neurostimulator pulse generator or receiver

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33213	090	5.53	**RUC Time**	7,560

CPT Descriptor 2 Insertion of pacemaker pulse generator only; with existing dual leads

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 43.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33273**	**Key Reference CPT Code:** 33215	**Source of Time** RUC Time
Median Pre-Service Time	39.00	20.00	

Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	25.00	25.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	20.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	40.0	16.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**202.00**	**179.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.15	4.00
Urgency of medical decision making	3.92	3.77
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.23	4.08
Physical effort required	4.15	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.85	4.08
Outcome depends on the skill and judgment of physician	4.23	4.23
Estimated risk of malpractice suit with poor outcome	4.08	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.69	3.77
Intra-Service intensity/complexity	3.77	3.85
Post-Service intensity/complexity	3.46	3.46

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33273 is a new code to describe the work of repositioning a subcutaneous implantable defibrillator electrode. The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data.

The panel reviewed the preservice time and selected package 2b, a difficult patient and a straightforward procedure with sedation. The service is generally performed under conscious sedation which is included as part of the code. The service is commonly performed in a hospital and the patient is sent home the next day. We recommend a hospital discharge service.

Survey respondents identified a median of one 99214 follow-up office visit during the global period. The panel agreed this made sense for these patients. We recommend one 99214 in the global period.

The key reference service is 33215, repositioning of a transvenous pacemaker or ICD. The key reference was selected by 43% of the respondents. Respondents who selected the key reference service found 33273 comparable to 33215 with some intensity/complexity measures slightly higher and others slightly lower.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0325T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 660

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electyrophysiology Frequency 660 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 330
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume. The above estimate is 7.5% of 2012 utilization of 33215, the repositioning of a transvenous pacemaker or cardioverter-defibrillator electrode.

Specialty Frequency 330 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Pacemaker insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33215

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93260 Tracking Number Z5 Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with ischemic cardiomyopathy and a left ventricular ejection fraction (LVEF) of 28% had a subcutaneous implantable defibrillator implanted. The patient tells his cardiologist that he "fainted" without palpitations, warning or feeling a shock. The physician requests a programming device evaluation to assess device, battery and lead function and subsequently performs programming adjustments to the device's rate cutoff and diagnostic parameters based upon the patient's interrogated data.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 19%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Patient history is assessed for ICD indications and for changes in, or development of, interval symptoms or clinical episodes of ventricular tachyarrhythmia. Prior arrhythmia history and previous programmed settings of the device are reviewed as well as interim remote assessments if available. Changes in antiarrhythmic medications since the last device evaluation are queried.

Description of Intra-Service Work: Verbal consent from the patient to proceed is obtained. The patient is connected to a single or multi-lead ECG recording system. A communication link is established between the device and the programmer.

Detailed physician analysis is made of the following:
1. A full interrogation of the stored device parameters is obtained.
2. The current rhythm is assessed and recorded.
3. Stored tachyarrhythmia episode data are retrieved and detailed physician analysis of these data is performed.
4. Stored summary and recorded rhythm data are reviewed.
5. lead impedance is measured 6. Based on this information, the physician identifies any integrity issues with the existing lead and determines the appropriate settings.
7. Sensing threshold data are obtained by recording the signal from the ventricular chamber and utilizing iterative (stepwise) adjustment of ICD sensing level.
8. Based on this information, the physician identifies the appropriate ICD sensing settings.

9. After the detailed analysis of the data a decision is made regarding the appropriateness of the initial programmed anti-tachycardia parameters and therapies relative to the patient's clinical status and, if indicated, alteration in the device's programming is performed at this time.

Description of Post-Service Work: Stability of the patient is assessed post device evaluation. The results of the device interrogation are discussed with the patient and programming changes to the device, if any, are explained in detail. Timing of the next device interrogation appointment is explained. A final report is prepared, reviewed by the attending physician, addended as necessary, approved, signed and distributed to the patient's record, the referring and primary physicians and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93260		
Sample Size:	160	**Resp N:** 31	**Response:** 19.3 %
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.50	**4.00**	10.00	30.00
Survey RVW:	0.33	0.85	**1.00**	1.00	3.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	12.00	**15.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93260	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93282	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead implantable cardioverter-defibrillator system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95971	XXX	0.78	**RUC Time**	10,416

CPT Descriptor 2 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 54.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93260**	**Key Reference CPT Code: 93282**	**Source of Time RUC Time**
Median Pre-Service Time	10.00	8.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	10.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**35.00**	**28.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.46	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.31	3.31
Urgency of medical decision making	3.00	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	3.31
Physical effort required	2.62	2.54
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.46	2.46
Outcome depends on the skill and judgment of physician	3.38	3.31
Estimated risk of malpractice suit with poor outcome	2.92	2.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.85	2.85
Intra-Service intensity/complexity	3.08	3.00

Post-Service intensity/complexity	2.77	2.77

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93260 is a new code to describe the work of in-person device programming of a subcutaneous implantable defibrillator.

The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data. The survey was completed be providers familiar with this service.

The key reference service is 93282, programming of a cardioverter-defibrillator system. The key reference was selected by 55% of the respondents. Respondents who selected the key reference service found 93260 to be comparable in intensity/complexity with most measures equal or slightly higher.

We recommend the survey 25th-percentile work RVU of 0.85 with 10 minutes of preservice time, 15 minutes intraservice, and 10 minutes postservice. This work value mirrors the key reference service despite having slightly longer preservice and postservice times. We believe this code fits well between MPC comparators 78306 and 95971 as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0328T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 43000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electrophysiaology Frequency 43000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume. We estimate utilization at 15% of the existing, comparable programming code (93282) above/below.

Specialty cardiology/electrophysiology Frequency 21500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93282

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93261 Tracking Number Z6 Original Specialty Recommended RVU: **0.91**
Presented Recommended RVU: **0.91**
Global Period: XXX RUC Recommended RVU: **0.74**

CPT Descriptor: Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with history of nonsustained ventricular tachycardia treated with a subcutaneous implantable defibrillator system is followed with interrogation device evaluations (in person). The patient presents to the clinic for in-person follow up to assess device function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 22%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Patient history is assessed for ICD indications and for changes in, or development of, interval symptoms or clinical episodes of ventricular tachyarrhythmia. Prior arrhythmia history and previous programmed settings of the device are reviewed as well as interim remote assessments if available. Changes in antiarrhythmic medications since the last device evaluation are queried.

Description of Intra-Service Work: The information is interrogated from the deviceby telemetric communication and either printed for review or reviewed on the programmer or computer monitor. Critical review of the interrogated data with assessment of the appropriateness of the function of device , safety of the current programmed parameters and to assess if the device function is normal. Data reviewed includes:

1. Presenting EGM for appropriateness or presence of arrhythmia and appropriate sensing.
2. Stored episodes of data are reviewed for appropriate sensing, , appropriate magnet reversion and noise reversions.
3. Alerts generated from the device.
4. Battery voltage and impedance, lead impedance and sensed electrogram voltage amplitude for each lead.
5. Counters of events..
6. Stored episodes of sensed events including arrhythmias, ectopic beats, nonsustained and sustained arrhythmias.The frequency, rate and duration are noted.

Description of Post-Service Work: A final report is prepared, reviewed by the attending physician, addended as necessary, approved, signed and distributed to the patient's record, the referring and primary physicians and the attending physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93261		
Sample Size:	160	**Resp N:** 32	**Response:** 20.0 %
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.00	**6.50**	12.75	30.00
Survey RVW:	0.33	0.74	**0.91**	1.00	3.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93261	**Recommended Physician Work RVU: 0.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93289	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	3,114,690

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 43.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 93261**	**Key Reference CPT Code:** 93289	**Source of Time RUC Time**
Median Pre-Service Time	10.00	5.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	10.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**35.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.29	3.36
Urgency of medical decision making	3.21	3.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.36	3.29
Physical effort required	2.57	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.64	2.71
Outcome depends on the skill and judgment of physician	3.21	3.14
Estimated risk of malpractice suit with poor outcome	3.21	3.21

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.71	2.79
Intra-Service intensity/complexity	2.93	3.00

Post-Service intensity/complexity	2.79	2.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93261 is a new code to describe the work of in-person device interrogation of a subcutaneous implantable defibrillator.

The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data. The survey was completed be providers familiar with this service.

The key reference service is 93289, interrogation of a cardioverter-defibrillator system. The key reference was selected by 44% of the respondents. Respondents who selected the key reference service found 93261 to be comparable in intensity/complexity with some measures higher and others lower.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0327T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electrophysiaology	Frequency 50000	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume. We estimate utilization at 15% of the existing, comparable interrogation code (93289) above/below.

Specialty cardiology/electrophysiology	Frequency 25000	Percentage 100.00 %
Specialty	Frequency	Percentage %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93289

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93644 Tracking Number Z7 Original Specialty Recommended RVU: **4.65**
Presented Recommended RVU: **4.65**
Global Period: 000 RUC Recommended RVU: **3.65**

CPT Descriptor: Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55 year old patient with existent SICD has multiple appropriate shocks for VT and is now placed on amiodarone. He is referred for defibrillator threshold testing as there is concern for an increased threshold with amiodarone.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 55%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: A pertinent history of and physical examination are performed. All pertinent laboratory test, including blood tests, chest x-ray, and ECG are reviewed. The risks and benefits of and alternatives to the procedure are discussed with the patient, and informed consent is obtained. The pertinent history and physical examination and subsequent discussion are documented in the patient's records. Consultation is made with the patient's primary physician, and the decision to proceed with testing is made. The patient is prepped, IV access is established and the patient is placed under conscious sedation.

Description of Intra-Service Work: Deep sedation is induced . Ventricular fibrillation is induced through the device. Cardiac rhythm is detected by the two sensing electrodes or by either of the sensing electrodes and the pulse generator. The subcutaneous implantable defibrillator system automatically selects an appropriate vector for rhythm detection and for avoiding double QRS counting and T-wave oversensing. Once signals have been validated as free of noise and double detection, feature analysis and rate detection are used to sort rhythm type and determine the need for therapy. A conditional discrimination zone incorporating a feature extraction technique can be programmed between rates of 170 and 240 beats per minute to distinguish supraventricular tachycardia from ventricular tachycardia and avoid inappropriate treatment of the former. Reconfirmation of ventricular tachyarrhythmia follows capacitor charging to avoid the delivery of shocks for non-sustained ventricular tachyarrhythmias. Evaluation of defibrillator threshold testing of the device during is done with the use of 65-J shocks to ensure an energy margin of safety.

Description of Post-Service Work: The physician documents the procedure, generates a report, and communicates with the referring physician, patient, and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; David Slotwiner, MD		
Specialty(s):	HRS		
CPT Code:	93644		
Sample Size:	160	**Resp N:** 33	**Response:** 20.6 %
Description of Sample:	targeted list of providers believed to have performed 2 or more implants provided by manufacturer		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	30.00
Survey RVW:	2.76	4.65	**5.00**	5.00	12.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**20.00**	60.00	150.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	93644	**Recommended Physician Work RVU: 3.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**25.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93642	000	4.88	**RUC Time**

CPT Descriptor Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 69.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 93644**	**Key Reference CPT Code: 93642**	**Source of Time RUC Time**
Median Pre-Service Time	39.00	30.00	
Median Intra-Service Time	20.00	60.00	
Median Immediate Post-service Time	25.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**84.00**	**120.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.83	3.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	3.78
Urgency of medical decision making	3.83	3.74
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.91	3.83
Physical effort required	3.35	3.26
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.78	3.74
Outcome depends on the skill and judgment of physician	4.04	4.04
Estimated risk of malpractice suit with poor outcome	4.00	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.65	3.57
Intra-Service intensity/complexity	3.96	3.87

Post-Service intensity/complexity	3.35	3.30

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93644 is a new code to describe the work of an electrophysiologic study of an implantable defibrillator.

The service was surveyed by a targeted pool of providers believed to have performed two or more implants provided by the manufacturer. A joint RVS panel of ACC and HRS members reviewed the survey data. The survey was completed be providers familiar with this service.

The key reference service is 93642, EP study of a pacing cardioverter-defibrillator. The key reference was selected by 69% of the respondents. Respondents who selected the key reference service found 93644 to be more intense/complex in every metric.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0326T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology/electrophysiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe half the utilization will occur in the non-Medicare population. The above estimate is double the Medicare estimate below.

Specialty cardiology/electrophysiaology Frequency 2000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The subcutaneous iteration of implantable defibrillator technology is still diffusing. We anticipate it will ultimately comprise 5-15% oc an implanters ICD procedural volume. We estimate utilization at 15% of the existing, comparable EP study (93642) above/below.

Specialty cardiology/electrophysiology Frequency 1000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93642

SS Rec Summary

ISSUE: Subcutaneous Implantable Defibrillator Procedures

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-inpt/same day 38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11
REF	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	17	0.061			8.77			236	15	15	15			60			30				1		1.0							1			
CURRENT	0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode		#DIV/0!						0																								
SVY	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	33	0.077	6.05	9.10	12.00	15.00	27.00	283	50	15	20	45	70	90	120	200	30						1.0						1				
REC	33270			0.055			9.10			232	33	1	5			90			25						1.0						1				
COMP	36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)		0.089			12.11			237	33	10	10			90			20						0.5							1	2	
COMP	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition		0.089			11.89			238	35	10	15			90			30						0.5							1	1	
											2b								8a															

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-inpt/same day 38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11
REF	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	17	0.049			8.05			239	15	12.5	20			60			30				1		1.0							1			
CURRENT	0320T	Insertion of subcutaneous defibrillator electrode		#DIV/0!						0																								
SVY	33271	Insertion of subcutaneous implantable defibrillator electrode	30	0.052	4.92	7.50	8.05	10.08	20.00	248	45	15	20	15	45	60	90	180	30						1.0						1				

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**ex officio*

Chief Executive Officer
Shalom Jacobovitz

The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.

April 1, 2014

Barbara Levy, MD,
Chair, RUC American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 9, Subcutaneous Implantable Defibrillator

Dear Dr. Levy:

During survey of new code 9364XX to describe the work of an electrophysiology study of a subcutaneous implantable defibrillator, we incorrectly used the typical patient vignette that was included in the survey package without seeing that CPT had requested a revised vignette. CPT initially approved a vignette that described EP testing at the time of implant. This vignette was used for the survey.

> A 55-year-old asymptomatic patient presents with chronic ischemic heart disease and prior history of myocardial infarction 2 years ago. Echocardiography revealed 28% left ventricular ejection fraction (LVEF) and patient is referred for subcutaneous implantable defibrillator system with defibrillator threshold testing (DFT) at implant.

However, during minutes review, CPT requested an updated vignette since that describes EP testing <u>not</u> at the time of implant since the implantation code bundles EP testing. This vignette was subsequently submitted back to CPT by advisors and will be used by the AMA going forward.

> A 55 year old patient with existent SICD has multiple appropriate shocks for VT and is now placed on amiodarone. He is referred for defibrillator threshold testing as there is concern for an increased threshold with amiodarone.

While survey respondents found the first patient vignette to by typical, the DFT service is fundamentally the same. We are comfortable with the resulting recommendation at the 25th- percentile for this code. Finally, we request the RUC approve the updated vignette.

Please contact us if you have any questions via ACC staff at jvavricek@acc.org or 202-321-6421.

Sincerely,



Richard Wright, MD
ACC Advisor



David Slotwiner, MD
HRS Alternate Advisor

CPT Code: 33270-3
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
33270: Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271: Insertion of subcutaneous implantable defibrillator electrode
33272: Removal of subcutaneous implantable defibrillator electrode
33273: Repositioning of previously implanted subcutaneous implantable defibrillator electrode

Global Period: 090 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology and electrophysiology discussed the practice expense requirements for the various codes and determined that the standard 90-day global inputs for a difficult patient/straightforward procedure under anesthesia would apply.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: We made comparison to the code 33262 that describes replacing the pulse generator for an ICD. It was created/reviewed 3 years ago and includes comparable supplies, equipment, and staffing.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The standard times have been applied for pre-service clinical labor time.

Intra-Service Clinical Labor Activities:

The standard 12 minutes has been applied for these inpatient procedures for one discharge day management related services to 33270, 33271, and 33273. The standard 6 minutes has been applied for these inpatient procedures for one half discharge day management related services for 33272.

Post-Service Clinical Labor Activities:

Standard times to ready patient/records and assist the physician at each post-op office visit have been applied.

CPT Code: 33270-3
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
93644: Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology and electrophysiology discussed the practice expense requirements for the code and determined a comparison to 93642 would be appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Reference Code Rationale: 93642 describes similar work to 93644 and contains comparable PE inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Preservice diagnostic and referral forms are completed. Pre-procedure services are coordinated. Follow-up phone calls and prescriptions are made.

Intra-Service Clinical Labor Activities:

The patient is greeted, gowned, and appropriate medical records are collected. Vital signs are obtained. Preservice education is provided and consent is obtained. The room, supplies, and equipment are prepared. It takes 10 minutes to prepare the patient and apply the electrodes. The RN administers anesthesia. Lab and path reports are assembled. History, systems, and medications are reviewed. Blended staff assists the physician while an RN assists the physician with administration of sedation. The patient is monitored following sedation. The room is cleaned. Diagnostic forms are completed. Homecare instructions are provided and future office visits and prescriptions are coordinated.

Post-Service Clinical Labor Activities:

Phone calls are made.

CPT Code: 93260, 93261, 93644
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
93261: Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93260: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology and electrophysiology discussed the practice expense requirements for the code and determined a comparison to 92989 and 92982 would be appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 92989 and 92982 describes similar work contain comparable PE inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Preservice diagnostic and referral forms are completed.

Intra-Service Clinical Labor Activities:

The patient is greeted, gowned, and appropriate medical records are collected. Vital signs are obtained. Preservice education is provided and consent is obtained. The room, equipment, and supplies are prepared. Charts are reviewed. Clinical staff assists the physician during the procedure. This requires 3 minutes in excess of the physician intraservice time. The room is cleaned. A PaceArt report is printed and sent, then scanned and filed.

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33262**		**33270**		**33271**		**33272**		**33273**	
3	**Meeting Date: April 2014 Tab: 9 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system		Insertion or replacement of permanent subcutaneous implantable defibrillator system; with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed		Insertion of subcutaneous implantable defibrillator electrode		Removal of subcutaneous implantable defibrillator electrode		Repositioning of previously implanted subcutaneous implantable defibrillator electrode	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**090**		**090**		**090**		**090**		**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**102.0**	**0.0**	**125.0**	**0.0**	**125.0**	**0.0**	**102.0**	**0.0**	**125.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**36.0**	**0.0**	**53.0**	**0.0**	**53.0**	**0.0**	**36.0**	**0.0**	**53.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services	037D	RN/LPN/MTA		**20**		**20**		**20**		**20**		**20**
14	Schedule space and equipment in facility	037D	RN/LPN/MTA		**8**		**8**		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	037D	RN/LPN/MTA		**20**		**20**		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	037D	RN/LPN/MTA		**7**		**7**		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Greet patient, provide gowning, ensure appropriate medical records are available												
22	Obtain vital signs												
23	Provide pre-service education/obtain consent												
24	Prepare room, equipment, supplies												
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV												
27	Sedate/apply anesthesia												
28	*Other Clinical Activity - specify:												
29	**Intra-service**												
30	Assist physician in performing procedure												
31	Assist physician/moderate sedation (% of physician time)												
32	**Post-Service**												
33	Monitor pt. following moderate sedation												
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)												
35	Clean room/equipment by physician staff												
36	Clean Scope												
37	Clean Surgical Instrument Package												
38	Complete diagnostic forms, lab & X-ray requisitions												
39	Review/read X-ray, lab, and pathology reports												
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
41	*Other Clinical Activity - *specify:*												
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	037D	RN/LPN/MTA	**n/a**	**6**	**n/a**		**n/a**		**n/a**	**6**	**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**12**	**n/a**	**12**	**n/a**		**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**												
46	**POST-SERVICE Period**												
47	**Start: Patient leaves office/facility**												
48	Conduct phone calls/call in prescriptions												
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16										
51	99212 27 minutes		27										
52	99213 36 minutes	037D	36		**1**						**1**		
53	99214 53 minutes		53				**1**		**1**				**1**
54	99215 63 minutes		63										
55	**Total Office Visit Time**			**0.0**	**36.0**	**0.0**	**53.0**	**0.0**	**53.0**	**0.0**	**36.0**	**0.0**	**53.0**
56	*Other Clinical Activity - *specify:*												
57	**End: with last office visit before end of global period**												
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**1**		**1**		**1**		**1**
60	pack, post-op incision care (suture)	SA054	pack		**1**		**1**		**1**		**1**		**1**
61	**EQUIPMENT**	**CODE**											
62	table, power	EF031	minutes		**36**		**53**		**53**		**36**		**53**
63	light, exam	EQ168	minutes		**36**		**53**		**53**		**36**		**53**

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93289**		**93261**		**93282**		**93260**	
3	**Meeting Date: April 2014 Tab: 9 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived		Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system		Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead implantable cardioverter-defibrillator system		Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**					
6	**TOTAL CLINICAL LABOR TIME**			**38.0**	**0.0**	**36.0**	**0.0**	**38.0**	**0.0**	**36.0**	**0.0**
7	**TOTAL RN/LPN/MTA CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**28.0**	**0.0**	**26.0**	**0.0**	**28.0**	**0.0**	**26.0**	**0.0**
8	**TOTAL MTA CLINICAL LABOR TIME**	L026A	MTA	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**36.0**	**0.0**	**36.0**	**0.0**	**36.0**	**0.0**	**36.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**0**		**2**		**0**	
15	Coordinate pre-surgery services										
16	Schedule space and equipment in facility										
17	Provide pre-service education/obtain consent										
18	Follow-up phone calls & prescriptions										
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA			**3**				**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV										
29	Sedate/apply anesthesia										
30	*Other Clinical Activity - specify: review charts	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
31	**Intra-service**										
32	Assist physician in performing procedure	L037D	RN/LPN/MTA	**18**		**15**		**18**		**15**	
33	Assist physician/moderate sedation (% of physician time)										
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
37	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports										
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	*Other Clinical Activity - *specify:*										
44	Print PaceArt report & send	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
45	Scan & File	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	**End: Patient leaves office**										
50	**POST-SERVICE Period**										
51	**Start: Patient leaves office/facility**										
52	Conduct phone calls/call in prescriptions										
53	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
54	99211 16 minutes		16								
55	99212 27 minutes		27								
56	99213 36 minutes	037D	36								
57	99214 53 minutes		53								
58	99215 63 minutes		63								
59	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
60	*Other Clinical Activity - *specify:*										
61	**End: with last office visit before end of global period**										
62	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
63	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
64	**electrode, ECG (single)**	SD053	item	**4**		**4**		**4**		**4**	
65	**electrode adhesive disk**	SJ019	item	**4**		**4**		**4**		**4**	
66	**swab-pad, alcohol**	SJ053	item	**4**		**4**		**4**		**4**	
67	**paper, laser printing (each sheet)**	SK057	item	**15**		**15**		**15**		**15**	
68	**EQUIPMENT**	**CODE**									
69	**pacemaker follow-up system (incl software and hardware) (F**	EQ198	minutes	**18**		**15**		**26**		**15**	
70	**table, exam**	EF023	minutes	**26**		**26**		**26**		**26**	

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93642**		**93644**	
3	**Meeting Date: April 2014 Tab: 9 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and		Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**		**000**	
6	**TOTAL CLINICAL LABOR TIME**			**177.0**	**0.0**	**84.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	L051A	RN	**77.0**	**0.0**	**37.0**	**0.0**
8	**TOTAL CLINICAL LABOR TIME**	037D	RN/LPN/MTA	**100.0**	**0.0**	**47.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**11.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**163.0**	**0.0**	**81.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	037D	RN/LPN/MTA	**5**		**0**	
15	Coordinate pre-surgery services	037D	RN/LPN/MTA	**3**		**0**	
16	Schedule space and equipment in facility						
17	Provide pre-service education/obtain consent						
18	Follow-up phone calls & prescriptions	037D	RN/LPN/MTA	**3**		**0**	
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**		**7**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**	
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ apply electrodes	L037D	RN/LPN/MTA	**10**		**2**	
29	Sedate/apply anesthesia	L051A	RN	**2**		**2**	
30	*Other Clinical Activity - specify: Assemble lab/x-ray/path reports	L037D	RN/LPN/MTA	**2**		**2**	
31	Review history, systems, and meds	L037D	RN/LPN/MTA	**5**		**5**	
32	**Intra-service**						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**40**		**14**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**60**		**20**	
35	**Post-Service**						
36	Monitor pt. following moderate sedation	L051A	RN	**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**5**		**3**	
39	Clean Scope						
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**		**3**	
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**0**	
44	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA				
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
48	**End: Patient leaves office**						
49	**POST-SERVICE Period**						
50	**Start: Patient leaves office/facility**						
51	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
52	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
53	99211 16 minutes		16				
54	99212 27 minutes		27				
55	99213 36 minutes		36				
56	99214 53 minutes		53				
57	99215 63 minutes		63				
58	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
59	*Other Clinical Activity - *specify:*						
60	**End: with last office visit before end of global period**						
61	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
62	**pack, moderate sedation**	SA044	pack	**1**		**1**	
63	**pack, minimum multi-specialty visit**	SA048	pack	**1**		**1**	
64	**pad, cardioversion R2 (2 pack)**	SD106	item	**1**		**1**	
65	**paper, recording (per sheet)**	SK059	sheet	**4**		**4**	
66	**EQUIPMENT**	**CODE**					
67	**defibrillator**	EQ097	minutes	**82**		**29**	
68	**table, exam**	EF023	minutes	**142**		**89**	
69	**table, instrument, mobile**	EF027	minutes	**122**		**89**	
70	**IV infusion pump**	EQ032	minutes	**122**		**89**	
71	**ECG, 3-channel (with SpO2, NIBP, temp, resp)**	EQ011	minutes	**122**		**89**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transcatheter Mitral Valve Repair

At the February 2014 CPT Editorial Panel meeting, the Panel approved the deletion of two Category III CPT codes and created two CPT Category I codes to describe Transcatheter mitral valve repair.

33418 ***Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis***
The RUC reviewed the survey results from 30 cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 63 minutes (the standard pre time package of 4 Difficult patient/difficult procedure in a facility), intra-service time of 180 minutes and immediate post-service time of 33 (the standard post time package of 9B). The specialty societies explained that the typical patient is discharged from the hospital after three days. The physician performs one critical care visit (99291) on the same day as the procedure. This critical care visit is necessary because the patient is critically ill due to heart failure and needs minute to minute monitoring. Over the next two days the physician performs two non-critical hospital visits (99232). The physician also performs a full-day discharge (99239). This level of discharge is warranted because of the complexity of the patient's condition due to anticoagulation and medication management following the procedure. Finally, two 99214 office visits are performed within the 90-day global period. The level of visits are appropriate because the physician must manage the patients' medications, care for the wound site, manage their underlying heart failure, and check for recurrent or severe mitral regurgitation, arrhythmias, paravalvular complications, and vascular complications.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's median work RVU of 32.25 is appropriate. The RUC compared the surveyed code to the following two reference codes: 33647 *Repair of atrial septal defect and ventricular septal defect, with direct or patch closure* (work RVU= 33.00) and 35536 *Bypass graft, with vein; splenorenal* (work RVU= 33.73) and noted that both these services have identical intra-service time, 180 minutes, to code 33418, as well as similar total times, therefore the recommended work value is correctly valued relative to services across the RBRVS. **The RUC recommends a work RVU of 32.25 for CPT code 33418.**

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33419 ***Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis (es) during same session***
The RUC reviewed the survey results from 30 cardiologists and agreed with the specialty societies that the respondents overestimated the intra-service time with a median of 120 minutes. This service is new technology and the respondents had limited familiarity with the service. Therefore, the RUC accepted the specialty societies' expert panel recommendation of 90 minutes of intra-service time for this add-on service. The expert panel included individuals with experience performing this service.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 7.93 accurately values this service. To justify a work RVU of 7.93, the RUC compared the surveyed code to CPT code 37235 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed* (work RVU= 7.80) and noted that while 33419 has slightly more intra-service time, 90 minutes compared to 80 minutes, the two services have comparable physician work and should be valued similarly. In addition, the RUC reviewed add-on code 35683 *Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations* (work RVU= 8.49, intra time= 90 minutes) and noted that with similar times, the RUC recommended work value is appropriate for 33419. **The RUC recommends a work RVU of 7.93 for CPT code 33419.**

Practice Expense
The RUC reviewed and approved the direct practice expense with minor modifications as approved by the Practice Expense Subcommittee.

New Technology
CPT codes 33418 and 33419 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Do Not Use to Validate Physician Work
Due to the use of expert panel derived time, a flag will be placed in the RUC database to not use CPT code 33419 to validate physician work.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Cardiovascular System** **Cardiac Valves**				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Aortic Valve

Codes 33361, 33362, 33363, 33364, 33365, 33366 are used to report transcatheter aortic valve replacement (TAVR)/transcatheter aortic valve implantation (TAVI).....

33361 *Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach*

✚*33367* *cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)*

(Use 33367 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418)

(Do not report 33367 in conjunction with 33368, 33369)

✚*33368* *cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)*

(Use 33368 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418)

(Do not report 33368 in conjunction with 33367, 33369)

✚*33369* *cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)*

(Use 33369 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33418)

(Do not report 33369 in conjunction with 33367, 33368)

Category I
The Surgery
Cardiovascular System
Cardiac Valves
Mitral Valve

Codes 33418 and 33419 are used to report transcatheter mitral valve repair (TMVR). Code 33419 should only be reported once per session.

Codes 33418 and 33419 include the work, when performed, of percutaneous access, placing the access sheath, transseptal puncture,

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
advancing the repair device delivery system into position, repositioning the device as needed, and deploying the device(s). Angiography, radiological supervision, and interpretation performed to guide TMVR (eg, guiding device placement and documenting completion of the intervention) are included in these codes. Diagnostic right and left heart catheterization codes (93451-93453, 93456-93461, 93530-93533) should **not** be used with 33418, 33419 to report: 1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the transcatheter mitral valve repair (TMVR), 2. Left ventricular angiography to assess mitral regurgitation for guidance of TMVR, or 3. Right and left heart catheterization for hemodynamic measurements before, during and after TMVR for guidance of TMVR Diagnostic right and left heart catheterization codes (93451-93453, 93456-93461, 93530-93533) and diagnostic coronary angiography codes (93454-93461, 93563, 93564) may be reported with 33418, 33419, representing separate and distinct services from TMVR, if: 1. No prior study is available and a full diagnostic study is performed, OR 2. A prior study is available, but as documented in the medical record: a. There is inadequate visualization of the anatomy and/or pathology, OR b. The patient's condition with respect to the clinical indication has changed since the prior study, OR c. There is a clinical change during the procedure that requires new evaluation. Other cardiac catheterization services may be reported separately when performed for diagnostic purposes not intrinsic to TMVR. For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59 indicating separate and distinct procedural service from TMVR. Diagnostic coronary angiography performed at a separate session from an interventional procedure may be separately reportable. Percutaneous coronary interventional procedures may be reported separately, when performed. When transcatheter ventricular support is required in conjunction with TMVR, the appropriate code may be reported with the appropriate				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
ventricular assist device (VAD) procedure code (33990, 33991, 33992, 33993) or balloon pump insertion code (33967, 33970, 33973). When cardiopulmonary bypass is performed in conjunction with TMVR, codes 33418, 33419 may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).				
●33418	AA1	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis (Do not report 33418 in conjunction with 93462 unless transapical puncture is performed)	090	32.25
✚●33419	AA2	additional prosthesis (es) during same session (List separately in addition to code for primary procedure) (Use 33419 in conjunction with 33418) (For transcatheter mitral valve percutaneous approach via the coronary sinus, use 0345T)	ZZZ	7.93
Category I **Medicine** **Cardiovascular System** **Cardiac Catheterization**				
⊙⃠*93451*	*Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed* (Do not report 93451 in conjunction with 93453, 93456, 93457, 93460, 93461) (Do not report 93451 in conjunction with 0345T for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)			
⊙*93452*	*Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed* (Do not report 93452 in conjunction with 93453, 93458-93461)			

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙*93453*		*Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed* (Do not report 93453 in conjunction with 93451, 93452, 93456-93461) (Do not report 93453 in conjunction with 0345T for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)		
⊙*93454*		*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;* (Do not report 93453, 93454 in conjunction with 0345T for coronary angiography intrinsic to the valve repair procedure)		
⊙*93455*		*with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography*		
⊙⃠*93456*		*with right heart catheterization* (Do not report 93456 in conjunction with 0345T for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)		
⊙*93457*		*with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization*		
⊙*93458*		*with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed*		
⊙*93459*		*with left heart catheterization including intraprocedural injection(s) for left ventriculography,when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography*		
⊙*93460*		*with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed*		
⊙*93461*		*with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(Do not report 93461 in conjunction with 0345T for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)		
⊙+ 93462		*Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)*		
		(Use 93462 in conjunction with 93452, 93453, 93458, 93459, 93460, 93461, 93582, 93653, 93654)		
		(Do not report 93462 in conjunction with 93656)		
		(Do not report 93462 in conjunction with 33418unless transapical puncture is performed)		
Category I **Medicine** **Cardiovascular System** **Injection Procedures**				
⊙93561		*Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)*		
⊙93562		*subsequent measurement of cardiac output*		
		(Do not report 93561, 93562 in conjunction with 93451-93462, 93582)		
		(For radioisotope method of cardiac output, see 78472, 78473, or 78481)		
⊙✚93563		*Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)*		
⊙✚93564		*for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)*		
		(Do not report 93563, 93564 in conjunction with 0345T for coronary angiography intrinsic to the valve repair procedure)		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category III

Fluoroscopy (76000, 76001) and radiologic supervision and interpretation are inherent to the TMVR procedure and are not separately reportable. Diagnostic cardiac catheterization codes (93451-93461, 93530-93533) should **not** be reported with Transcatheter mitral valve repair code~~s 033XT1,~~ ~~033XT2~~ 0345T~~, 033XT3~~ for:

Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the transcatheter mitral valve repair (TMVR),

Left ventricular angiography to assess mitral regurgitation for guidance of TMVR, or

Right and left heart catheterization for hemodynamic measurements before, during and after TMVR for guidance of TMVR

Diagnostic right and left heart catheterization codes (93451-93453, 93456-93461, 93530-93533), and diagnostic coronary angiography codes (93454-93461, 93563, 93564) not inherent to the TMVR, may be reported with 0345T, appended with modifier 59 if:

~~Diagnostic coronary angiography (93453, 93454) performed at the time of TMVR may be separately reportable, appended with modifier 59, if:~~

1. No prior ~~catheter-based coronary angiography~~ study is available and a full diagnostic study is performed, OR
2. *A prior study is available, but as documented in the medical record:*
   ~~a. The patient's condition with respect to the clinical indication has changed since the prior study, OR~~
   b. There is inadequate visualization of the anatomy and/or pathology, OR
   c. The patient's condition with respect to the clinical indication has changed since the prior study, OR
   d. There is a clinical change during the procedure that requires new evaluation.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Percutaneous coronary interventional procedures may be reported separately, when performed.

Other cardiac catheterization services ~~that~~ may be reported separately when performed for diagnostic purposes not intrinsic to TMVR.~~separately reportable at the time of TMVR, representing separate and distinct services from TMVR, include:~~

~~Right and left heart cardiac catheterization services performed for diagnostic purposes not intrinsic to TMVR; and Percutaneous coronary intervention~~

When transcatheter ventricular support is required, the appropriate code may be reported with the appropriate ventricular assist device (VAD) procedure code (33990-33993) or balloon pump insertion code (33967, 33970, 33973).

~~0343T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis~~

~~0344T additional prosthesis (es) during same session (List separately in addition to code for primary procedure)~~

~~(Use 0343T in conjunction with 0344T)~~

(0343T has been deleted. To report, use 33418)

(0344T has been deleted. To report, use 33419)

0345T *Transcatheter mitral valve repair percutaneous approach via the coronary sinus*

~~(0343T is applicable for initial prosthesis placed during a session even when patient has an existing mitral valve prosthesis in place)~~

(For transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed, see 33418, 33419)

(Do not report ~~0343T, 0344T~~, 0345T in conjunction with 93451, ~~93452~~, 93453, 93456, ~~93457, 93458, 93459, 93460~~, 93461 for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)

(Do not report 0345T in conjunction with 93453, 93454, 93563, 93564 for coronary angiography intrinsic to the valve repair procedure)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33418 Tracking Number AA1 Original Specialty Recommended RVU: **32.25**
Presented Recommended RVU: **32.25**
Global Period: 090 RUC Recommended RVU: **32.25**

CPT Descriptor: Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male presents with progressive shortness of breath and New York Heart Association Class III heart failure symptoms. He has established coronary artery disease previously treated with coronary stenting and coronary artery bypass surgery, and now has stable angina. He also has chronic atrial fibrillation and obstructive pulmonary disease requiring home oxygen. Echocardiography demonstrates severe functional mitral regurgitation (4+) with a single central jet, annular dilation, papillary muscle dysfunction, moderate pulmonary hypertension and global hypokinesis of the left ventricle. An evaluation for ischemia shows no need for additional revascularization at this time. Due to multiple comorbities, he is considered high risk for mitral valve surgery.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 7% , Overnight stay-more than 24 hours 93%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 63%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 43%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Mark and ensure all potential access sites are scrubbed and draped. Perform pre-procedural "time-out." Appropriate multi-channel hemodynamic monitoring is verified. The patient is intubated and general anesthesia is administered by a separate physician. Foley catheter is inserted and both groin sites are prepped. Transesophageal echocardiography probe is inserted and positioned by a separate physician.

Description of Intra-Service Work: Bilateral venous access is obtained for right heart catheterization and evaluation of pulmonary pressures and transseptal puncture. Baseline right heart catheterization is performed to assess intracardiac hemodynamics, including cardiac output, pulmonary arterial pressure and pulmonary capillary wedge pressure. A wire is advanced from the right femoral vein to the superior vena cava for placement of the transeptal sheath & needle. The transseptal sheath and needle are now inserted over the wire, and using echocardiographic guidance entry into the right atrium is confirmed. Transseptal puncture is performed with echo verification of correct puncture location. Often this requires several attempts. Heparinize patient and check the activated clotting time [ACT] level at the appropriate time interval to obtain ACT > 250 seconds. Continue to check ACT every 30 min and readminister heparin during the procedure and check ACT to verify the patient is prophylactically anticoagulated. A stiff guide wire in placed through the transseptal sheath into the left atrium and then pulmonary vein.

The mitral valve repair device is prepared on the back table.

The femoral vein access site is progressively dilated with a series of dilators. The guide catheter is advanced over the wire into the left atrium, the wire is removed, and the guide catheter is de-aired. The mitral valve repair device and delivery system are advanced through the guide to the left atrium. Extreme care is required to prevent disruption of the interatrial septum and to avoid air embolus to the left heart. The prosthesis is then positioned above the mitral valve using echocardiographic and angiographic guidance. Multiple echocardiographic and angiographic views are utilized in a complex series of maneuvers to position the prosthesis at the proper position above the mitral valve, with careful avoidance of other structures. The device is then deployed, grasping and coapting the anterior and mitral leaflets at that site, reducing mitral regurgitation. Multiple grasps are often required. Echocardiographic and angiographic imaging is then used to ensure proper device positioning and leaflet insertion into the device, and adequate reduction in the mitral regurgitation. If the evaluation is favorable the device is released in a series of steps. After final release the patient is again evaluated by angiographic, hemodynamic and echocardiographic criteria for suitability of the mitral valve repair and to ensure no complications. If there is no need for an additional device, the delivery system is withdrawn and removed from the body.

The patient's arterial pressure, EKG waveforms, and oxygen saturation are constantly monitored throughout the procedure. Right heart catheterization is typically repeated to assess intracardiac hemodynamics, including cardiac output, pulmonary arterial pressure and pulmonary capillary wedge pressure. Images are reviewed to ensure no additional views are required before leaving the procedure suite. The groin site is closed per physician and institutional practices. Anesthesia is reversed and the patient is extubated as appropriate. Hypertension, hypotension, bleeding and oxygen desaturation are potential complications and are treated accordingly with medications and/or oxygen as needed during the procedure.

Description of Post-Service Work: The patient is transferred to the recovery suite for additional monitoring.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wrigh, MD; Cliff Kavinsky, MD		
Specialty(s):	ACC, SCAI		
CPT Code:	33418		
Sample Size:	141	**Resp N:** 30	**Response:** 21.2 %
Description of Sample:	Targted list of trained individuals from industry; reviewed by Research Subcommittee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.25	**3.00**	8.00	25.00
Survey RVW:	21.00	27.63	**32.25**	35.00	50.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**25.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	90.00	142.50	**180.00**	180.00	240.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33418	**Recommended Physician Work RVU: 32.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	80.00	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	55.00	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33510	090	34.98	**RUC Time**

CPT Descriptor Coronary artery bypass, vein only; single coronary venous graft

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33533	090	33.75	**RUC Time**	66,051

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); single arterial graft

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 36.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 33418**	**Key Reference CPT Code:** 33510	**Source of Time** RUC Time
Median Pre-Service Time	63.00	95.00	

Median Intra-Service Time	180.00	154.00
Median Immediate Post-service Time	33.00	40.00
Median Critical Care Time	70.0	70.00
Median Other Hospital Visit Time	80.0	265.00
Median Discharge Day Management Time	55.0	38.00
Median Office Visit Time	80.0	56.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**561.00**	**718.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.73	4.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.82	4.55
Urgency of medical decision making	4.09	3.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.91	4.45
Physical effort required	4.73	4.36
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.45	4.27
Outcome depends on the skill and judgment of physician	4.91	4.64
Estimated risk of malpractice suit with poor outcome	4.18	4.09

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.55	4.45
Intra-Service intensity/complexity	4.91	4.73
Post-Service intensity/complexity	4.00	3.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33418 is a new code to describe the work of repairing a diseased mitral valve through deployment of a prosthesis via a catheter. The service was surveyed by a targeted pool of providers that have completed training to provide the service by the manufacturer. A joint RVS panel of ACC and SCAI members reviewed the survey data.

The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation. The service is performed general anesthesia. We recommend postservice package 9B for a complex procedure. The service is exclusively performed in a hospital and the patient is sent home several days later. During the visit a critical care visit occurs. The patient is also typically seen on two occasions for subsequent hospital care. We recommend one 99291 critical care visit, two 99232 subsequent hospital care visits, and a 99239 hospital discharge service.

Survey respondents identified a median of two 99214 follow-up office visits during the global period. The panel agreed this made sense for these sick patients to manage medications, care for the wound site, manage their underlying heart failure, and check for recurrent or severe MR and arrhythmias, paravalvular complications, and vascular complications. We recommend two 99214s in the global period.

The key reference service is 33501, single vein CABG. The key re0ference was selected by 37% of respondents. An additional 33% of respondents selected 33881 for endovascular repair of an aortic aneurysm. Respondents who selected the key reference service indicated they felt 33418 would be more intense/complex than the key reference service.

In line with our survey, we recommend the survey median work RVU of 32.25 with 63 minutes of preservice time from package 4, 180 minutes intraservice time, and 33 minutes postservice time from package 9B, one hospital discharge (99239), one critical care visit (99291), two subsequent hospital visits (99232), and two level-4 office visits (99214). We believe this code fits well between MPC comparators 33533 and 55866 as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0343T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that less than 5,000 cases will be performed annually, with approximately 90% of cases representing Medicare. This anticipated volume accounts for assumptions regarding the limited number of elite heart valve centers that will perform these complex procedures.

Specialty cardiology Frequency 4500 Percentage 90.00 %

Specialty cardiothoracic surgery Frequency 500 Percentage 10.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that less than 5,000 cases will be performed annually, with approximately 90% of cases representing Medicare. This anticipated volume accounts for assumptions regarding the limited number of elite heart valve centers that will perform these complex procedures.

Specialty cardiology Frequency 4050 Percentage 90.00 %

Specialty cardiothoracic surgery Frequency 450 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92987

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33419 Tracking Number AA2 Original Specialty Recommended RVU: **7.93**

Presented Recommended RVU: **7.93**
Global Period: ZZZ RUC Recommended RVU: **7.93**

CPT Descriptor: Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A transcatheter mitral valve repair has been performed. Evaluation of mitral regurgitation indicates there was some reduction from 4+ (severe) to 3+ (moderate to severe) and there is still a significant regurgitant jet present even with one prosthesis now securely in place on the leaflets. The interventional cardiologist and the echocardiographer determine that an additional device is needed in order to decrease the mitral regurgitation further.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 43%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 7%

Description of Pre-Service Work:

Description of Intra-Service Work: Hemodynamic parameters and echocardiographic interrogation are used to ensure that the first device placement has not narrowed the valve area enough to cause functional mitral stenosis.
A second device is prepared on the back table. The mitral valve repair device and delivery system are advanced over the wire to the left atrium. Extreme care is required to prevent disruption of the interatrial septum and to avoid air embolus to the left heart. The prosthesis is then positioned above the mitral valve using echocardiographic and angiographic guidance. Multiple echocardiographic and angiographic views are utilized in a complex series of maneuvers to position the prosthesis at the proper position above the mitral valve, with careful avoidance of other structures. The device is then deployed, grasping and coapting the anterior and mitral leaflets at that site, reducing mitral regurgitation. Multiple grasps are often required. Echocardiographic and angiographic imaging is then used to ensure proper device positioning and leaflet insertion into the device, and adequate reduction in the mitral regurgitation. If the evaluation is favorable the device is released in a series of steps. After final release the patient is again evaluated by angiographic, hemodynamic and echocardiographic criteria for suitability of the mitral valve repair and to ensure no complications. If there is no need for an additional device, the delivery system is withdrawn and removed from the body.

The patient's arterial pressure, EKG waveforms, and oxygen saturation are constantly monitored throughout the procedure. Right heart catheterization is typically repeated to assess intracardiac hemodynamics, including cardiac output, pulmonary

arterial pressure and pulmonary capillary wedge pressure. Images are reviewed to ensure no additional views are required before leaving the procedure suite.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Cliff Kavinsky MD		
Specialty(s):	ACC, SCAI		
CPT Code:	33419		
Sample Size:	141	**Resp N:** 30	**Response:** 21.2 %
Description of Sample:	Targted list of trained individuals from industry; reviewed by Research Subcommittee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.50**	6.00	20.00
Survey RVW:	4.00	7.93	**9.82**	12.00	36.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	60.00	60.00	**120.00**	202.50	360.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	33419	**Recommended Physician Work RVU: 7.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33257	ZZZ	9.63	**RUC Time**

CPT Descriptor Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33419**	**Key Reference CPT Code:** 33257	**Source of Time** RUC Time

Median Pre-Service Time	0.00	15.00
Median Intra-Service Time	90.00	30.00
Median Immediate Post-service Time	0.00	15.00
Median Critical Care Time	0.0	45.00
Median Other Hospital Visit Time	0.0	34.00
Median Discharge Day Management Time	0.0	19.00
Median Office Visit Time	0.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**90.00**	**181.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.60	4.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.60	4.30
Urgency of medical decision making	4.40	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.90	4.60
Physical effort required	4.70	4.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.40	4.10
Outcome depends on the skill and judgment of physician	4.80	4.40
Estimated risk of malpractice suit with poor outcome	4.00	3.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.30	4.20
Intra-Service intensity/complexity	4.60	4.40
Post-Service intensity/complexity	4.00	3.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

33419 is a new code to describe the work of repairing a diseased mitral valve through deployment of an additional prosthesis via a catheter. The service was surveyed by a targeted pool of providers that have completed training to provide the service by the manufacturer. A joint RVS panel of ACC and SCAI members reviewed the survey data.

The key reference service is 33257, a limited maze procedure during another cardiac surgery. 33% of respondents selected the key reference service. Another 30 % of respondents selected 33225 for insertion of a pacemaker electrode for LV pacing. Respondents felt 33257 would be less intense/complex in every measure.

The median survey intraservice time of 120 minutes appears too long to the panel. Recommending that time would mean that an operator who deploys a second prosthesis would be in the operating room for 5 hours. However, the 25th-percentile intraservice time of 60 minutes does not align with our experience either. Therefore, based on expert panel recommendation, we recommend the survey 25th-percentile RVU of 7.93 with an intraservice time of 90 minutes for this ZZZ service. We believe these recommendations are supported by additional comparators 33518 and 22634 as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0344T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that less than 5,000 cases will be performed annually, with approximately 90% of cases representing Medicare. This anticipated volume accounts for assumptions regarding the limited number of elite heart valve centers that will perform these complex procedures. Studies show 29-40% of these cases involve the placement of multiple prostheses

Specialty cardiology Frequency 1800 Percentage 90.00 %

Specialty cardiothoracic surgery Frequency 200 Percentage 10.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that less than 5,000 cases will be performed annually, with approximately 90% of cases representing Medicare. This anticipated volume accounts for assumptions regarding the limited number of elite heart valve centers that will perform these complex procedures. Studies show 29-40% of these cases involve the placement of multiple prostheses.

Specialty cardiology Frequency 1620 Percentage 90.00 %

Specialty cardiothoracic surgery Frequency 180 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92987

SS Rec Summary

ISSUE: Transcatheter Mitral Valve Repair

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11
REF	33510	Coronary artery bypass, vein only; single coronary venous graft	11	0.097			34.98			718	60	15	20			154			40	1		3	2	1	1.0							1		1	
REF	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	10	0.095			29.58			554	75	20	20			200			40			1	1	1	1.0								2			
CURRENT	0343T	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis		#DIV/0!						0																								
SVY	33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	30	0.091	21.00	27.63	32.25	35.00	50.00	645	90	25	20	90	143	180	180	240	45	1			2		1						2			
REC	33418			0.101			32.25			561	40	3	20			180			33	1			2		1					2			
COMP	33533	Coronary artery bypass, using arterial graft(s); single arterial graft		0.096			33.75			682	60	15	20			158			40	1		3	1	1	1.0						1		1	
COMP	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed		0.107			32.06			515	33	20	15			210			33				1		1.0						2	2		
											4								9B															

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11
REF	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	10	0.108			9.63			180	15					30			15	0.6		0.6			0.5								1		
REF	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	10	0.069			8.33			120						120																		
CURRENT	0344T	; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)		#DIV/0!						0																								
SVY	33419	; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	30	0.082	4.00	7.93	9.82	12.00	36.25	120				60	60	120	203	360																
REC	33419			0.088			7.93			90						90																		
COMP	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)		0.099			7.93			113						50				0.4		0.7												
COMP	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to		0.117			8.16			70						70																		

CPT Code: 33418
Specialty Society('s) ACC, SCAI

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
33418: Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis

Global Period: 090 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology and electrophysiology discussed the practice expense requirements for the various codes and determined that the standard 90-day global inputs for a difficult patient/straightforward procedure under anesthesia would apply.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: We made comparison to the code 37215 that describes a carotid stent. It was and includes comparable supplies, equipment, and staffing.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The standard times have been applied for pre-service clinical labor time.

Intra-Service Clinical Labor Activities:

The standard 12 minutes has been applied for this inpatient procedure for one discharge day management related services.

Post-Service Clinical Labor Activities:

Standard times to ready patient/records and assist the physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**37215**		**33418**	
3	**Meeting Date: April 2014 Tab: 10 Specialty: ACC, SCAI**	**CMS Code**	**Staff Type**	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with		Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**090**		**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**138.0**	**0.0**	**181.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**6.0**	**0.0**	**15.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**72.0**	**0.0**	**106.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN.MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN.MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN.MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN.MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN.MTA		**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN.MTA	**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**15**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes	L037D	36		**2**		
53	99214 53 minutes	L037D	53				**2**
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**106.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	**EQUIPMENT**	**CODE**					
61	table, exam	EF023	minutes		**72**		**106**
62							
63							

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**37215**		**33418**	
3	**Meeting Date: April 2014 Tab: 10 Specialty: ACC, SCAI**	**CMS Code**	**Staff Type**	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with		Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**090**		**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**138.0**	**0.0**	**178.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**6.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**72.0**	**0.0**	**106.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN.MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN.MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN.MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN.MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN.MTA		**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN.MTA	**n/a**		**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes	L037D	36		**2**		
53	99214 53 minutes	L037D	53				**2**
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**106.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	**EQUIPMENT**	**CODE**					
61	table, exam	EF023	minutes		**72**		**106**
62							
63							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2014

April 2014

ECMO-ECLS

In the Proposed Rule for the 2014 Medicare Physician Payment Schedule, CMS identified codes 33960 and 33961 as potentially misvalued codes. The codes were listed in TABLE 11: Codes Identified in Consultation with Contractor Medical Directors (CMDs) as Potentially Misvalued of the proposed rule. The comments stated that the services were originally valued when they were used primarily in premature neonates; but the services are now being furnished to adults with severe influenza, pneumonia and respiratory distress syndrome. In response, the involved specialty societies reviewed the family of codes and issued a code change proposal (CCP) to the CPT Editorial Panel in February 2014, to create an entirely new family of codes to facilitate proper determination of physician work and allow appropriate payment for multiple providers who are involved in the treatment of these complex patients.

33946 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-venous***
The RUC reviewed the survey results from 182 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 40 minutes, intra-service time of 73 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 6.00 accurately values CPT code 33946. To justify this value, the RUC compared the surveyed code to CPT code 99477 *Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services* (work RVU= 7.00) and agreed that since the reference code has slightly more intra-service, 77.5 minutes compared to 73 minutes, it should be valued higher than 33946. The RUC also reviewed CPT code 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU= 4.50, intra-service time= 40 minutes) and agreed that while the surveyed code is a slightly less intense procedure, it has considerably more total time and is accurately valued higher than 99291. **The RUC recommends a work RVU of 6.00 for CPT code 33946.**

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33947 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-arterial***
The RUC reviewed the survey results from 187 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 40 minutes, intra-service time of 75 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 6.63 accurately values CPT code 33947. To justify this value, the RUC compared the surveyed code to CPT code 99477 *Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services* (work RVU= 7.00) and agreed that since the reference code has slightly more intra-service, 77.5 minutes compared to 73 minutes, it should be valued higher than 33946. The RUC also compared this veno-arterial initiation to the veno-venous initiation service (33946) and agreed that these services have comparable physician work, but since 33947 has two additional minutes of intra-service time, it is correctly valued slightly higher than 33946. **The RUC recommends a work RVU of 6.63 for CPT code 33947.**

33948 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; daily management, each day, veno-venous***
The RUC reviewed the survey results from 176 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 20 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 4.73 accurately values CPT code 33948. To justify this value, the RUC compared the surveyed code to MPC code 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU= 4.50) and agreed that while both services have identical intra-service time, 33948 has additional pre-service and post-service time and should thus be valued slightly higher than this reference code. The RUC also reveiwed MPC code 99285 *Emergency department visit for the evaluation and management of a patient* (work RVU= 3.80) and again agreed that since 33948 has more total time it is appropriately valued higher than this reference code. **The RUC recommends a work RVU of 4.73 for CPT code 33948.**

33949 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; daily management, each day veno-arterial***
The RUC reviewed the survey results from 179 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 20 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes.

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The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 4.60 accurately values CPT code 33949. To justify this value, the RUC compared the surveyed code to MPC code 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU= 4.50) and agreed that while both services have identical intra-service time, 33949 has additional pre-service and post-service time and should thus be valued slightly higher than this reference code. The RUC also compared this veno-arterial daily management service to the veno-venous daily management service and note that both services have idetnical physician time components and are accurately valued analogous to each other. **The RUC recommends a work RVU of 4.60 for CPT code 33949.**

33951 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 62 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 98% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 8.15 accurately values CPT code 33951. To justify this value, the RUC compared the surveyed code to MPC code 33990 *Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only* (work RVU= 8.15) and agreed that both these service have identical intra-service time, 60 minutes, and comparable physician work. Therefore, both 33951 and 33990 should be valued identically. The RUC also reviewed CPT code 37220 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty* (work RVU= 8.15) and agreed that since this reference code and the surveyed code have identical intra-service time and comparable physician work, 33951 is accurately valued the same as this reference code. **The RUC recommends a work RVU of 8.15 for CPT code 33951.**

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33952 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 107 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 98% of the survey respondents indicated that the patient stayed overnight in the hospital and 99% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 8.43 accurately values CPT code 33952. To justify this value, the RUC compared the surveyed code to MPC code 33990 *Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only* (work RVU= 8.15) and agreed that while both services have identical intra-service time, 60 minutes, 33952 is a more intense procedure and is accurately valued slightly higher. The RUC also reviewed CPT code 52346 *Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 8.58) and noted that both services have similar physician time components, 140 minutes compared to 138 minutes, and should be valued similarly. **The RUC recommends a work RVU of 8.43 for CPT code 33952.**

33953 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age***
The RUC reviewed the survey results from 49 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 100% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99232 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the open approach compared to the percutaneous approach and justifies a higher level hospital level visit.

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The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.83 accurately values CPT code 33953. To justify this value, the RUC compared the surveyed code to the key reference code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* (work RVU= 6.74, 45 minutes intra-service time) and noted that while the reference code has 15 minutes less intra-service time, both services have comparable intensity and complexity. Therefore, given the time differences, the recommended value for 33953 appropriately values the procedure greater than 34812. The RUC also reviewed CPT code 59072 *Fetal umbilical cord occlusion, including ultrasound guidance* (work RVU= 8.99) and agreed that since the surveyed code has more total time than the reference code, 190 minutes compared to 175 minutes, 33953 is accurately valued higher. **The RUC recommends a work RVU of 9.83 for CPT code 33953.**

33954 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older***

The RUC reviewed the survey results from 79 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 99% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99232 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the open approach compared to the percutaneous approach and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.43 accurately values CPT code 33954. To justify this value, the RUC compared the surveyed code to the key reference code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* (work RVU= 6.74, 45 minutes intra-service time) and noted that while the reference code has 15 minutes less intra-service time, both services have comparable intensity and complexity. Therefore, given the time differences, the recommended value for 3399XX8 appropriately values the procedure greater than 34812. The RUC also reviewed the surveyed code in comparison to the child open peripheral cannula code (33953) and agreed that since 33953 has greater total time, it should be valued slightly higher than 33954. **The RUC recommends a work RVU of 9.43 for CPT code 33954.**

33955 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age***

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The RUC reviewed the survey results from 47 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also agreed with the specialty societies that the survey respondents' underestimated the intra-service time with a median time of 70 minutes. The 75th percentile time of 90 minutes is a better representation of the actual time it takes to perform this service and is consistent with all major cardiac procedures where sternotomy is typically employed and equal to the median time for 33956 and the other central access ECMO codes in this family of services.

The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 91% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99291 critical care visit, which represents the survey median visit, was included in this 000 global day service. This service is necessary because the physician must evaluate the patient for bleeding, cannula position and function. The initial postoperative course following central cannulation is similar to postoperative cardiac surgery, as the great vessels are operated upon and occult bleeding and cardiac tamponade are possible complications. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the insertion of central cannula services and warrants this level of critical care visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 16.00 accurately values CPT code 33955. To justify this value, the RUC compared the surveyed code to the CPT code 37244 *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation* (work RVU= 14.00) and noted that while both codes have identical intra-service time, 90 minutes, 33955 has more total time and is accurately valued greater than the reference code. The RUC also reviewed the key reference service 35820 *Exploration for postoperative hemorrhage, thrombosis or infection; chest* (work RVU= 18.57, with removal of post-op visits to value as a 000-day global) and noted that since the reference code has more total time than the surveyed code, 291 minutes compared to 250 minutes, 35820 is accurately valued higher than 33955. **The RUC recommends a work RVU of 16.00 for CPT code 33955.**

33956 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older***

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The RUC reviewed the survey results from 76 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 86% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99291 critical care visit, which represents the survey median visit, was included in this 000 global day service. This service is necessary because the physician must evaluate the patient for bleeding, cannula position and function. The initial postoperative course following central cannulation is similar to postoperative cardiac surgery, as the great vessels are operated upon and occult bleeding and cardiac tamponade are possible complications. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the insertion of central cannula services and warrants this level of critical care visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 16.00 accurately values CPT code 33956. To justify this value, the RUC compared the surveyed code to MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU= 16.46, with removal of post-op visits to value as a 000-day global; 103 minutes intra-service time) and noted that the reference code has 13 additional minutes of intra-service time and thus warrants a slightly higher work value. The RUC also compared this service to the identical child insertion of central cannula code (33955) and noted that both services have identical physician time components and should thus be valued identically. **The RUC recommends a work RVU of 16.00 for CPT code 33956.**

33957 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician: reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 59 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 81% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

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The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's median work RVU of 4.00 accurately values CPT code 33957. The RUC noted that the survey's 25th percentile work value (3.51) would place this service too low compared to the key reference service 33993 *Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU= 3.51). While both these services have identical intra-service time, 30 minutes, the key reference code is an XXX global code and does not have post-operative visits. If the identical post-operative visit is added to the reference code (99231, work RVU= 0.79), the reference code's resultant work value would be 4.27. Therefore, the recommended median work RVU of 4.00 more accurately values 33957 in relation to this reference service. In addition, the RUC reviewed MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05) and noted that since both codes have identical intra-service time, they should both be valued nearly identically. **The RUC recommends a work RVU of 4.00 for CPT code 33957.**

33958 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 103 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 79% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's median work RVU of 4.00 accurately values CPT code 33958. The RUC noted that the survey's 25th percentile work value (3.51) would place this service too low compared to the key reference service 33993 *Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU= 3.51). While both these services have identical intra-service time, 30 minutes, the key reference code is an XXX global code and does not have post-operative visits. If the identical post-operative visit is added to the reference code (99231, work RVU= 0.79), the reference code's resultant work value would be 4.27. Therefore, the recommended median work RVU of 4.00 more accurately values 33958 in relation to this reference service. In addition, the RUC compared this adult percutaneous reposition code to the identical child reposition code and agreed that while 33957 has more pre-service time, 33958 is a slightly more intense procedure and warrants an almost identical value. **The RUC recommends a work RVU of 4.05 for CPT code 33958.**

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33959 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 52 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 81% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 4.69 accurately values CPT code 33959. To justify this value, the RUC compared the surveyed code to the key reference service 33993 *Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU= 3.51) and noted that both services have identical intra-service time, 30 minutes, and comparable physician work. However, since 33959 has more total time, the recommended value of 4.69 work RVUs accurately values 33959 in relation to this reference code. In addition, the RUC compared the surveyed code to CPT code 47490 *Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation* (work RVU= 4.76) and agreed that since both codes have similar total times, both should be valued similarly as well. **The RUC recommends a work RVU of 4.69 for CPT code 33959.**

33962 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 52 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 4.73 accurately values CPT code 33962. To justify this value, the RUC compared the surveyed code to the key reference

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service 33993 *Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU= 3.51) and noted that both services have identical intra-service time, 30 minutes, and comparable physician work. However, since 33962 has more total time, the recommended value of 4.73 work RVUs accurately values 33962 in relation to this reference code. In addition, the RUC reviewed MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44, 45 minutes intra-service time) and noted that while the reference code has less total time compared to the surveyed code, 52235 has 15 additional minutes of intra-service time and is accurately valued higher than 33962. Finally, the RUC compared this adult open reposition code to the identical child reposition code and agreed that while 33959 has more pre-service time, 33962 is a slightly more intense procedure and warrants an almost identical value. **The RUC recommends a work RVU of 4.73 for CPT code 33962.**

33963 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 46 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 48 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 93% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99233 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the central cannula approach compared to the percutaneous or open approaches and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.00 accurately values CPT code 33963. To justify this value, the RUC compared the surveyed code to MPC code 22520 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic* (work RVU= 8.25, with removal of post-op visits to value as a 000-day global) and noted that while both codes have nearly identical intra-service time, 33963 has greater total time and is accurately valued slightly higher than the reference code. In addition, the RUC compared 33963 to CPT code 52400 *Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds* (work RVU= 8.69, 40 minutes intra-service time, 197.5 total time) and agreed that while the reference code has more total time, the surveyed code has 8 additional minutes of intra-service time and should thus be valued slightly higher. **The RUC recommends a work RVU of 9.00 for CPT code 33963.**

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33964 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)***
The RUC reviewed the survey results from 73 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 60 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99233 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the central cannula approach compared to the percutaneous or open approaches and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.50 accurately values CPT code 33964. To justify this value, the RUC compared the surveyed code to CPT code 37220 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty* (work RVU= 8.15) and noted that while both procedures have identical intra-service time, 60 minutes, 33964 has more total time and thus is appropriately valued greater. The RUC also compared 33964 to the analogous child central reposition code (33963) and agreed that it should be valued slightly higher due to having 12 additional minutes of intra-service time. **The RUC recommends a work RVU of 9.50 for CPT code 33964.**

33965 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age***
The RUC reviewed the survey results from 59 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 81% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician

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must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 3.51 accurately values CPT code 33965. To justify this value, the RUC compared the surveyed code to MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50) and noted that both services have identical intra-service time, 30 minutes, and should be valued similarly. In addition, the RUC reviewed CPT code 33993 *Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU= 3.51) and again noted that this reference code has identical intra time compared to 33965 and agreed that the same value should be applied to both services. **The RUC recommends a work RVU of 3.51 for CPT code 33965.**

33966 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older***
The RUC reviewed the survey results from 103 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes. The RUC noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 77% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99231 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, evaluation of distal limb perfusion including possible compartment syndrome and communication of results and further care plans to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 4.50 accurately values CPT code 33966. To justify this value, the RUC compared the surveyed code to MPC code 15004 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children* (work RVU= 4.58) and noted that both services have identical intra-service time, 45 minutes, and comparable total time and should thus be valued similarly. In addition, the RUC compared 33966 to the analogous child percutaneous removal code (33965) and agreed that since the adult code has 15 additional minutes of intra-service time, it accurately valued higher than the child code. **The RUC recommends a work RVU of 4.50 for CPT code 33966.**

33969 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age***

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The RUC reviewed the survey results from 50 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 43 minutes and immediate post-service time of 20 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to properly align the patient as the anterior neck approach is used for this procedure. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 94% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99232 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the open approach compared to the percutaneous approach and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 6.00 accurately values CPT code 33969. To justify this value, the RUC compared the surveyed code to the key reference service 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* (work RVU= 6.74) and noted that both services have nearly identical intra-service time and comparable total time, 163 minutes compared to 150 minutes. Therefore, the RUC agreed that both codes should be valued similarly. The RUC also reviewed MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU= 6.75) and again agreed that since both codes have identical intra-service time, they should be valued analogously. **The RUC recommends a work RVU of 6.00 for CPT code 33969.**

33984 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older***

The RUC reviewed the survey results from 76 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 48 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 84% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99232 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the open approach compared to the percutaneous approach and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 6.38 accurately values CPT code 33984. To justify this value, the RUC compared the surveyed code to the key reference service 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* (work RVU= 6.74) and noted

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that both services have nearly identical intra-service time and comparable total time, 153 minutes compared to 150 minutes. Therefore, the RUC agreed that both codes should be valued similarly. The RUC also compared 33984 to the analogous child open removal service (33969) and noted that while both these services are highly similar, 33984 has 2 additional minutes of intra-service time and warrants a slightly higher value. **The RUC recommends a work RVU of 6.38 for CPT code 33984.**

33985 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age***

The RUC reviewed the survey results from 46 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 55 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approvalfrom the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 96% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99233 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the central cannula approach compared to the percutaneous or open approaches and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.89 accurately values CPT code 33985. To justify this value, the RUC compared the surveyed code to CPT code 58260 *Vaginal hysterectomy, for uterus 250 g or less* (work RVU= 9.64, with removal of post-op visits to value as a 000-day global) and noted that since both services have nearly identical intra-service time, 60 minutes compared to 55 minutes, their physician work should also be valued similarly. The RUC also reviewed CPT code 52346 *Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 8.58, 60 minutes pre-, 60 minutes intra-, 20 minutes immediate post-service) and noted that both services have similar physician time components and should be valued similarly. **The RUC recommends a work RVU of 9.89 for CPT code 33985.**

33986 ***Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older***

The RUC reviewed the survey results from 71 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The

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RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99233 hospital visit was included in this 000 global day service. This service is necessary because the physician must evaluate the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family. The RUC agreed that the post-operative work is more intense for the central cannula approach compared to the percutaneous or open approaches and justifies a higher level hospital level visit.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 10.00 accurately values CPT code 33986. To justify this value, the RUC compared the surveyed code to CPT code 58260 *Vaginal hysterectomy, for uterus 250 g or less* (work RVU= 9.64, with removal of post-op visits to value as a 000-day global) and noted that since both services have nearly intra-service time, 60 minutes, their physician work should also be valued similarly. The RUC also compared 33986 to the analogous child central removal code (33985) and noted that the adult code has 5 additional minutes of intra-service time and warrants a slightly higher value. **The RUC recommends a work RVU of 10.00 for CPT code 33986.**

33987 ***Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 115 physicians and agreed with the specialty societies that 45 minutes of intra-service time is appropriate for this add-on service. The RUC reviewed the survey respondents' estimated physician work values and agreed that the estimates were overvalued, with a 25th percentile work RVU of 9.75. To properly value this service, the RUC reviewed CPT code 35685 *Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)* (work RVU= 4.04) and noted that both codes are vascular surgery procedures, with identical intra-service time, 45 minutes. Therefore, the RUC directly crosswalked the physician work for 35685 to CPT code 33987. To justify a work RVU of 4.04, the RUC also reviewed CPT code 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)* (work RVU= 4.88, 45 minutes intra-service time) and agreed that with identical intra-service time, these codes should be valued similarly. **The RUC recommends a work RVU of 4.04 for CPT code 33987.**

33988 ***Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS***
The RUC reviewed the survey results from 45 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for

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central access for surgery on the heart and great vessels. The RUC also agreed with the specialty societies that the survey respondents' underestimated the intra time with a median time of 60 minutes. The 75th percentile time of 90 minutes is a better representation of the actual time it takes to perform this service and is consistent other recently valued thoracic surgery codes: 32100 *Thoracotomy; with exploration* and 32505 *Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial*. In addition, this would provide an appropriate time differential from 33989, removal of the same vent surveyed at 60 minutes of intraservice time (median) and should take less time as this involves reopening a recent incision, removing the vent and securing hemostasis.

The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 100% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99291 critical care visit, which represents the survey median visit, was included in this 000 global day service. This service is necessary because the physician must evaluate the cannulation site for bleeding, cannula position and function. The initial postoperative course is similar to postoperative cardiac surgery. Because the heart is operated upon occult bleeding and cardiac tamponade are possible complications that must but evaluated by the operating surgeon. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 15.00 accurately values CPT code 33988. To justify this value, the RUC compared the surveyed code to MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU= 16.46, with removal of post-op visits to value as a 000-day global) and noted that the reference code has slightly more intra-service time, 103 minutes compared to 90 minutes, and thus warrants a higher value. In addition, the RUC reviewed code 37244 *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation* (work RVU= 14.00) and noted that while both codes have identical intra-service time, 90 minutes, the surveyed code is a more complex service, with more total time. **The RUC recommends a work RVU of 15.00 for CPT code 33988.**

33989 *Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS*
The RUC reviewed the survey results from 45 physicians and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 60 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 additional minutes of pre-service positioning time over the standard pre-time package is necessary to position the patient for central access for surgery on the heart and great vessels. The RUC also noted that the specialty societies received approval from the Research Subcommittee to survey for a post-operative visit for this 000-day global service. The results showed that 100% of the survey respondents indicated that the patient stayed overnight in the hospital and 80% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. Therefore, a 99233 hospital visit was included in this 000 global day service. This service is necessary as the typical visit

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involves examination of incision used to place ventricular vent, evaluation of the patient's hemodynamic status and particular attention to bleeding and the possibility of cardiac tamponade. The results are communicated with other health professionals and the family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey's 25th percentile work RVU of 9.50 accurately values CPT code 33989. To justify this value, the RUC compared the surveyed code to 37220 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty* (work RVU= 8.15) and noted that while both procedures have identical intra-service time, 60 minutes, 33989 has more total time and thus is appropriately valued higher. The RUC also compared this service to the adult central reposition code (33964) and noted that both services have identical physician time components and comparable physician work. Therefore, the RUC agreed that both codes should be valued identically. **The RUC recommends a work RVU of 9.50 for CPT code 33989.**

Practice Expense
The RUC approved the standard 090-day global practice expense (PE) inputs for the appropriate services in the family. CPT codes 33946-4, 33965, 33966 and 33987 do not have direct PE inputs. The RUC approved the direct PE inputs as accepted by the Practice Expense Subcommittee.

CPT Parentheticals
The RUC recommends that exclusionary instructions be added to the CPT code set directing users: (1) not to report daily management on the same day of initiation; and (2) not to report initiation in association with repositioning on the same day. The rationale for these instructions is to clarify these codes should not be reported together on the same day by anyone on the healthcare "team". A statement will be added to the introductory guidelines and exclusionary parenthetical notes be added to the appropriate codes.

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

New Technology
This family of services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Surgery
Respiratory System
Lungs and Pleura
Incision

32100 *Thoracotomy; with exploration*

(Do not report 32100 in conjunction with 19260, 19271, 19272, 32503, 32504, 33957-33964)

Category I
Surgery
Cardiovascular System
Heart and Pericardium
Heart (including Valves) and Great Vessels

Patients receiving major cardiac procedures may require simultaneous cardiopulmonary bypass insertion of cannula(e) into the venous and arterial vasculatures with support of circulation and oxygenation by a heart-lung machine. Most services are described by codes in dyad arrangements to allow distinct reporting of procedures with or without cardiopulmonary bypass. Cardiopulmonary bypass is distinct from support of cardiac output using devices (eg, ventricular assist or intra-aortic balloon). For cardiac assist services, see ~~33960~~33946 - 33949, 33967 - 33983, 33990, 33991, 33992, 33993.

33300 *Repair of cardiac wound; without bypass*

Category I
Surgery
Cardiovascular system
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS) Services

Prolonged extracorporeal membrane oxygenation (ECMO) or extracorporeal life support (ECLS) is a procedure that provides cardiac and/or respiratory support to the heart and/or lungs that allows them to rest and recover when sick or injured. ECMO/ECLS supports the function of the heart and/or lungs by continuously pumping some of the patient's blood out of the body to an oxygenator (membrane lung) where oxygen is added to the blood, carbon dioxide is removed, and the blood is warmed before it is returned to the patient. There are two methods

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

that can be used to accomplish ECMO/ECLS. One method is veno-arterial extracorporeal life support, which will support both the heart and the lungs. Veno-arterial ECMO/ECLS requires that two cannula(e) are placed - one in a large vein and one in a large artery. The other method is veno-venous extracorporeal life support. Veno-venous ECMO/ECLS is used for lung support only and requires one or two cannula(e), which are placed in a vein.

Services directly related to the cannulation, initiation, management, and discontinuation of the ECMO/ECLS circuit and parameters (33946, 33947, 33948, 33949) are distinct from the daily management of the patient. The daily management of the patient is a factor that will vary greatly depending on the patient's age, disease process, and condition. Daily management of the patient may be separately reported using the relevant hospital observation services, hospital inpatient services, or critical care evaluation and management codes (99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99292, 99468, 99469, 99471, 99475, 99476, 99477, 99478, 99479, 99480).

Services directly related to the ECMO/ECLS involve the initial cannulation and repositioning, removing, or adding cannula(e) while the patient is being supported by the ECMO/ECLS. Initiation of the ECMO/ECLS circuit and setting parameters (33946, 33947) is performed by the physician and involves determining the necessary ECMO/ECLS device components, blood flow, gas exchange, and other necessary parameters to manage the circuit. The daily management of the ECMO/ECLS circuit and monitoring parameters (33948, 33949) requires ~~intense~~ physician oversight to ensure that specific features of the interaction of the circuit with the patient are met. Daily management of the circuit and parameters includes management of blood flow, oxygenation, CO2 clearance by the membrane lung, systemic response, anticoagulation and treatment of bleeding, and cannula(e) positioning, alarms and safety. Once the patient's heart and/or lung function has sufficiently recovered, the physician will wean the patient from the ECMO/ECLS circuit and finally decannulate the patient. The basic management of the ECMO/ECLS circuit and parameters are similar regardless of the patient's condition.

ECMO/ECLS is a complex process and commonly involves multiple physicians and supporting non-physician personnel to manage each patient. Different physicians may insert the cannula(e) and initiate ECMO/ECLS, manage the ECMO/ECLS circuit, and decannulate the patient. In addition, it would be common for one physician to manage the ECMO/ECLS circuit and related patient issues (eg, anticoagulation, complications related to the ECMO/ECLS devices), while another physician manages the overall patient medical condition and underlying disorders, all on a daily basis. The physicians involved in the patient's care are commonly of different specialties, and significant physician team interaction ~~is~~ may be required. Depending on the type of circuit and the patient's condition, there is substantial non-physician work by ECMO/ECLS specialists, cardiac perfusionists, respiratory therapists and specially trained nurses who provide long periods of constant attention.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
If the same physician provides any or all of the services for placing a patient on an ECMO/ECLS circuit, they may report the appropriate codes for the services they performed, which may include codes for the cannula(e) insertion (33951, 33952, 33953, 33954, 33955, 33956), ECMO/ECLS initiation (33946 or 33947), daily ECMO/ECLS management (33948 or 33949) and patient management (99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99292, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480). If different physicians provide parts of the service, each physician may report the correct code(s) for the service(s) they provide. Repositioning of the ECMO/ECLS cannula(e) (33957, 33958, 33959, 33962, 33963, 33964) at the same session as insertion (33951, 33952, 33953, 33954, 33955, 33956) is not separately reportable. Replacement of ECMO/ECLS cannula(e) in the same vessel should be reported using the insertion code (33951, 33952, 33953, 33954, 33955, 33956) only. If cannula(e) are removed from one vessel and new cannula(e) are placed in a different vessel, report the appropriate cannula(e) removal (33965, 33966, 33969, 33984, 33985, 33986) and insertion (33951, 33952, 33953, 33954, 33955, 33956) codes. Extensive repair or replacement of an artery may be additionally reported (eg, 35266, 35286, 35371 and 35665). Fluoroscopic guidance used for cannula(e) repositioning (33957, 33958, 33959, 33962, 33963, 33964) is included in the procedure when performed and should not be separately reported. Daily management codes (33948 and 33949) should not be reported on the same day as initiation of ECMO (33946 or 33947). Initiation codes (33946 or 33947) should not be reported [or billed--whichever language CPT uses] in conjunction/association with [or on the same day as] repositioning (33957-64)				
~~33960~~		~~Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day~~ (33960 has been deleted. To report, see 33946, 33947, 33948, 33949)	000	N/A
~~33961~~		~~each subsequent day~~ ~~(Do not report modifier 63 in conjunction with 33960, 33961)~~ ~~(For insertion of cannula for prolonged extracorporeal circulation, use 36822)~~	XXX	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(33961 has been deleted. To report, see 33948, 33949)		
●33946	BB1	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-venous (Do not report modifier 63 in conjunction with 33946- 33949) (For insertion of cannula(e) for extracorporeal circulation, see 33951 – 33956)	XXX	6.00
●33947	BB2	initiation, veno-arterial (Do not report modifier 63 in conjunction with 33946- 33949) (Do not report 33946, 33947 in conjunction/association with 33957 – 33964) (Do not report 33946, 33947 on the same day as 33948, 33949)	XXX	6.63
●33948	BB3	daily management, each day, veno-venous (Do not report modifier 63 in conjunction with 33946- 33949)	XXX	4.73
●33949	BB4	daily management, each day veno-arterial (Do not report modifier 63 in conjunction with 33946- 33949) (Do not report 33948, 33949 on the same day as 33946, 33947)	XXX	4.60
●33951	BB5	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	000	8.15

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For initiation and daily management of extracorporeal circulation, see 33946 - 33949)		
●33952	BB6	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed) (For maintenance of extracorporeal circulation, see 33946 - 33949)	000	8.43
●33953	BB7	insertion of peripheral (arterial and/or venous) cannula(e), open birth through 5 years of age (For maintenance of extracorporeal circulation, see 33946 - 33949)	000	9.83
●33954	BB8	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older (For maintenance of extracorporeal circulation, see 33946 - 33949) (Do not report 33953, 33954 in conjunction with 34812, 34820, 34834)	000	9.43
●33955	BB9	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (For maintenance of extracorporeal circulation, see 33946 - 33949)	000	16.00
●33956	BB10	insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older (For maintenance of extracorporeal circulation, see 33946 - 33949)	000	16.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(Do not report 33955, 33956 in conjunction with 32100, 39010)		
●33957	BB11	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	000	4.00
●33958	BB12	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed) (Do not report 33957, 33958 in conjunction with 34812, 34820, 34834)	000	4.05
●33959	BB13	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)	000	4.69
●33962	BB14	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed) (Do not report 339463, 339464 in conjunction with 34812, 34820, 34834)	000	4.73
●33963	BB15	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	000	9.00
●33964	BB16	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when	000	9.50

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		performed) (Do not report 33963, 33964 in conjunction with 32100, 39010) (Do not report 33957 - 33964 in conjunction/association with 33946, 33947)		
●33965	BB17	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	000	3.51
●33966	BB18	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	000	4.50
●33969	BB19	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (Do not report 33969 in conjunction with 34812, 34820, 34834, 35201, 35206, 35211, 35226)	000	6.00
●33984	BB20	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older (Do not report 33984 in conjunction with 34812, 34820, 34834, 35201, 35206, 35211, 35226)	000	6.38
●33985	BB21	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (Do not report 33985 in conjunction with 35211)	000	9.89

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33986	BB22	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older (Do not report 33986 in conjunction with 35211)	000	10.00
●✚33987	BB23	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure) (Use 33987 in conjunction with 33953-33956) (Do not report 33987 in conjunction with 34833)	ZZZ	4.08
●33988	BB24	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	000	15.00
●33989	BB25	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	000	9.50

Category I
Surgery
Cardiovascular system
Cardiac Assist

The insertion of a ventricular assist device (VAD) can be performed via percutaneous (33990, 33991) or transthoracic (33975, 33976, 33979) approach. The location of the ventricular assist device may be intracorporeal or extracorporeal.

~~For surgical insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO), use 36822.~~

Open arterial exposure when necessary...

Removal of a ventricular assist device...

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repositioning of a percutaneous ventricular...				
Replacement of a ventricular assist device...				
Replacement of the entire implantable ventricular...				
33960		*Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day*		
Category I **Surgery** **Cardiovascular System** **Arteries and Veins** **Endovascular Repair or Abdominal Aortic Aneurysm**				
34812		*Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral* *(For bilateral procedure, use modifier 50)* (Do not report 34812 in conjunction with 33953, 33954, 339463, 339464, 33969, 33984)		
34820		*Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* *(For bilateral procedure, use modifier 50)* (Do not report 34820 in conjunction with 33953, 33954, 339463, 339464, 33969, 33984)		
34833		*Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral* (Do not report 34833 in ~~addition to~~ conjunction with 33987, 34820) *(For bilateral procedure, use modifier 50)*		
34834		*Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For bilateral procedure, use modifier 50)		
		(Do not report 34834 in conjunction with 33953, 33954, 339463, 339464, 33969, 33984)		
Category I Surgery Cardiovascular System Arteries and Veins Repair Blood Vessel Other Than for Fistula, With or Without Patch Angioplasty				
35201		*Repair blood vessel, direct; neck*		
		(Do not report 35201 in conjunction with 33969, 33984, 33985, 33986)		
35206		*upper extremity*		
		(Do not report 35206 in conjunction with 33969, 33984, 33985, 33986)		
35207		*hand, finger*		
35211		*intrathoracic, with bypass*		
		(Do not report 35211 in conjunction with 33969, 33984, 33985, 33986)		
35216		*intrathoracic, without bypass*		
		(Do not report 35216 in conjunction with 33969, 33984, 33985, 33986)		
36221		*intra-abdominal*		
36226		*lower extremity*		
		(Do not report 35226 in conjunction with 33969, 33984, 33985, 33986)		
Category I Surgery				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System **Arteries and Veins** **Hemodyalysis Access, Intervascular Cannulation for Extracorporeal Circulation, or Shunt Insertion**				
~~D36822~~		~~Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)~~ ~~(For maintenance of prolonged extracorporeal circulation, see 33960, 33961)~~ (36822 has been deleted. To report, see 33951 – 33956)	090	N/A

Illustration ~~Insertion of Cannulas for Prolonged Extracorporeal Circulation Membrane Oxygenation (ECMO)~~

Appendix E
Summary of CPT Codes Exempt from Modifier 51

~~33961~~

Appendix F
Summary of CPT Codes Exempt from Modifier 63

~~33960~~

~~33961~~

Front Matter
Procedural Illustrations

~~36822 Insertion of Cannulas for Prolonged Extracorporeal Circulation Membrane Oxygenation (ECMO)~~

Category I

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Mediastinum and Diaphragm** **Mediastinum** **Incision**				
39000		*Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach*		
39010		*transthoracic approach, including either transthoracic or median sternotomy*		
		(For VATS pericardial biopsy, use 32604)		
		(Do not report 39010 in conjunction with 33957-33964)		
Category I **Radiology** **Diagnostic Radiology (Diagnostic Imaging)** **Other Procedures**				
76000		*Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)*		
		(Do not report 76000 in conjunction with 33957-33964)		
76001		*Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)*		
		(Do not report 76001 in conjunction with 33957-33964)		
Category I **Radiology** **Radiologic Guidance** **Fluoroscopic Guidance**				
✚*77001*		*Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation*		

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		of final catheter position) (List separately in addition to code for primary procedure) (Do not ~~use~~ report 77001 in conjunction with 33957-33964, 77002) *(If formal extremity venography is performed from separate venous access and separately interpreted, use 36005 and 75820, 75822, 75825, or 75827)*		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33946 Tracking Number BB1 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: XXX RUC Recommended RVU: **6.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-venous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient has overwhelming respiratory failure. Veno-venous extracorporeal membrane oxygenation support (ECMO/ELSO) is initiated using age and body surface area appropriate parameters and the patient is stabilized. (Cannulation, patient management and daily ECMO/ECLS circuit management are reported separately)

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Assessments of cardiac and respiratory function are made to determine suitability of either veno-arterial or veno-venous bypass, and whether the underlying pathophysiology is potentially reversible. Brain and cardiac imaging studies are obtained for determining suitability for ECMO. Risks and benefits of prolonged ECMO are explained to patient and/or family. Blood bank is contacted and appropriate volume of blood products ordered. The surgeon is contacted for cannula(e) placement and case discussed.

Description of Intra-Service Work: Presence during cannula placement, initiation of anticoagulation, assessment of venous return to the ECMO circuit, guiding ECMO specialist in rate of increase of ECMO flow, assessment of anticoagulation and making necessary adjustments in anticoagulant dose, reviewing images and discussion with surgeon regarding cannula placement, determining when optimal flow is achieved. Manage initial transition to ECMO support with adjustment of intravascular volume, mechanical ventilation and vasopressor infusions

Description of Post-Service Work: A note is written describing the patient's failure of conventional therapy and need for ECMO. Documentation in medical record of all technical aspects of ECMO initiation, including cannula positions, ECMO flows, pre and post oxygenator pressures and blood gases, anticoagulant doses and lab values, assessments for bleeding complications. Document discussions with care team and outline therapeutic strategies. Discussions with family regarding patient condition after ECMO support is initiated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACCP, ATS, ACC		
CPT Code:	33946		
Sample Size:	11912	**Resp N:** 182	**Response:** 1.5 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACCP - 4316, ATS - 997, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	8.00	50.00
Survey RVW:	1.30	6.00	**15.98**	20.00	55.38
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	60.00	**73.00**	120.00	360.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	33946	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**0.00**	**40.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**73.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99468	XXX	18.46	**RUC Time**

CPT Descriptor Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	9,935,740

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	8814533

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99477	XXX	7.00	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 69 **% of respondents:** 37.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 33946**	**Key Reference CPT Code:** 99468	**Source of Time RUC Time**
Median Pre-Service Time	40.00	45.00	
Median Intra-Service Time	73.00	180.00	
Median Immediate Post-service Time	20.00	48.80	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**133.00**	**273.80**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.76	4.54
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.86	4.51
Urgency of medical decision making	4.90	4.54
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.51	4.06
Physical effort required	4.38	3.93
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.92	4.48
Outcome depends on the skill and judgment of physician	4.90	4.56
Estimated risk of malpractice suit with poor outcome	4.58	4.42

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.83	4.44
Intra-Service intensity/complexity	4.90	4.58
Post-Service intensity/complexity	4.45	4.06

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 182 respondents. 99468 with an RVW of 18.46 and an intra time of 180 minutes was selected by 69 of the survey respondents as a Key Reference Service and 99291 with an RVW of 4.50 was selected by 42 of the survey respondents as a Key Reference Service. The expert panel discussed the bimodal distribution of survey RVW results and concluded that the survey respondents who chose 99468 may have been thinking that the code 33946 was comparable to the current code 33960 which has an RVW of 19.33, includes both initiation and daily management, and was typically provided by a single physician. The panel favored 99291 as the best representation for the Key Reference Service because survey respondents choosing 99291 more likely understood that the code is meant only for managing initiation of the ECMO circuit and its relation to the patient, not for the management of the underlying disease state as well. This justified the eventual selection of the 25th percentile estimate, which was more in keeping with those selecting 99291 as the KRS.

Respondents provide the surveyed service 3 times annually. The vignette was felt to be typical by 99% of the respondents, and the procedure was typically performed as an inpatient.

Pre time:
An expert panel reviewed the survey results and selected Pre-time package 4 (facility- difficult patient/difficult procedure) as appropriate, with the following modifications to the package time:

Evaluation: 40 min. based on survey data and panel discussion
Positioning: 0 min.
Scrub, dress, wait: 0 min.
Total time: 40 min.

Intra time
The survey median intraservice time 73 minutes

Post time
Immediate post package 9B – The expert panel reduced the post time from 45 to 20 minutes based on expert panel discussion that post-service time elements in this service include:

- Communication with family and or patient – 5 min.
- Operative note – 5 min.
- Written post-operative note –5 min.
- Preop/ orders order entry – 5 min.

As a result the expert panel recommends subtracting 13 min. from package 9B for total time of 20 min.

Recommendation

The specialty societies are recommending a work RVU of 6.00 for this code, which is the 25th percentile value of the survey. This value is supported by the intensity and complexity measures compared to the key reference service 99291, and places the value of this code in appropriate rank order within the family with an IWPUT of 0.064.

Compared to the key reference code 99291, the expert panel felt that 33946 was of slightly lower intensity but had more intraservice time and more pre and postservice time. The panel also identified Code 99477 (Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services)
as similar, with 7 RVW for 77.5 minutes of intraservice time and 147.5 total time.

MPC CODES

Two MPC codes have been identified which support the valuation recommended by the expert panel, bracketing the IWPUT of the recommendation. 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family) with an IWPUT of 0.061 compared to the recommendation at 0.064, and 99204 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family) with an IWPUT of 0.070. These two evaluation and management codes, although lower in value than the proposal, are proportionally correct and supportive.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33960

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty critical care physicians How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

ECMO initiation
It is estimated that there is 50/50 split between VV and VA ECMO
For Medicare the number is based on 36822 representing 557 services since most Medicare patients who are cannulated for ECMO will receive the initiation services.

3346 (VV Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

3347(VA Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

Specialty critical care physicians Frequency 840 Percentage 70.00 %

Specialty cardiothoracic surgeon Frequency 240 Percentage 20.00 %

Specialty pediatric general surgeon Frequency 120 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 279
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383

For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

ECMO initiation
It is estimated that there is 50/50 split between VV and VA ECMO
For Medicare the number is based on 36822 representing 557 services since most Medicare patients who are cannulated for ECMO will receive the initiation services.

33946 (VV Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

3347 (VA Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

Specialty critical care physicians Frequency 195 Percentage 69.89 %

Specialty cardiothoracic surgeon Frequency 84 Percentage 30.10 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Hospital visit

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33961

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33947 Tracking Number BB2 Original Specialty Recommended RVU: **6.63**
Presented Recommended RVU: **6.63**
Global Period: XXX RUC Recommended RVU: **6.63**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-arterial

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient has cardiac and respiratory failure. Veno-arterial extracorporeal membrane oxygenation support (ECMO/ELSO) is initiated using age and body surface area appropriate parameters and the patient is stabilized. (Cannulation, patient management and daily ECMO/ECLS circuit management are reported separately)

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Assessments of cardiac and respiratory function are made to determine suitability of either veno-arterial or veno-venous bypass, and whether the underlying pathophysiology is potentially reversible. Brain and cardiac imaging studies are obtained for determining suitability for ECMO. Risks and benefits of prolonged ECMO are explained to patient and/or family. Blood bank is contacted and appropriate volume of blood products ordered. The surgeon is contacted for cannula(e) placement and case discussed.

Description of Intra-Service Work: Presence during cannula placement, initiation of anticoagulation, assessment of venous return to the ECMO circuit, guiding ECMO specialist in rate of increase of ECMO flow, assessment of anticoagulation and making necessary adjustments in anticoagulant dose, reviewing images and discussion with surgeon regarding cannula placement, determining when optimal flow is achieved. Manage initial transition to ECMO support with adjustment of intravascular volume, mechanical ventilation and vasopressor infusions.

Description of Post-Service Work: A note is written describing the patient's failure of conventional therapy and need for ECMO. Documentation in medical record of all technical aspects of ECMO initiation, including cannula positions, ECMO flows, pre and post oxygenator pressures and blood gases, anticoagulant doses and lab values, assessments for bleeding complications. Document discussions with care team and outline therapeutic strategies. Discussions with family regarding patient condition after ECMO support is initiated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACCP, ATS, ACC		
CPT Code:	33947		
Sample Size:	11912	**Resp N:** 187	**Response:** 1.5 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACCP - 4316, ATS - 997, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	40.00
Survey RVW:	1.30	6.63	**16.00**	20.00	55.38
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	60.00	**75.00**	120.00	360.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	33947	**Recommended Physician Work RVU: 6.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**0.00**	**40.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99468	XXX	18.46	**RUC Time**

CPT Descriptor Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	8,814,533

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99285	XXX	3.80	**RUC Time**	10,377,283

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Other Reference CPT Code	Global	Work RVU	Time Source
99477	XXX	7.00	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 76 **% of respondents:** 40.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 33947**	**Key Reference CPT Code:** 99468	**Source of Time RUC Time**
Median Pre-Service Time	40.00	45.00	
Median Intra-Service Time	75.00	180.00	
Median Immediate Post-service Time	20.00	48.80	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**135.00**	**273.80**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.76	4.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.86	4.41
Urgency of medical decision making	4.95	4.46
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.54	4.03
Physical effort required	4.41	3.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.95	4.46
Outcome depends on the skill and judgment of physician	4.93	4.57
Estimated risk of malpractice suit with poor outcome	4.63	4.45

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.88	4.39
Intra-Service intensity/complexity	4.89	4.51
Post-Service intensity/complexity	4.45	4.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 187 respondents. 99468 with an RVW of 18.46 and an intra time of 180 minutes was selected by 76 of the survey respondents as a Key Reference Service and 99291 with an RVW of 4.50 was selected by 39 of the survey respondents as a Key Reference Service. Similar to the survey for 339XX1, there was a bimodal distribution of survey RVW results. The panel again concluded that the survey respondents who chose 99468 may have been thinking that the code 33947 was comparable to the current code 33960 which is valued at 19.33 RVW, mixes the care of the patient with the management of the ECMO circuit, and does not allow for multiple physicians to report the specific aspect of the care they provide. The panel favored 99291 as the best representation for the Key Reference Service because survey respondents choosing 99291 more likely understood that the code is meant only for managing initiation of the ECMO circuit and its relation to the patient, not for the management of the underlying disease state as well. This justified the eventual selection of the 25th percentile estimate, which was more in keeping with those selecting 99291 as the KRS.

Respondents provide the surveyed service 5 times annually. The vignette was felt to be typical by 98% of the respondents, and the procedure was typically performed as an inpatient.

Pre time:
An expert panel reviewed the survey results and selected Pre-time package 4 (facility- difficult patient/difficult procedure) as appropriate, with the following modifications to the package time:

Evaluation: 40 min. based on survey data and panel discussion
Positioning: 0 min
Scrub, dress, wait: 0 min.
Total time: 40 min.

Intra time
The survey median intraservice time 75 minutes

Post time
Immediate post package 9B – The expert panel reduced the post time from 45 to 20 minutes based on expert panel discussion that post-service time elements in this service include:

- Communication with family and or patient – 5 min.
- Operative note – 5 min.
- Written post-operative note –5 min.
- Preop/ orders order entry – 5 min.

As a result the expert panel recommends subtracting 13 min. from package 9B for total time of 20 min.

Recommendation
The specialty societies are recommending a work RVU of 6.63 for this code, which is the 25th percentile value of the survey. This value is supported by the intensity and complexity measures compared to the key reference service 99291, and places the value of this code in appropriate rank order within the family with an IWPUT of 0.070.
Compared to the key reference code 99291, the expert panel felt that 33947 was slightly lower intensity but had more intraservice time and more pre and postservice time. The expert panel also identified code 99477 (Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services) which is very similar in time (147.5 total time vs 135 recommended), value (7 vs 6.63 recommended) and IWPUT (0.070 vs 0.071 recommended).

MPC CODES
Two MPC codes have been identified which support the valuation recommended by the expert panel, bracketing the IWPUT of the recommendation. 99204 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family) with an IWPUT of 0.070 compared to the recommendation at 0.070, and 99285 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function) with an IWPUT of 0.082. These two evaluation and management codes, although lower in value than the proposal, are proportionally correct in terms of time and value and therefore supportive.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33960

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty critical care physicians How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

ECMO initiation
It is estimated that there is 50/50 split between VV and VA ECMO
For Medicare the number is based on 36822 representing 557 services since most Medicare patients who are cannulated for ECMO will receive the initiation services.

33946 (VV Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

33947 (VA Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

Specialty critical care physicians Frequency 840 Percentage 70.00 %

Specialty cardiothoracic surgeon Frequency 240 Percentage 20.00 %

Specialty pediatric general surgeon Frequency 120 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 279
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:

For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

ECMO initiation
It is estimated that there is 50/50 split between VV and VA ECMO
For Medicare the number is based on 36822 representing 557 services since most Medicare patients who are cannulated for ECMO will receive the initiation services.

33946 (VV Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

33947 (VA Initiation)
Total US (neonatal, pediatric and adult) = 1200
Medicare: 279

Specialty critical care physicians Frequency 195 Percentage 69.89 %

Specialty cardiothoracic surgeon Frequency 84 Percentage 30.10 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Hospital visit

BETOS Sub-classification Level II:
Critical care

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33961

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33948 Tracking Number BB3 Original Specialty Recommended RVU: **4.73**
Presented Recommended RVU: **4.73**
Global Period: XXX RUC Recommended RVU: **4.73**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; daily management, each day, veno-venous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Age appropriate management of the extracorporeal membrane oxygenation support (ECMO/ECLS) circuit provided by the physician for a patient with a veno-venous circuit for continued respiratory failure for a calendar day. (Cannulation, patient management and circuit initiation are reported separately)

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review data not available on the unit (e.g. diagnostic and imaging studies). Communicate with other professionals and with patient or patient's family.

Description of Intra-Service Work: Assessment of venous return to the ECMO circuit, discussions with ECMO specialists in strategy for adjusting flows, assessment of anticoagulation and making necessary adjustments in anticoagulant dose, reviewing images, assess fluid balance if necessary. Discussions are held with the care team to plan the strategy for balancing ECMO with mechanical ventilation and vasopressor infusions.

Description of Post-Service Work: Documentation of all technical aspects of ECMO management, including cannula(e) positions, ECMO flows, pre and post oxygenator pressures and blood gases, anticoagulant doses and lab values, assessments for bleeding complications. Document discussions with care team and outline therapeutic strategies. Discussions with family regarding complications and progress towards decannulation.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACCP, ATS, ACC		
CPT Code:	33948		
Sample Size:	11912	**Resp N:** 176	**Response:** 1.4 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACCP - 4316, ATS - 997, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	25.00	400.00
Survey RVW:	1.30	4.73	**8.00**	13.00	36.92
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	30.00	**40.00**	60.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	33948	**Recommended Physician Work RVU: 4.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**0.00**	**20.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99472	XXX	7.99	**RUC Time**

CPT Descriptor Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99291	XXX	4.50	**RUC Time**	5,177,201

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99284	XXX	2.56	**RUC Time**	5,814,552

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Other Reference CPT Code	Global	Work RVU	Time Source
99476	XXX	6.75	**RUC Time**

CPT Descriptor Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 47 **% of respondents:** 26.7 **%**

TIME ESTIMATES (Median)	CPT Code: 33948	Key Reference CPT Code: 99472	Source of Time RUC Time
Median Pre-Service Time	20.00	20.00	
Median Intra-Service Time	40.00	90.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**80.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	4.11
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.36	4.21
Urgency of medical decision making	4.13	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.70	3.60
Physical effort required	3.55	3.49
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.60	4.32
Outcome depends on the skill and judgment of physician	4.53	4.30
Estimated risk of malpractice suit with poor outcome	4.32	4.19

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.96
Intra-Service intensity/complexity	4.40	4.23

Post-Service intensity/complexity	3.89	3.81

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 176 respondents. 99472 with an RVW of 7.99 and an intra time of 90 minutes was selected by 47 of the survey respondents as a Key Reference Service and 99291 with an RVW of 4.50 and an intra time of 40 min. was selected by 37 of the survey respondents as a Key Reference Service.

Respondents provide the surveyed service 10 times annually. The vignette was felt to be typical by 99% of the respondents, and the procedure was typically performed as an inpatient.

Pre time:
An expert panel reviewed the survey results and selected Pre-time package 4 (facility- difficult patient/difficult procedure) as appropriate, with the following modifications to the package time:

Evaluation: 20 min. based on survey data and panel discussion
Positioning: 0 min.
Scrub, dress, wait: 0 min
Total time: 20 min.

Intra time
The survey median intraservice time 40 minutes

Post time
The post-service time elements in this service include:

- Communication with family and or patient – 5 min.
- Communication with other providers – 5 min.
- Daily progress note –5 min.
- Order entry – 5 min.

Recommendation
The specialty societies are recommending a work RVU of 4.73 for this code, which is the 25th percentile value of the survey. This value is supported by the intensity and complexity measures compared to the key reference services 99472 and 99291, and places the value of this code in appropriate rank order within the family with an IWPUT of 0.096.

Compared to the key reference code 99291, the expert panel felt that 33948 had the same intensity and the same intraservice time with more pre and postservice time. The expert panel also identified reference code 99476 (Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age) with intraservice time 65 min., total time 105 min., RVW 6.75, IWPUT 0.090, RUC valuation in 2008 to support the value.

MPC CODES
Key Reference Service code 99291 is a MPC code and supports the valuation for 33948. Additionally, 99284 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function) with RVW 2.56, total time of 40 minutes and IWPUT of 0.089 is proportionally supportive.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33961

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty critical care physicians How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 12000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383

For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
ECMO daily management
From the ECLS Registry data, the average pump run for respiratory (typically VV) ECMO support is 10 days and the average pump run for cardiac (always VA) ECMO support is 6 days.
VA ECMO may be cardiac or respiratory. VV ECMO is always respiratory.
Therefore a factor of 10 over the VV initiation was used to estimate the number of VV daily management services and a factor of 8 over the VA initiation was used to estimate the number of VA daily management services.

33948 (VV daily management)
Total US (neonatal, pediatric and adult) = 12,000
Medicare: 2,785

33949 (VA daily management)
Total US (neonatal, pediatric and adult) = 9,600
Medicare = 2,228

Specialty critical care physicians Frequency 8400 Percentage 70.00 %

Specialty cardiothoracic surgeon Frequency 2400 Percentage 20.00 %

Specialty pediatric general surgeon Frequency 1200 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,785
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
ECMO daily management
From the ECLS Registry data, the average pump run for respiratory (typically VV) ECMO support is 10 days and the average pump run for cardiac (always VA) ECMO support is 6 days.
VA ECMO may be cardiac or respiratory. VV ECMO is always respiratory.
Therefore a factor of 10 over the VV initiation was used to estimate the number of VV daily management services and a factor of 8 over the VA initiation was used to estimate the number of VA daily management services.

33948 (VV daily management)
Total US (neonatal, pediatric and adult) = 12,000
Medicare: 2,785

33949 (VA daily management)
Total US (neonatal, pediatric and adult) = 9,600
Medicare = 2,228

Specialty critical care physicians Frequency 1950 Percentage 70.01 %

Specialty cardiothoracic surgeon Frequency 835 Percentage 29.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Hospital visit

BETOS Sub-classification Level II:
Critical care

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33961

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33949 Tracking Number BB4 Original Specialty Recommended RVU: **4.60**
Presented Recommended RVU: **4.60**
Global Period: XXX RUC Recommended RVU: **4.60**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; daily management, each day veno-arterial

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Age appropriate management of the extracorporeal membrane oxygenation support (ECMO/ECLS) circuit provided by the physician for a patient with a veno-arterial circuit for continued cardiac and respiratory failure for a calendar day. (Cannulation, patient management and circuit initiation are reported separately)

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review data not available on the unit (e.g. diagnostic and imaging studies). Communicate with other professionals and with patient or patient's family.

Description of Intra-Service Work: Assessment of venous return to the ECMO circuit, discussions with ECMO specialists in strategy for adjusting flows, assessment of anticoagulation and making necessary adjustments in anticoagulant dose, reviewing images, assess fluid balance if necessary. Discussions are held with the care team to plan the strategy for balancing ECMO with mechanical ventilation and vasopressor infusions.

Description of Post-Service Work: Documentation of all technical aspects of ECMO management, including cannula(e) positions, ECMO flows, pre and post oxygenator pressures and blood gases, anticoagulant doses and lab values, assessments for bleeding complications. Document discussions with care team and outline therapeutic strategies. Discussions with family regarding complications and progress towards decannulation.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACCP, ATS, ACC		
CPT Code:	33949		
Sample Size: 11912	**Resp N:** 179	**Response:** 1.5 %	
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACCP - 4316, ATS - 997, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	30.00	300.00
Survey RVW:	1.30	4.60	**8.00**	12.00	36.92
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	30.00	**40.00**	60.00	360.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	33949	**Recommended Physician Work RVU: 4.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**0.00**	**20.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99472	XXX	7.99	**RUC Time**

CPT Descriptor Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99291	XXX	4.50	**RUC Time**	5177201

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99284	XXX	2.56	**RUC Time**	5,814,552

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Other Reference CPT Code	Global	Work RVU	Time Source
99476	XXX	6.75	**RUC Time**

CPT Descriptor Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 43 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)	CPT Code: 33949	Key Reference CPT Code: 99472	Source of Time RUC Time
Median Pre-Service Time	20.00	20.00	
Median Intra-Service Time	40.00	90.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**80.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.19	4.16
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.42	4.28
Urgency of medical decision making	4.16	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.42
Physical effort required	3.44	4.71
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.63	4.35
Outcome depends on the skill and judgment of physician	4.53	4.33
Estimated risk of malpractice suit with poor outcome	4.33	4.21

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.02	3.98
Intra-Service intensity/complexity	4.40	4.19

Post-Service intensity/complexity	3.88	3.81

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 179 respondents. 99472 with an RVW of 7.99 and an intra time of 90 minutes was selected by 43 of the survey respondents as a Key Reference Service and 99291 with an RVW of 4.50 and an intra time of 40 min. was selected by 37 of the survey respondents as a Key Reference Service.

Respondents provide the surveyed service 15 times annually. The vignette was felt to be typical by 97% of the respondents, and the procedure was typically performed as an inpatient.

Pre time:
An expert panel reviewed the survey results and selected Pre-time package 4 (facility- difficult patient/difficult procedure) as appropriate, with the following modifications to the package time:

Evaluation: 20 min. based on survey data and panel discussion
Positioning: 0 min.
Scrub, dress, wait: 0 min.
Total time: 20 min.

Intra time
The survey median intraservice time 40 minutes

Post time
Immediate post package 9B – The expert panel reduced the post time from 45 to 20 minutes based on expert panel discussion that post-service time elements in this service include:

- Communication with family and or patient – 5 min.
- Communication with other providers – 5 min.
- Daily progress note –5 min.
- Order entry – 5 min.

As a result the expert panel recommends subtracting 13 min. from package 9B for total time of 20 min.

Recommendation
The specialty societies are recommending a work RVU of 4.60 for this code, which is the 25th percentile value of the survey. This value is supported by the intensity and complexity measures compared to the key reference services 99472 and 99291, and places the value of this code in appropriate rank order within the family with an IWPUT of 0.093.

Compared to the key reference code 99291, the expert panel felt that 33949 had the same intensity and the same intraservice time with more pre and postservice time. The expert panel also identified reference code 99476 (Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age) with intraservice time 65 min., total time 105 min., RVW 6.75, IWPUT 0.090, RUC valuation in 2008 to support the value.

MPC CODES

Key Reference Service code 99291 is a MPC code and supports the valuation for 33949. Additionally, 99284 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function) with RVW 2.56, total time of 40 minutes and IWPUT of 0.089 is proportionally supportive.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33961

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty critical care physicians How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 9600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648

For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
ECMO daily management
From the ECLS Registry data, the average pump run for respiratory (typically VV) ECMO support is 10 days and the average pump run for cardiac (always VA) ECMO support is 6 days.
VA ECMO may be cardiac or respiratory. VV ECMO is always respiratory.
Therefore a factor of 10 over the VV initiation was used to estimate the number of VV daily management services and a factor of 8 over the VA initiation was used to estimate the number of VA daily management services.

33948 (VV daily management)
Total US (neonatal, pediatric and adult) = 12,000
Medicare: 2,785

33949 (VA daily management)
Total US (neonatal, pediatric and adult) = 9,600
Medicare = 2,228

Specialty critical care physicians Frequency 6720 Percentage 70.00 %

Specialty cardiothoracic surgeon Frequency 1920 Percentage 20.00 %

Specialty pediatric general surgeon Frequency 960 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,228
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
ECMO daily management
From the ECLS Registry data, the average pump run for respiratory (typically VV) ECMO support is 10 days and the average pump run for cardiac (always VA) ECMO support is 6 days.
VA ECMO may be cardiac or respiratory. VV ECMO is always respiratory.
Therefore a factor of 10 over the VV initiation was used to estimate the number of VV daily management services and a factor of 8 over the VA initiation was used to estimate the number of VA daily management services.

33948 (VV daily management)
Total US (neonatal, pediatric and adult) = 12,000
Medicare: 2,785

33949 (VA daily management)
Total US (neonatal, pediatric and adult) = 9,600
Medicare = 2,228

Specialty critical care physicians Frequency 1560 Percentage 70.01 %

Specialty cardiothoracic surgeon Frequency 668 Percentage 29.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Hospital visit

BETOS Sub-classification Level II:
Critical care

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33961

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33951 Tracking Number BB5 Original Specialty Recommended RVU: **8.15**
Presented Recommended RVU: **8.15**
Global Period: 000 RUC Recommended RVU: **8.15**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A infant with persistent hypoxemia despite maximal ventilator support undergoes percutaneous placement of arterial and/or venous canula(e) venous cannula for ECMO support

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 98%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 31%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 13%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation. Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing the neck and possibly the groin. Cannulation site(s) prepped, draped, and percutaneous access to the neck and or groin is obtained. Appropriate size single or double cannula(e) placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or addition of additional cannula. If there is no active bleeding, then dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33951		
Sample Size: 6599	**Resp N:** 62	**Response:** 0.9 %	
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	15.00
Survey RVW:	4.30	8.15	**11.94**	18.59	30.10
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	60.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33951	**Recommended Physician Work RVU: 8.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33991	000	11.88	**RUC Time**

CPT Descriptor Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22520*	000	8.25	**RUC Time**	7,466

CPT Descriptor 1 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*Code RVW adjusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	000	16.46	**RUC Time**	8,455

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adjusted to 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
33990	XXX	8.15	**RUC Time**

CPT Descriptor Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 20.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 33951**	**Key Reference CPT Code: 33991**	**Source of Time RUC Time**
Median Pre-Service Time	60.00	60.00	
Median Intra-Service Time	60.00	90.00	
Median Immediate Post-service Time	30.00	45.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**170.00**	**195.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.31	4.15
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.08	4.15
Urgency of medical decision making	4.54	4.46
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.15	3.77
Physical effort required	4.23	3.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.54	4.15
Outcome depends on the skill and judgment of physician	4.62	4.62
Estimated risk of malpractice suit with poor outcome	3.77	3.77

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.38	4.31
Intra-Service intensity/complexity	4.23	4.38

Post-Service intensity/complexity	4.23	4.23

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 62 respondents. 33991 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture) and 33990 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) were chosen as Key Reference Service codes by 13 of the survey respondents each. The vignette was felt to be typical by 79% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 60 minutes based on median survey data

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 98% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 8.15 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.093 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes.

Compared to the Key Reference Codes, the expert panel felt that proposed code 33951 was somewhat less intense, required less time for evaluation, required significantly more positioning time and as well as scrub, dress and wait time. The Intra Service time for 33951 was identical to the Key Reference Service Code 33990 intra time of 60 minutes, and with similar RVW (8.15 vs 8.14).

MPC Codes

The expert panel also believes that proposed code 33951 is supported by MPC codes 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) and 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) as well as CPT 33990 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) as mentioned above.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 13
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33951 (percutaneous under age 6)
Total US for under age 6 estimated use is 1% = 13
Medicare estimated use is 0% = 0

Specialty cardiology Frequency 4 Percentage 30.76 %

Specialty cardiothoracic surgery Frequency 3 Percentage 23.07 %

Specialty pediatric general surgery Frequency 6 Percentage 46.15 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33951 (percutaneous under age 6)
Total US for under age 6 estimated use is 1% = 13
Medicare estimated use is 0% = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33884

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33952 Tracking Number BB6 Original Specialty Recommended RVU: **8.43**
Presented Recommended RVU: **8.43**
Global Period: 000 RUC Recommended RVU: **8.43**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A critically ill patient with acute viral cardiomyopathy has persistent cardiac and respiratory failure despite all conventional methods of critical care management. The decision is made to place the patient on ECMO using a percutaneous method of cannula(e) insertion.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 98%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 99%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 36%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 22%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation. Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing right neck and groin. Cannulation site(s) prepped, draped, and percutaneous access to the groin vessels is obtained. Appropriate size single or double cannula(e) are placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or addition of additional cannula(e). If there is no active bleeding, then dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33952		
Sample Size:	6599	**Resp N:** 107	**Response:** 1.6 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	12.50	60.00
Survey RVW:	4.20	8.43	**11.88**	15.00	35.99
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	60.00	**60.00**	90.00	180.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33952	**Recommended Physician Work RVU: 8.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33991	XXX	11.88	**RUC Time**

CPT Descriptor Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	000	16.46	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVU adjusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and

Other Reference CPT Code	Global	Work RVU	Time Source
33990	XXX	8.15	**RUC Time**

CPT Descriptor Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 36 **% of respondents:** 33.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 33952**	**Key Reference CPT Code: 33991**	**Source of Time RUC Time**
Median Pre-Service Time	48.00	60.00	
Median Intra-Service Time	60.00	90.00	
Median Immediate Post-service Time	30.00	45.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**158.00**	**195.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.69	4.19
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.72	4.44
Urgency of medical decision making	4.86	4.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.08
Physical effort required	4.25	3.97
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.81	4.67
Outcome depends on the skill and judgment of physician	4.61	4.50
Estimated risk of malpractice suit with poor outcome	4.03	4.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.78	4.53
Intra-Service intensity/complexity	4.47	4.22

Post-Service intensity/complexity	4.69	4.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 107 respondents. 33991 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access with transeptal puncture) was chosen as a Key Reference Service Code by 36 respondents and 33990 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) was chosen as a Key Reference Service codes by 25 survey respondents. The Vignette was felt to be typical by 93% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes
- **Positioning**: 3 minutes (Pre Time Package #4)
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median service time is 60 minutes

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit

98% of the survey respondents indicated that the patient stayed overnight in the hospital and 99 % of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation

The specialty societies are recommending a work RVU of 8.43 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.102 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33952 was similarly intense, required less time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time. The Intra Service time for 33952 was identical to the Key Reference Service intra time of 60 minutes for 33990 with slightly more value and total minutes.

MPC Codes

The expert panel also believes that proposed code 33952 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) and 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) as well as CPT 33990 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 330
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33952 (percutaneous for over age 6)
Total US for over age 6 estimated use is 30% = 330
Medicare estimated use is 30% = 167

Specialty cardiolgoy Frequency 50 Percentage 15.15 %

Specialty carditothoracic surgery Frequency 247 Percentage 74.84 %

Specialty pediatric general surgery Frequency 33 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 167
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33952 (percutaneous for over age 6)
Total US for over age 6 estimated use is 30% = 330
Medicare estimated use is 30% = 167

Specialty cardiology Frequency 17 Percentage 10.17 %

Specialty cardiothoracic surgery Frequency 150 Percentage 89.82 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33884

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33953 Tracking Number BB7 Original Specialty Recommended RVU: **9.83**
Presented Recommended RVU: **9.83**
Global Period: 000 RUC Recommended RVU: **9.83**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A newborn with persistent pulmonary hypertension, post ductal hypoxemia, and hypotension requires open insertion of arterial and/or venous cannulation for ECMO due to patient's small size.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 100%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation. Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing the neck and possibly the groin. Cannulation site(s) prepped, draped, and open access to the neck and or groin is obtained. Appropriate size single or double cannula(e) placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or insertion of additional cannula. After hemostasis, incisions are closed and dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33953		
Sample Size: 6099	**Resp N:** 49	**Response:** 0.8 %	
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.50	**4.00**	5.00	15.00
Survey RVW:	6.50	9.83	**15.00**	20.00	30.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	60.00	**60.00**	90.00	160.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33953	**Recommended Physician Work RVU: 9.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	000	16.46	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
58260*	000	9.64	**RUC Time**

CPT Descriptor Vaginal hysterectomy, for uterus 250 g or less;
*Code RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)	CPT Code: 33953	Key Reference CPT Code: 34812	Source of Time RUC Time
Median Pre-Service Time	60.00	75.00	
Median Intra-Service Time	60.00	45.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	40.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**190.00**	**150.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.11	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.11	3.56
Urgency of medical decision making	4.56	2.78
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.56	3.00
Physical effort required	3.44	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.44	3.89
Outcome depends on the skill and judgment of physician	3.78	3.67
Estimated risk of malpractice suit with poor outcome	3.56	3.56

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.22	3.44
Intra-Service intensity/complexity	3.67	3.56

Post-Service intensity/complexity	3.89	3.11

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 49 respondents. 34812 (Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral) was chosen as a Key Reference Service Code by 9 respondents and 33991 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) was chosen as a Key Reference Service codes by 6 survey respondents. The Vignette was felt to be typical by 93% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median service time is 60 minutes

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 100% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99232 (25 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 9.83 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.111 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33953 was similarly intense, required less time for evaluation, required significantly more positioning time and significantly more scrub, dress and wait time.
The Intra Service time for 33953 was 15 minutes longer than that of Key Reference Service Code 34812 (intra time of 45 minutes) but less than the reference code 33991 (intra service time of 90 minutes).

MPC Codes

The expert panel also believes that proposed code 33953 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) and 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) as well as CPT 58260 (Vaginal hysterectomy, for uterus 250 g or less;) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 637
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648

For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33953 (open peripheral for under age 6)
Total US for under age 6 estimated use is 49% = 637
Medicare estimated use is 0% = 0

Specialty cardiothoracic surgery Frequency 191 Percentage 29.98 %

Specialty pediatric general surgery Frequency 446 Percentage 70.01 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33953 (open peripheral for under age 6)
Total US for under age 6 estimated use is 49% = 637
Medicare estimated use is 0% = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33954 Tracking Number BB8 Original Specialty Recommended RVU: **9.43**
Presented Recommended RVU: **9.43**
Global Period: 000 RUC Recommended RVU: **9.43**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A critically ill patient with acute viral cardiomyopathy has persistent cardiac and respiratory failure despite all conventional methods of critical care management. The decision is made to place the patient on ECMO using an open operative approach.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 99%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation, revision, or removal of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing right neck and possible groin. Cannulation site(s) prepped, draped, and open exposure of appropriate vessels obtained. Appropriate sized cannula(e) are placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or insertion of additional cannula. After hemostasis, incisions are closed and dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33954		
Sample Size:	6099	**Resp N:** 79	**Response:** 1.2 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	80.00
Survey RVW:	5.20	9.43	**12.00**	17.93	35.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	60.00	**60.00**	90.00	240.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33954	**Recommended Physician Work RVU: 9.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	000	16.46	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adjusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and

Other Reference CPT Code	Global	Work RVU	Time Source
58260*	000	9.64	**RUC Time**

CPT Descriptor Vaginal hysterectomy, for uterus 250 g or less;
*Code RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 33954**	**Key Reference CPT Code: 34812**	**Source of Time RUC Time**
Median Pre-Service Time	48.00	75.00	
Median Intra-Service Time	60.00	45.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	40.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**178.00**	**150.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.31	3.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.46	3.62
Urgency of medical decision making	4.62	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.85	3.46
Physical effort required	3.92	3.38
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.31	3.62
Outcome depends on the skill and judgment of physician	3.92	4.00
Estimated risk of malpractice suit with poor outcome	3.54	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.38	3.54
Intra-Service intensity/complexity	3.69	3.77

Post-Service intensity/complexity	4.00	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 79 respondents. 34812 (Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral) was chosen as a Key Reference Service Code by 13 respondents and 33991 (Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only) was chosen as a Key Reference Service codes by 9 survey respondents. The Vignette was felt to be typical by 95% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes
- **Positioning**: 3 minutes (Pre Time Package #4)
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median service time is 60 minutes

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit
99% of the survey respondents indicated that the patient stayed overnight in the hospital and 99% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99232 (40 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function. It is also imperative to assure that cannulation related arterial and/or venous obstruction (compartment syndrome) is not affecting the related extremity. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 9.43 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.108 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate

rank order within the family of codes. Compared to the Key Reference Code 34812, the expert panel felt that proposed code 33954 was slightly more intense, required less time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time. Compared to Key Reference Code 33991, the expert panel felt that proposed code 33954 was similarly intense, required less time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time. The Intra Service time for 33954 was 15 minutes longer than that of Key Reference Service Code 34812 (intra time of 45 minutes) but less than the reference code 33991 (intra service time of 90 minutes).

MPC Codes

The expert panel also believes that proposed code 33954 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) and 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) as well as CPT 58260 (Vaginal hysterectomy, for uterus 250 g or less;) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 660
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33954 (open peripheral for over age 6)
Total US for over age 6 estimated use is 60% = 660
Medicare estimated use is 60% = 334

Specialty cardiothoracic surgery Frequency 594 Percentage 90.00 %

Specialty pediatric general surgery Frequency 66 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 334
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33954 (open peripheral for over age 6)
Total US for over age 6 estimated use is 60% = 660
Medicare estimated use is 60% = 334

Specialty cardiothoracic surgery Frequency 334 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33955 Tracking Number BB9 Original Specialty Recommended RVU: **16.00**
Presented Recommended RVU: **16.00**
Global Period: 000 RUC Recommended RVU: **16.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A child, who is 12 hours status post reimplantation of his left coronary artery via a median sternotomy, develops low cardiac output syndrome and arrhythmias. The sternal incision is opened and central arterial and/or venous cannula(e) are placed for ECMO.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 91%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation. Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned supine. A re-operative sternotomy incision is made and the right atrium and aorta are exposed. Purse-string sutures are placed in the right atrium and aorta and appropriate size single or double cannula(e) placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or insertion of additional cannula. After hemostasis, dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33955		
Sample Size:	6099	**Resp N:** 47	**Response:** 0.7 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	4.00	15.00
Survey RVW:	3.00	16.00	**20.00**	25.00	32.20
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	60.00	**70.00**	90.00	145.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33955	**Recommended Physician Work RVU: 16.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22520*	000	8.25	**RUC Time**	7,466

CPT Descriptor 1 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*Code adjusted for 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	XXX	4.71	**RUC Time**	57,749

CPT Descriptor 2 nsertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
33512*	000	29.18	**RUC Time**

CPT Descriptor Coronary artery bypass, vein only; 3 coronary venous grafts

*Code global and RVW adusted to 000 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 31.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 33955**	**Key Reference CPT Code:** 35820*	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	90.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	70.0	70.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**250.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.33	3.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.60	3.07
Urgency of medical decision making	4.00	3.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.40	3.00
Physical effort required	3.07	3.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.67	3.33
Outcome depends on the skill and judgment of physician	3.47	3.40
Estimated risk of malpractice suit with poor outcome	3.13	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.53	3.40

Intra-Service intensity/complexity	3.40	3.20
Post-Service intensity/complexity	3.47	3.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 47 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 33512 (Coronary artery bypass, vein only; 3 coronary venous grafts) were chosen as Key Reference Service codes by 15 and 6 of the survey respondents respectively. The vignette was felt to be typical by 85% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time of 70 was felt to be inaccurate by the expert panel review who chose to use the 75th percentile of 90 minutes, consistent with all major cardiac procedures where sternotomy is typically employed and equal to the median for 33956 and the other central access ECMO codes in this proposal. In order to maintain consistency within this 25 code family, this is one of two instances where the median intraservice time could not be supported.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit

100% of the survey respondents indicated that the patient stayed overnight in the hospital and 91% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The survey supported and the expert panel agreed with CPT 99291 (30-74 minutes) as the typical same day post operative visit which typically involves evaluation of the patient for bleeding, cannula position and function. The initial postoperative course following central cannulation is similar to postoperative cardiac surgery, as the great vessels are operated upon and occult bleeding and cardiac tamponade are possible complications. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation

The specialty societies are recommending a work RVU of 16.0 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.108 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33955 was more intense, required similar time for evaluation, required similar positioning time as well as scrub, dress and wait time. The Intra Service time for 33955 was less than the Key Reference Service Codes but the intensity was considerably more recognizing that many of these patients have ongoing cardiopulmonary resuscitation during cannulation.

MPC Codes

The expert panel also believes that proposed code 33955 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed), 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) and 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 650

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33955 (central for under age 6)
Total US for under age 6 estimated use is 50% = 650
Medicare estimated use is 0% = 0

Specialty cardiothoracic surgery Frequency 650 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33955 (central for under age 6)
Total US for under age 6 estimated use is 50% = 650
Medicare estimated use is 0% = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33956 Tracking Number BB10 Original Specialty Recommended RVU: **16.00**
Presented Recommended RVU: **16.00**
Global Period: 000 RUC Recommended RVU: **16.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Following cardiac surgery earlier in the day, a patient is demonstrating deteriorating cardiac and respiratory function. The decision is made to place the patient on veno-arterial ECMO via direct cannulation of the ascending aorta and right atrium after opening the sternotomy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 86%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for initial cannulation, revision, or removal of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned supine. The sternotomy incision is re-opened and the right atrium and aorta are exposed. Purse-string sutures are placed in the right atrium and aorta and appropriate size single or double cannula(e) placed after systemic heparinization. Cannula(e) are sutured into place and ECMO circuit brought up into field and cannula(e) connected avoiding air in the cannula(e). If flow is inadequate, cannula(e) may require repositioning or insertion of additional cannula. After hemostasis, incisions are closed and dressing is applied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33956		
Sample Size:	6099	**Resp N:** 76	**Response:** 1.2 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACCP - 4316, ATS - 997, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	25.00
Survey RVW:	8.00	16.00	**20.00**	25.00	119.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	60.00	**90.00**	120.00	240.00

Immediate Post Service-Time:	**53.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33956	**Recommended Physician Work RVU: 16.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22520*	000	8.25	**RUC Time**	7,466

CPT Descriptor 1 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*Code RVW adjusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
37215*	000	16.46	**RUC Time**

CPT Descriptor Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 32.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 33956**	**Key Reference CPT Code: 35820***	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	90.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	70.0	70.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**250.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.08	3.21
Urgency of medical decision making	4.67	3.96
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.04	3.38
Physical effort required	3.88	3.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	3.42
Outcome depends on the skill and judgment of physician	4.25	3.54
Estimated risk of malpractice suit with poor outcome	4.00	3.67

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.33	3.29

Intra-Service intensity/complexity	4.29	3.25
Post-Service intensity/complexity	4.13	3.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code describes cannulation to establish vascular access for the institution of ECMO, a procedure that is performed urgently or as an emergency for a patient with life-threatening cardiac, pulmonary or cardiopulmonary failure.

A survey was conducted with 76 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 33512 (Coronary artery bypass, vein only; 3 coronary venous grafts) were chosen as Key Reference Service codes by 25 and 15 of the survey respondents respectively. The vignette was felt to be typical by 88% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 90 minutes based on expert panel review and considering the median intraservice time for the two most commonly chosen reference code, 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) which had an intraservice time of 136 minutes and 33512 (Coronary artery bypass, vein only; 3 coronary venous grafts) which had an intraservice time of 213 minutes.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit
99% of the survey respondents indicated that the patient stayed overnight in the hospital and 86% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The survey supported and the expert panel agreed with CPT 99291 (30-74 minutes) as the typical same day post operative visit which typically involves evaluation of the patient for bleeding, cannula position and function. The initial postoperative course following central cannulation is similar to postoperative cardiac surgery, as the great vessels are operated upon and occult bleeding and cardiac tamponade are possible complications. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation

The specialty societies are recommending a work RVU of 16.0 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.108 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate

rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33956 was more intense, required similar time for evaluation, required similar positioning time as well as scrub, dress and wait time. The Intra Service time for 33956 was less than the Key Reference Service Codes but the intensity was considerably more recognizing that many of these patients have ongoing cardiopulmonary resuscitation during cannulation.

MPC Codes

The expert panel also believes that proposed code 33956 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed), 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) and 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36822

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 110
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33956 (central for over age 6)
Total US for over age 6 estimated use is 10% = 110
Medicare estimated use is 10% = 56

Specialty cadiothoracic surgery Frequency 110 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 56 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula insertion
For the cannula insertion codes, it is estimated from ELCS that there will be approximately 2400 total cannula insertions. Of this, it is estimated that:
1300 will be placed in patients under 6 years of age and
1100 will be placed in patients over 6 years of age.
Medicare population = 557

33956 (central for over age 6)
Total US for over age 6 estimated use is 10% = 110
Medicare estimated use is 10% = 56

Specialty cardiothoracic surgery Frequency 56 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33957 Tracking Number BB11 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: 000 RUC Recommended RVU: **4.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician: reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A child with submersion injury and acute respiratory distress syndrome (ARDS) has been on veno-venous extracorporeal life support (ECMO). The team has been unable to achieve adequate venous return despite repositioning of the patient and additional volume resuscitation. The chest radiograph shows the cannula position to be low. Surgical repositioning of the cannula is necessary

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 81%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 25%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 14%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for revision of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given

Description of Intra-Service Work: The cannula(e) are prepped and draped with sterile technique. With or without fluoroscopy the cannula(e) are advanced or withdrawn until ECMO flows are adequate. The cannula(e) are secured and dressed with sterile technique

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33957		
Sample Size: 6599	**Resp N:** 59	**Response:** 0.8 %	
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	3.00	6.00
Survey RVW:	3.00	3.51	**4.00**	9.50	60.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**30.00**	30.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33957	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33993	XXX	3.51	**RUC Time**

CPT Descriptor Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	17,473

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
47490*	000	4.00	**RUC Time**

CPT Descriptor Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
*Adjusted to 000 value

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 33 **% of respondents:** 55.9 **%**

TIME ESTIMATES (Median)	CPT Code: 33957	Key Reference CPT Code: 33993	Source of Time RUC Time
Median Pre-Service Time	60.00	30.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**130.00**	**90.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.76	2.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.97	2.97
Urgency of medical decision making	3.76	3.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.91	2.97
Physical effort required	2.61	2.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.45	3.55
Outcome depends on the skill and judgment of physician	3.52	3.55
Estimated risk of malpractice suit with poor outcome	3.36	3.36

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.97	3.03
Intra-Service intensity/complexity	3.00	3.03

Post-Service intensity/complexity	2.79	2.79

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 59 respondents. 33993 (Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion) was chosen as Key Reference Service codes by 33 of the survey respondents. The vignette was felt to be typical by 92% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: subtract 5 minutes for a total of 15 minutes based on survey data and expert panel recommendation.

Intra Service Time
The survey median intraservice time is 30 minutes based on survey data.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 81% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 4.0 for this code, which is the median value of the survey. This recommendation results in an IWPUT of 0.055 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Code, the expert panel felt that proposed code 33957 was more intense, required more time for evaluation, positioning and scrub, dress and wait time. The Intra Service time for 33957 was identical to the Key Reference Service Codes and the intensity was more recognizing this procedure is performed in small critically ill children.

MPC Codes

The expert panel also believes that proposed code 33957 is supported by MPC codes 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)), 52224 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy) and 47490 (Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation) as mentioned above

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33957 (percutaneous under age 6)
Total US for under age 6 estimated use = 1
Medicare estimated use = 0

Specialty cardiothoracic surgery Frequency 1 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33957 (percutaneous under age 6)
Total US for under age 6 estimated use = 1
Medicare estimated use = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33958 Tracking Number BB12 Original Specialty Recommended RVU: **4.05**
Presented Recommended RVU: **4.05**
Global Period: 000 RUC Recommended RVU: **4.05**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO one day earlier is noted to have decreased venous return requiring decreased ECMO flow with elevated central venous pressures. To improve venous drainage to the pump, repositioning of the existing venous cannula is required.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 29%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for repositioning of cannula(e). Risks, possible benefits and alternatives for repositioning and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: The cannula(e) are prepped and draped with sterile technique. With or without fluoroscopy the cannula(e) are advanced or withdrawn until ECMO flows are adequate. The cannula(e) are secured and dressed with sterile technique.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33958		
Sample Size:	6599	**Resp N:** 103	**Response:** 1.5 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	60.00
Survey RVW:	2.00	3.51	**4.05**	8.00	90.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	20.00	**30.00**	45.00	120.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33958	**Recommended Physician Work RVU: 4.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33993	XXX	3.51	**RUC Time**

CPT Descriptor Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,059

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
47490	010	4.00	**RUC Time**

CPT Descriptor Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 61 **% of respondents:** 59.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 33958**	**Key Reference CPT Code: 33993**	**Source of Time RUC Time**
Median Pre-Service Time	48.00	30.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**118.00**	**90.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.39 / 3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.48 / 3.38
Urgency of medical decision making	3.72 / 3.70
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.21 / 3.26
Physical effort required	2.90 / 2.90
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.59 / 3.49
Outcome depends on the skill and judgment of physician	3.79 / 3.70
Estimated risk of malpractice suit with poor outcome	3.41 / 3.34

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.51	3.39
Intra-Service intensity/complexity	3.18	3.16

Post-Service intensity/complexity	3.08	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 103 respondents. The majority of respondents (61) selected 33993 (Percutaneous Repositioning, Ventricular Assist Device) as the Key Reference code with 33990 (Insertion Percutaneous Ventricular Assist Device) selected by 9 respondents as the next most frequent. The Vignette was felt to be typical by 95% of respondents and the procedure was typically performed as an inpatient.

Pre Time

An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: no change
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time

The survey median intraservice time is 30 minutes based on median survey data

Post Time

Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit

100% of the survey respondents indicated that the patient stayed overnight in the hospital and 79% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation:

The specialty societies are recommending a work RVU of 4.05 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.066 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. The total time for 33958 is 28 min, longer than that for 33993 and the IWPUT's remain identical for the recommended value of 33958.

MPC Codes

The expert panel also believes that proposed code 33958 is supported by MPC codes 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)), 52224 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy) as well as CPT 47490 (Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 17
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:

Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33958 (percutaneous over age 6)
Total US for over age 6 estimated use = 17
Medicare estimated use = 8

Specialty cardiology Frequency 3 Percentage 17.64 %

Specialty cardiothoracic surgery Frequency 12 Percentage 70.58 %

Specialty pediatric general surgery Frequency 2 Percentage 11.76 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33958 (percutaneous over age 6)
Total US for over age 6 estimated use = 17
Medicare estimated use = 8

Specialty cardiology Frequency 1 Percentage 12.50 %

Specialty cardiothoracic surgery Frequency 7 Percentage 87.50 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33959 Tracking Number BB13 Original Specialty Recommended RVU: **4.69**
Presented Recommended RVU: **4.69**
Global Period: 000 RUC Recommended RVU: **4.69**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A child is on veno-arterial extracorporeal life support (ECMO) due to overwhelming pertussis with multi-system organ failure. The carotid artery cannula is found to be deep, resulting in left ventricular stress and maldistribution of oxygenated blood flow. Repositioning of the arterial cannula is necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 79%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 35%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 23%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options revision of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: The cannula(e) and incision are prepped and draped with sterile technique. The incision is re-opened. The venous cannula is advanced or withdrawn and secured. The cannula(e) are secured, the incision is closed and sterile dressings are reapplied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33959		
Sample Size:	6099	**Resp N:** 52	**Response:** 0.8 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	8.00
Survey RVW:	3.20	4.69	**7.43**	11.06	20.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	20.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33959	**Recommended Physician Work RVU: 4.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33993	XXX	3.51	**RUC Time**

CPT Descriptor Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31791	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
22315*	000	4.95	**RUC Time**

CPT Descriptor Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
*RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 33959**	**Key Reference CPT Code: 33993**	**Source of Time RUC Time**
Median Pre-Service Time	60.00	30.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**130.00**	**90.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.38 / 3.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.54 / 3.46
Urgency of medical decision making	4.31 / 4.23
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.77 / 3.54
Physical effort required	3.23 / 3.00
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	4.00 / 3.77
Outcome depends on the skill and judgment of physician	4.08 / 3.92
Estimated risk of malpractice suit with poor outcome	3.85 / 3.77

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.54	3.38
Intra-Service intensity/complexity	3.62	3.46

Post-Service intensity/complexity	3.38	3.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 52 respondents. 33993 (Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion) was chosen as Key Reference Service codes by 13 of the survey respondents and 34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral was chosen as Key Reference Service codes by 8 of the survey respondents. The vignette was felt to be typical by 92% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of15 minutes based on survey data.

Intra Service Time
The survey median intraservice time is 30 minutes based on survey data.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 92% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 4.69 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.078 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Code, the expert panel felt that proposed code 33959 was more intense, required more time for evaluation, positioning and scrub, dress and wait time. The Intra Service time for 33959 was more than the Key Reference Service Code 33993 and the intensity was more recognizing this procedure is performed in small critically ill children.

MPC Codes

The expert panel also believes that proposed code 33959 is supported by MPC codes 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)), 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) as well as CPT 22315

(Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 32
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33959 (open peripheral under age 6)
Total US for under age 6 estimated use = 32
Medicare estimated use = 0

Specialty cardiothoracic surgery Frequency 10 Percentage 31.25 %

Specialty pediatric general surgery Frequency 22 Percentage 68.75 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33959 (open peripheral under age 6)
Total US for under age 6 estimated use = 32
Medicare estimated use = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33962 Tracking Number BB14 Original Specialty Recommended RVU: **4.73**
Presented Recommended RVU: **4.73**
Global Period: 000 RUC Recommended RVU: **4.73**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO one day earlier is noted to have decreased venous return requiring decreased ECMO flow with elevated central venous pressures. To improve venous drainage to the pump, repositioning of the existing venous cannula is required.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 85%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 29%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 21%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for repositioning of cannula(e.) Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: The cannula(e) and incision are prepped and draped with sterile technique. The incision is re-opened. The venous cannula is advanced or withdrawn and secured. The cannula(e) are secured, the incision is closed and sterile dressings are reapplied.

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33962		
Sample Size:	6099	**Resp N:** 75	**Response:** 1.2 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	3.00	25.00
Survey RVW:	2.26	4.73	**7.00**	10.00	20.25
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	20.00	**30.00**	60.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33962	**Recommended Physician Work RVU: 4.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33993	XXX	3.51	**RUC Time**

CPT Descriptor Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
22315*	000	4.95	**RUC Time**

CPT Descriptor Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
*RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 29.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33962**	**Key Reference CPT Code: 33993**	**Source of Time RUC Time**
Median Pre-Service Time	48.00	30.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**118.00**	**90.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.64	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.73	3.82
Urgency of medical decision making	4.05	4.00
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.50	3.50
Physical effort required	3.32	3.27
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.59	3.59
Outcome depends on the skill and judgment of physician	3.82	3.86
Estimated risk of malpractice suit with poor outcome	3.59	3.59

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.05	4.05
Intra-Service intensity/complexity	3.50	3.59

Post-Service intensity/complexity	3.73	3.59

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 75 respondents. 33993 (Percutaneous Repositioning, Ventricular Assist Device) was chosen as a Key Reference Service Code by 32 respondents. 34812 (Open Femoral Arterial exposure for endograft delivery) was chosen as a Key Reference Service codes by 9 survey respondents. The Vignette was felt to be typical by 99% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time

An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

Evaluation: Subtract 10 minutes for a total of 30 minutes
Positioning: No Change
Scrub, Dress and Wait: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time

The survey median service time is 30 minutes

Post Time

Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit

99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation:

The specialty societies are recommending a work RVU of 4.73 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.089 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes.

Compared to the Key Reference Codes, the expert panel felt that proposed code 33962 was similarly intense, required less time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time. The Intra Service time for 33962 was identical to the Key Reference Service intra time of 30 minutes for 33993 but less than the reference code 34812.

The expert panel also believes that proposed code 33962 is supported by MPC codes 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)), 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) as well as CPT 22315 (Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 33
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33962 (open peripheral over age 6)
Total US for over age 6 estimated use = 33
Medicare estimated use = 17

Specialty cardiothoracic surgery Frequency 30 Percentage 90.90 %

Specialty pediatric general surgery Frequency 3 Percentage 9.09 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33962 (open peripheral over age 6)
Total US for over age 6 estimated use = 33
Medicare estimated use = 17

Specialty cardiothoracic surgery Frequency 17 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33981

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33963 Tracking Number BB15 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 RUC Recommended RVU: **9.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO one day earlier is noted to have decreased venous return requiring decreased ECMO flow with elevated central venous pressures. To improve venous drainage to the pump, repositioning of the existing venous cannula is required.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 93%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 28%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 29%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for revision of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: The cannula(e) and patient are prepped and draped with sterile technique. The chest is re-opened. The venous cannula is advanced or withdrawn and secured. After hemostasis the chest is closed and sterile dressings are applied

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33963		
Sample Size:	6099	**Resp N:** 46	**Response:** 0.7 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.75	10.00
Survey RVW:	3.80	9.00	**16.56**	18.79	29.18
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	33.00	**48.00**	60.00	90.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33963	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	000	16.46	**RUC Time**	8,455

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adjusted to 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
22520*	000	8.25	**RUC Time**

CPT Descriptor Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 34.7 **%**

TIME ESTIMATES (Median)	CPT Code: 33963	Key Reference CPT Code: 35820*	Source of Time RUC Time
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	48.00	136.00	
Median Immediate Post-service Time	20.00	40.00	
Median Critical Care Time	0.0	70.00	
Median Other Hospital Visit Time	55.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**183.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.69
Urgency of medical decision making	4.38	4.19
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	3.75
Physical effort required	3.69	3.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.31
Outcome depends on the skill and judgment of physician	4.38	3.94
Estimated risk of malpractice suit with poor outcome	4.19	4.06

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.06	3.75
Intra-Service intensity/complexity	4.13	4.00

Post-Service intensity/complexity	3.81	3.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 46 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) were chosen as Key Reference Service codes by 16 and 14 of the survey respondents respectively. The vignette was felt to be typical by 85% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 48 minutes based on the survey.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 93% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99232 (25 minutes) as typical same day post operative visit which typically involves evaluation of the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation

The survey performance rate for 33963 was 0. There were 29 out of the 46 total respondents with a 0 performance rate and 17 with a performance rate of 1 or greater. Those with experience ranked the RVW slightly higher than those without experience (median of 18.00 versus 15.00 had a higher intra-service time (median of 60 versus 45). The respondents with experience also indicated a slightly lower positioning time (15 versus 20) and a slightly higher immediate post time (30 versus 20). The 25th percentile RVW was the same (9.00) for the aggregate and those with no experience with the 25th percentile for those with experience at 10.00.

The specialty societies are recommending the aggregate data inputs for 33963 which is a work RVU of 9.00, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.113 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes.
Compared to the Key Reference Codes, the expert panel felt that proposed code 33963 was more intense, required similar time for evaluation, required more positioning time as well as scrub, dress and wait time. The Intra Service time for 33963 was less than the Key Reference Service Codes but the intensity was considerably more recognizing the critical condition of these babies.

MPC Codes

The expert panel also believes that proposed code 33963 is supported by MPC codes 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection), 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) as well as CPT 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 33
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648

For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33963 (central under age 6)
Total US for under age 6 estimated use = 33
Medicare estimated use = 0

Specialty cardiothoracic surgery Frequency 33 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33963 (central under age 6)
Total US for under age 6 estimated use = 33
Medicare estimated use = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33964 Tracking Number BB16 Original Specialty Recommended RVU: **9.50**
Presented Recommended RVU: **9.50**
Global Period: 000 RUC Recommended RVU: **9.50**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician;reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO one day earlier is noted to have decreased venous return requiring decreased ECMO flow with elevated central venous pressures. To improve venous drainage to the pump, repositioning of the existing venous cannula is required.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 99% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 85%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 25%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 19%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for repositioning of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: The cannula(e) and patient are prepped and draped with sterile technique. The chest is re-opened. The cannula is advanced or withdrawn and secured. After hemostasis the chest is closed and sterile dressings are applied

Description of Post-Service Work: Secure ECMO cannula(e) and circuit with perfusionist/ECMO specialist. Check cannula positions by radiography or ECHO. Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33964		
Sample Size:	6099	**Resp N:** 73	**Response:** 1.1 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	15.00
Survey RVW:	3.00	9.50	**15.25**	20.00	32.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	45.00	**60.00**	90.00	220.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33964	**Recommended Physician Work RVU: 9.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215*	090	16.46	**RUC Time**	8,455

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code RVW adjusted to 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
22520*	000	8.25	**RUC Time**

CPT Descriptor Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 35.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 33964**	**Key Reference CPT Code: 35820***	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	60.00	136.00	
Median Immediate Post-service Time	20.00	40.00	
Median Critical Care Time	0.0	70.00	
Median Other Hospital Visit Time	55.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**195.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.85	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.85	3.46
Urgency of medical decision making	3.36	4.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.88	3.54
Physical effort required	3.77	3.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.15	3.96
Outcome depends on the skill and judgment of physician	4.27	3.85
Estimated risk of malpractice suit with poor outcome	3.88	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.96	3.42
Intra-Service intensity/complexity	4.04	3.81

Post-Service intensity/complexity	4.00	3.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 73 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) was chosen as a Key Reference Service Code by 26 respondents and 33993 (Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion) was chosen as a Key Reference Service codes by 10 survey respondents. The Vignette was felt to be typical by 96% of the respondents, and the procedure was typically performed as an inpatient

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

Evaluation: Subtract 10 minutes for a total of 30 minutes
Positioning: 3 minutes (Pre Time Package #4)
Scrub, Dress and Wait: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median service time is 60 minutes

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99233 (55 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, evaluation of distal limb perfusion including possible compartment syndrome and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation

The specialty societies are recommending a work RVU of 9.50 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.099 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes.

Compared to the Key Reference Code 35820, the expert panel felt that proposed code 33964 was slightly more intense, required similar time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time.

MPC Codes

The expert panel also believes that proposed code 33964 is supported by MPC codes 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection), 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed) as well as CPT 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748

It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33964 (central over age 6)
Total US for over age 6 estimated = 6
Medicare estimated use = 3

Specialty cardiothoracic surgery Frequency 6 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula repositioning
It is estimated that of the cannula(e) inserted, 5% of them will be repositioned

33964 (central over age 6)
Total US for over age 6 estimated = 6
Medicare estimated use = 3

Specialty cardiothoracic surgery Frequency 3 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33965 Tracking Number BB17 Original Specialty Recommended RVU: **3.51**
Presented Recommended RVU: **3.51**
Global Period: 000 RUC Recommended RVU: **3.51**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO using percutaneous cannulation has improved so that he/she can be weaned from ECMO. The percutaneous cannula(e) can now be removed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 81%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 27%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing neck and/or groin. Cannulation site(s) prepped and draped. The cannula(e) are removed and hemostasis is achieved with pressure. Sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33965		
Sample Size:	6599	**Resp N:** 59	**Response:** 0.8 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	15.00
Survey RVW:	1.10	3.51	**5.50**	8.00	90.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33965	**Recommended Physician Work RVU: 3.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,747

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62264*	000	3.78	**RUC Time**	13,519

CPT Descriptor 2 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
*Code RVW adjusted to 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
33993	XXX	3.51	**RUC Time**

CPT Descriptor Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33965**	**Key Reference CPT Code: 34812**	**Source of Time RUC Time**
Median Pre-Service Time	60.00	75.00	
Median Intra-Service Time	30.00	45.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**130.00**	**150.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	2.92
Urgency of medical decision making	2.92	2.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.50	3.33
Physical effort required	2.83	2.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.33	3.17
Outcome depends on the skill and judgment of physician	3.67	3.58
Estimated risk of malpractice suit with poor outcome	3.00	2.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.08
Intra-Service intensity/complexity	3.58	3.17

Post-Service intensity/complexity	2.67	2.58

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 59 respondents. 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) was chosen as Key Reference Service codes by 12 of the survey respondents and 36556 (Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older) was chosen as Key Reference Service codes by 8 of the survey respondents. The vignette was felt to be typical by 92% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: 15 minutes based on expert panel.

Intra Service Time
The survey median intraservice time is 30 minutes based on survey data.

Post Time
Immediate post package 9B – However, to be consistent within the peripheral ECMO cannula removal codes, the expert panel felt that 20 minutes was more appropriate based on survey data from the other removal codes. The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 81% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 3.51 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.039 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33965 was more intense, required similar time for evaluation, positioning and scrub, dress and wait time. The Intra Service time for 33965 was more than the Key Reference Service Code 36556 and less than the Key Reference Service Code 34812 but the intensity was more recognizing this procedure is performed in critically ill small children.

MPC Codes
The expert panel also believes that proposed code 33965 is supported by MPC codes 52214 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands), 62264 (Percutaneous lysis of epidural adhesions using

solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day) as well as CPT 33993 (Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal

ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed.

33965 (percutaneous under age 6)
Total US for under age 6 estimated use = 5
Medicare estimated = 0

Specialty cardiology Frequency 1 Percentage 20.00 %

Specialty cardiothoracic surgery Frequency 1 Percentage 20.00 %

Specialty pediatric general surgery Frequency 3 Percentage 60.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed.

33965 (percutaneous under age 6)
Total US for under age 6 estimated use = 5
Medicare estimated = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33517

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33966 Tracking Number BB18 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: 000 RUC Recommended RVU: **4.50**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO using percutaneous cannulation has improved so that he/she can be weaned from ECMO. The percutaneous cannula(e) can now be removed

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 77%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 28%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for ECMO decannulation are explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing neck and/or groin. Cannulation site(s) prepped and draped. The cannula(e) are removed and hemostasis is achieved with pressure. Sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA, ACC		
CPT Code:	33966		
Sample Size:	6599	**Resp N:** 103	**Response:** 1.5 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099, ACC - 500		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.25	**3.00**	7.00	60.00
Survey RVW:	1.10	4.50	**7.00**	10.88	24.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	30.00	**45.00**	60.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33966	**Recommended Physician Work RVU: 4.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49440*	000	3.42	**RUC Time**	17,473

CPT Descriptor 2 Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
*Code RVW adjusted for 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
15004	000	4.58	**RUC Time**

CPT Descriptor Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 29.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 33966**	**Key Reference CPT Code: 34812**	**Source of Time RUC Time**
Median Pre-Service Time	48.00	75.00	
Median Intra-Service Time	45.00	45.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**133.00**	**150.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.10 / 2.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.27 / 2.87
Urgency of medical decision making	2.87 / 2.70
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.17 / 3.20
Physical effort required	2.83 / 2.73
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.37 / 3.07
Outcome depends on the skill and judgment of physician	3.40 / 3.20
Estimated risk of malpractice suit with poor outcome	3.40 / 3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	2.93
Intra-Service intensity/complexity	3.03	2.93

Post-Service intensity/complexity	2.80	2.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 103 respondents. 34812 (Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral) was chosen as a Key Reference Service Code by 30 respondents. The Vignette was felt to be typical by 97% of the respondents, and the procedure was typically performed as an inpatient (100%).

Pre Time

An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes
- **Positioning**: 3 minutes (Pre Time Package #4)
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time

The survey median service time is 45 minutes

Post Time

Immediate post package 9B – However, to be consistent within the peripheral ECMO cannula removal codes, the expert panel felt that 20 minutes was more appropriate based on survey data from the other removal codes. The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit

100% of the survey respondents indicated that the patient stayed overnight in the hospital and 77% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99231 (20 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, evaluation of distal limb perfusion including possible compartment syndrome and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation

The specialty societies are recommending a work RVU of 4.50 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.054 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Code 34812, the expert panel felt that proposed code 33966 was less intense, required less time for evaluation, required slightly more positioning time and significantly more scrub, dress and wait time.

MPC Codes

The expert panel also believes that proposed code 33966 is supported by MPC codes 52235 (Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)), 44940 (Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report) as well as CPT 15004 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 132
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383

For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed.

33966 (percutaneous over age 6)
Total US for over age 6 estimated use = 132
Medicare estimated use = 67

Specialty cardiology Frequency 20 Percentage 15.15 %

Specialty cardiothoracic surgery Frequency 99 Percentage 75.00 %

Specialty pediatric general surgery Frequency 13 Percentage 9.84 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 67 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed.

33966 (percutaneous over age 6)
Total US for over age 6 estimated use = 132
Medicare estimated use = 67

Specialty cardiology Frequency 7 Percentage 10.44 %

Specialty cardiothoracic surgery Frequency 60 Percentage 89.55 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33969 Tracking Number BB19 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 000 RUC Recommended RVU: **6.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO using open peripheral cannulation has improved so that he/she can be weaned from ECMO. The peripheral cannula(e) can now be removed

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 94%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing neck and/or groin. Cannulation site(s) prepped and draped. The patient is weaned from the support device and it is determined that it is safe to proceed with decannulation. The cannula(e) are removed with a cutdown and repair of the artery and vein. After hemostasis, the wound is closed and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33969		
Sample Size:	6099	**Resp N:** 50	**Response:** 0.8 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	15.00
Survey RVW:	2.50	6.00	**8.50**	11.68	25.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	30.00	**43.00**	60.00	100.00

Immediate Post Service-Time:	**23.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33969	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904*	000	5.56	**RUC Time**	50,802

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
*Code adjusted for 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,840

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 33969**	**Key Reference CPT Code:** 34812	**Source of Time** RUC Time

Median Pre-Service Time	60.00	75.00
Median Intra-Service Time	43.00	45.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	40.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**163.00**	**150.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.42	2.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.25	2.67
Urgency of medical decision making	3.25	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.67	2.83
Physical effort required	3.17	2.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.67	3.00
Outcome depends on the skill and judgment of physician	3.92	3.33
Estimated risk of malpractice suit with poor outcome	3.75	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.42	2.75
Intra-Service intensity/complexity	3.25	2.92
Post-Service intensity/complexity	3.17	2.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 50 respondents. 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) was chosen as Key Reference Service codes by 12 of the survey respondents and 37225 (Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed) was chosen as Key Reference Service codes by 6 of the survey respondents. The vignette was felt to be typical by 98% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes adding 12 minutes for Anterior neck surgery to the standard package #4 time of 3 minutes. The anterior neck approach is used for this procedure in this age population.
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data.

Intra Service Time
The survey median intraservice time is 43 minutes based on survey data.

Post Time
Immediate post package 9B – However, to be consistent within the peripheral ECMO cannula removal codes, the expert panel felt that 20 minutes was more appropriate based on survey data from the other removal codes. The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 94% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99232 (25 minutes) as typical same day post operative visit which typically involves evaluation of the cannulation site for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

Recommendation
The specialty societies are recommending a work RVU of 6.00 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.071 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33969 was slightly less intense and required similar time for evaluation, positioning and scrub, dress and wait time. The Intra Service time for 33969 was similar to the Key Reference Service Code 34812 and less than the Key Reference Service Code 37225.

MPC Codes
The expert panel also believes that proposed code 33969 is supported by MPC codes 67904 (Repair of blepharoptosis; (tarso) levator resection or advancement, external approach), 52352 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)) as well as CPT 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 225
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33969 (open peripheral under age 6)
Total US for under age 6 estimated use = 255
Medicare estimated use = 0.

Specialty cardiothoracic surgery Frequency 68 Percentage 30.22 %

Specialty pediatric general surgery Frequency 157 Percentage 69.77 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33969 (open peripheral under age 6)
Total US for under age 6 estimated use = 255
Medicare estimated use = 0.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33984 Tracking Number BB20 Original Specialty Recommended RVU: **6.38**
Presented Recommended RVU: **6.38**
Global Period: 000 RUC Recommended RVU: **6.38**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO using open peripheral cannulation has improved so that he/she can be weaned from ECMO. The peripheral cannula(e) can now be removed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 84%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for ECMO decannulation are explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned exposing neck and/or groin. Cannulation site(s) prepped and draped. The patient is weaned from the support device and it is determined that it is safe to proceed with decannulation. The cannula(e) are removed with a cutdown and repair of the artery and vein. After hemostasis, the wound is closed and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33984		
Sample Size:	6099	**Resp N:** 76	**Response:** 1.2 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.75	**2.00**	5.00	80.00
Survey RVW:	3.00	6.38	**9.46**	13.20	24.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	30.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33984	**Recommended Physician Work RVU: 6.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904*	000	5.56	**RUC Time**	50,802

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
*Code RVW adjusted for 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,840

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
34812	000	6.74	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 26.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33984**	**Key Reference CPT Code:** 34812	**Source of Time** RUC Time

Median Pre-Service Time	48.00	75.00
Median Intra-Service Time	45.00	45.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	40.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**153.00**	**150.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.45	2.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.45	2.95
Urgency of medical decision making	3.30	2.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.30	3.05
Physical effort required	3.15	2.90
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.60	3.05
Outcome depends on the skill and judgment of physician	3.65	3.30
Estimated risk of malpractice suit with poor outcome	3.35	3.15

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.75	2.80
Intra-Service intensity/complexity	3.30	3.20
Post-Service intensity/complexity	3.30	2.65

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 76 respondents. 34812 (Open femoral artery delivery of endovascular prosthesis) as the Key Reference code by 20 respondents and 34820 (Open Iliac arterial exposure for endograft delivery) which was the next most frequent was chosen by 11 of the respoondents. The vignette was felt to be typical by 97% of the respondents, and the procedure was typically performed as an inpatient

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: no change
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 45 minutes based on the survey.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 20 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 13 minutes from package 9B for a total of 20 minutes

In-patient Same Day Post Operative Visit
99% of the survey respondents indicated that the patient stayed overnight in the hospital and 84% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99232 (40 minutes) as typical same day post operative visit which typically involves evaluation of the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation
The specialty societies are recommending a work RVU of 6.38 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.082 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes.

Compared to the Key Reference Codes, the expert panel felt that proposed code 33984 had similar intensity and complexity and required similar time for evaluation, positioning time and scrub, dress and wait time. The Intra Service time for 33984 was the same as the Key Reference Service Code 34812 and less than the Key Reference Service Code 34820 with a slightly lower intensity.

MPC Codes
The expert panel also believes that proposed code 33984 is supported by MPC codes 67904 (Repair of blepharoptosis; (tarso) levator resection or advancement, external approach), 52352 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)) as well as CPT 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 264
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33984 (open peripheral over age 6)
Total US for over age 6 estimated use = 264
Medicare estimated use = 134

Specialty cardiothoracic surgery Frequency 238 Percentage 90.15 %

Specialty pediatric general surgery Frequency 26 Percentage 9.84 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 134
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33984 (open peripheral over age 6)
Total US for over age 6 estimated use = 264
Medicare estimated use = 134

Specialty cardiothoracic surgery Frequency 134 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33985 Tracking Number BB21 Original Specialty Recommended RVU: **9.89**
Presented Recommended RVU: **9.89**
Global Period: 000 RUC Recommended RVU: **9.89**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient who was placed on ECMO using open central cannulation has improved so that he/she can be weaned from ECMO. The central cannula(e) can now be removed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 96%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for cannulation and ECMO support explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned supine exposing chest and possible groin. The sternotomy incision is re-opened. The patient is weaned from the support device and it is determined that it is safe to proceed with decannulation. Cannula(e) are removed and pursestring sutures re-enforced. After hemostasis, chest drains are positioned, the sternotomy incision is closed, and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33985		
Sample Size:	6099	**Resp N:** 46	**Response:** 0.7 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	15.00
Survey RVW:	4.25	9.89	**16.06**	18.85	29.18
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	36.00	**55.00**	60.00	120.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33985	**Recommended Physician Work RVU: 9.89**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**55.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601*	000	10.04	**RUC Time**	47,642

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
*Code RVW adusted to 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426*	000	29.99	**RUC Time**	5,958

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
*Code RVW adjusted to 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
58260*	090	9.64	**RUC Time**

CPT Descriptor Vaginal hysterectomy, for uterus 250 g or less;
*Code RVW adjusted to 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 41.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 33985**	**Key Reference CPT Code: 35820***	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	55.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	0.0	70.00	
Median Other Hospital Visit Time	55.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**200.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.74	3.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.68	3.63
Urgency of medical decision making	3.53	4.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	3.84
Physical effort required	3.74	3.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.32	4.32
Outcome depends on the skill and judgment of physician	4.26	3.95
Estimated risk of malpractice suit with poor outcome	3.89	3.89

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.05	3.68
Intra-Service intensity/complexity	3.95	3.89

Post-Service intensity/complexity	3.79	3.47

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 46 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) were chosen as Key Reference Service codes by 19 and 6 of the survey respondents respectively. The vignette was felt to be typical by 84% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Drape and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 55 minutes based on the survey.

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes.

In-patient Same Day Post Operative Visit
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 96% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The expert panel assigned 99233 (35 minutes) as typical same day post operative visit which typically involves evaluation of the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family

Recommendation
The specialty societies are recommending a work RVU of 9.89 for this code, which is the 25th percentile value of the survey. This recommendation results in an IWPUT of 0.111 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33985 had similar intensity and complexity and required similar time for evaluation, positioning time and scrub, dress and wait time. The Intra Service time for 339X21 was less than the Key Reference Service Code 35820 and more than the Key Reference Service Code 34812 but the intensity was more recognizing the critical condition of these babies.

MPC Codes
The expert panel also believes that proposed code 33985 is supported by MPC codes 52601 (Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)), 33426 (Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring) as well as CPT 58260 (Vaginal hysterectomy, for uterus 250 g or less;) as mentioned above

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 261
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33985 (central under age 6)
Total US for under age 6 estimated use = 261
Medicare estimated use = 0

Specialty cardiothoracic surgery Frequency 261 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33985 (central under age 6)
Total US for under age 6 estimated use = 261
Medicare estimated use = 0

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33986 Tracking Number BB22 Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **10.00**
Global Period: 000 RUC Recommended RVU: **10.00**

CPT Descriptor: Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A post cardiac surgery patient that was placed on ECMO using central cannulation has recovered cardiac and respiratory function to the degree that ECMO is no longer required. The decision is made to return the patient to the operating room for operative removal of the ascending aorta and right atrial cannula(e).

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 85%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Patient's history and studies are reviewed. Physical examination is performed to assess best options for removal of cannula(e). Risks, possible benefits and alternatives for ECMO decannulation are explained to families and consent is obtained from family for appropriate procedure. Prophylactic antibiotics are given.

Description of Intra-Service Work: Patient is positioned supine exposing chest and possible groin. The sternotomy incision is re-opened. The patient is weaned from the support device and it is determined that it is safe to proceed with decannulation. Cannula(e) are removed and pursestring sutures re-enforced. After hemostasis, chest drains are positioned, the sternotomy incision is closed, and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33986		
Sample Size:	6099	**Resp N:** 71	**Response:** 1.1 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	20.00
Survey RVW:	4.50	10.00	**18.00**	20.00	32.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	1.00	53.00	**60.00**	93.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33986	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601*	000	10.04	**RUC Time**	47,642

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
*Code RVW adusted for 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426*	000	29.99	**RUC Time**	5,958

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
*Code RVW adjusted for 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
58260*	000	9.64	**RUC Time**

CPT Descriptor Vaginal hysterectomy, for uterus 250 g or less
*Code RVW adjusted for 0 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 33 **% of respondents:** 46.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 33986**	**Key Reference CPT Code: 35820***	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	60.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	0.0	70.00	
Median Other Hospital Visit Time	55.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**205.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.36	3.18
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.58	3.15
Urgency of medical decision making	3.39	3.97
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.48	3.18
Physical effort required	3.42	3.24
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.79	3.42
Outcome depends on the skill and judgment of physician	3.88	3.45
Estimated risk of malpractice suit with poor outcome	3.48	3.48

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.64	3.21
Intra-Service intensity/complexity	3.45	3.27

Post-Service intensity/complexity	3.30	3.03

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 71 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 34812 (Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral) were chosen as Key Reference Service codes by 33 and 5 of the survey respondents respectively. The Vignette was felt to be typical by 92% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time

An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Dress and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time

The survey median intraservice time is 60 minutes based on median survey data

Post Time

Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

Other Hospital Visits

99% of the survey respondents indicated that the patient stayed overnight in the hospital and 85% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. . The expert panel assigned 99233 (35 minutes) as typical same day post-operative visit which typically involves evaluation of the patient for bleeding, cannula position and function and communication of results and further care plans to other health care professionals and to the patient and/or family.

Recommendation

The specialty societies are recommending a work RVU of 10.00 for this code, which represents the 25th percentile value. This recommendation results in an IWPUT of 0.103 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33986 was somewhat more intense, required the same time for evaluation, required more positioning time and had similar scrub, dress and wait time.

MPC Codes

The expert panel also believes that proposed code 33986 is supported by MPC codes 52601 (Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)),

33426 (Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring) as well as CPT 58260 (Vaginal hysterectomy, for uterus 250 g or less;) as mentioned above

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 44
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Cannula removal

ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, it is estimated that of the cannula(e) placed 40% will be removed

33986 (central over age 6)
Total US for over age 6 estimated use = 44
Medicare estimated use = 22

Specialty cardiothoracic surgery Frequency 44 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

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33986 (central over age 6)
Total US for over age 6 estimated use = 44
Medicare estimated use = 22

Specialty cardiothoracic surgery Frequency 22 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33530

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33987 Tracking Number BB23 Original Specialty Recommended RVU: **4.04**
Presented Recommended RVU: **4.04**
Global Period: ZZZ RUC Recommended RVU: **4.04**

CPT Descriptor: Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)
(Use 33987 in conjunction with 33953-33956)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Preparations are made to utilize an open arterial technique for a patient requiring peripheral cardiopulmonary bypass. However, upon direct exposure of the selected artery, it is apparent that direct anastomosis of a prosthetic graft to the artery sidewall is necessary to insure simultaneous antegrade and retrograde perfusion.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: An appropriate sized Dacron conduit is sewn end-to-side to the artery with a monofilament, permanent suture. The graft is then cannulated with an arterial cannula for ECMO.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP, APSA		
CPT Code:	33987		
Sample Size:	6099	**Resp N:** 115	**Response:** 1.8 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000, AAP/APSA - 2099		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.50	25.00
Survey RVW:	2.00	9.75	**15.00**	19.64	32.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	30.00	**45.00**	68.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	33987	**Recommended Physician Work RVU: 4.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35884*	000	19.77	**RUC Time**

CPT Descriptor Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure): Intraservice Time 45 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904*	ZZZ	4.01	**RUC Time**	50,802

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach: Intraservice Time 45 Minutes
*ZZZ value of 090 code removing pre and post time and visit RVW

Other Reference CPT Code	Global	Work RVU	Time Source
34833*	ZZZ	9.06	**RUC Time**

CPT Descriptor Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral: Intraservice Time 90 minutes
*ZZZ value of 000 code removing pre and post time RVW

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 34 **% of respondents:** 29.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 33987**	**Key Reference CPT Code:** 35884*	**Source of Time RUC Time**
Median Pre-Service Time	0.00	85.00	
Median Intra-Service Time	45.00	190.00	
Median Immediate Post-service Time	0.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**45.00**	**345.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.68	3.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.79	3.50
Urgency of medical decision making	4.18	3.47
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.03	3.85
Physical effort required	3.53	3.47
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.97	3.62
Outcome depends on the skill and judgment of physician	3.97	3.91
Estimated risk of malpractice suit with poor outcome	3.59	3.50

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.62	3.38
Intra-Service intensity/complexity	3.82	3.59
Post-Service intensity/complexity	3.56	3.21

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 115 respondents. 35884 (Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft, 19.77 RVU) was chosen as a Key Reference Service code by 34 of the survey respondents and 33889 (Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral) was chosen by 12 of the respondents. The Vignette was felt to be typical by 90% of the respondents, and the procedure was typically performed as an inpatient.

Intra Service Time
The survey median intraservice time is 45 minutes based on survey data

Recommendation
The median survey experience for this code was 0. 68 out of the 115 respondents had a 0 performance rate for the code and 47 out of the 115 respondents had a performance rate of 1 or more. The median RVW for all three results was the same at 15.00. The intra time for those without experience was slightly higher at 53 minutes compared to 45 minutes for those with experience. We propose to utilize the aggregate data, presented here, to support the recommendation.

The Expert Panel felt that the surveyed median RVW of 15 was too high, as was the 25th percentile of 9.75 for this service. The specialty societies are therefore recommending a direct crosswalk to CPT code 35685 (Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)) a ZZZ code RUC valued in 2001 with **4.04 RVW** and an identical intraservice time of 45 minutes. This is a vascular surgery code with similar elements to 33987, and the recommendation is less than half of the 25th percentile survey value. This recommendation results in an IWPUT of 0.090 which is consistent with most cardiovascular procedures and the other access codes in this submission.

In support of this recommendation, we offer CPT code 34833 (Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral). This is a directly analogous procedure, where a major artery is exposed and a “chimney graft” anastomosed to it for access—in this case for deployment of an endovascular stent instead of for an arterial perfusion cannula as in ECMO. The only significant difference is that the iliac artery is a deeper, retroperitioneal structure requiring more extensive surgical time for exposure and vascular control. It is a 000 Global with an RVW of 11.98. We removed the pre and post time and visit values to create its ZZZ

equivalent results in an RVW of 9.06 for the intraservice time of 100 minutes. The IWPUT is 0.091, virtually identical to the recommendation for 33987. The RVW for 45 minutes of 34833 is 4.08 therefor, compared to the recommended 4.04 for 33987.

MPC Codes

We also offer two MPC codes to support this recommendation. CPT code 57267 (Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) is a ZZZ code with 4.88 RVW and identical intraservice time of 45 minutes. CPT code 67904 (Repair of blepharoptosis; (tarso) levator resection or advancement, external approach) is an 090 global with an identical intraservice time of 45 minutes and ZZZ (intraservice) work of 4.01.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty pediatric general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 389

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Conduit creation
Of open peripheral cannulations, 30% will require a conduit for cannulation

33987
Total US for under age 6 estimated use = 191
Total US for over age 6 estimated use = 198
Medicare estimated use = 100

Specialty cardiothoracic surgery Frequency 350 Percentage 89.97 %

Specialty pediatric general surgery Frequency 39 Percentage 10.02 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400

Conduit creation
Of open peripheral cannulations, 30% will require a conduit for cannulation

33987
Total US for under age 6 estimated use = 191
Total US for over age 6 estimated use = 198
Medicare estimated use = 100

Specialty cardiothoracic surgery Frequency 100 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33530

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33988 Tracking Number BB24 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **15.00**
Global Period: 000 RUC Recommended RVU: **15.00**

CPT Descriptor: Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Left ventricular (LV) distension remains problematic for a patient with a veno-arterial ECMO circuit, the decision is made to proceed with placement of a left ventricular vent.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 100%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: History reviewed. TTE or transesophageal echocardiography (TEE) reviewed and after determination that LV distension is present, the left chest is prepped and draped in sterile fashion.

Description of Intra-Service Work: The thoracotomy or sternotomy is created. The left ventricular apex is identified and 2 pledgetted pursestring sutures are placed in the left ventricular apex. The left ventricular apex is cannulated with an appropriate sized cannula and this cannula is de-aired and spliced into the venous return circuit of the ECMO. (Alternatively, the left atrium can be cannulated either through the left atrial wall or the left atrial appendage. In this case, the left atrium is cannulated with an appropriate sized cannula and this cannula is de-aired and spliced into the venous return circuit of the ECMO.) After hemostasis, the chest drain is positioned, the incision closed, and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS, AAP		
CPT Code:	33988		
Sample Size:	4000	**Resp N:** 45	**Response:** 1.1 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	3.00	50.00
Survey RVW:	4.02	15.00	**19.00**	20.00	29.31
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	60.00	**60.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33988	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22520*	000	8.25	**RUC Time**	7,448

CPT Descriptor 1 IPercutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
*RVW adjusted to 000 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
37215*	000	16.46	**RUC Time**

CPT Descriptor Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
*Code global and RVW adusted to 000 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 51.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 33988**	**Key Reference CPT Code:** 35820*	**Source of Time RUC Time**
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	90.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	70.0	70.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**250.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.26	3.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.83
Urgency of medical decision making	4.61	4.48
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.26	3.91
Physical effort required	3.96	3.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.52	4.35
Outcome depends on the skill and judgment of physician	4.52	4.35
Estimated risk of malpractice suit with poor outcome	3.87	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.43	3.96

Intra-Service intensity/complexity	4.09	3.74
Post-Service intensity/complexity	4.26	3.52

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 45 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 92987 Percutaneous balloon valvuloplasty; mitral valve) were chosen as Key Reference Service codes by 23 and 3 of the survey respondents respectively. The Vignette was felt to be typical by 96% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time

An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Dress and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time

The survey median survey intraservice time is was 60 minutes, a time that the expert panel felt was too short to accomplish this procedure and does not provide for a supportable RVW recommendation. The panel suggests that the 75th percentile intraservice time of 90 minutes is supportable for this major thoracic operation with a sternal or thoracic incision, direct intracardiac placement of a catheter, and closure. Comparable procedures would be 32100 (Thoracotomy; with exploration) and 32505 (Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial) which both have an intraservice time of 90 minutes and were surveyed in 2011. As well, this would provide an appropriate time differential from 339X25, removal of the same vent surveyed at 60 minutes of intraservice time (median) and should take less time as this involves reopening a recent incision, removing the vent and securing hemostasis.

Post Time

Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

In-patient Same Day Post Operative Visit

100% of the survey respondents indicated that the patient stayed overnight in the hospital and 100% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The survey supported and the expert panel agreed to assign 99291 as the typical same day post operative visit. This typically involves evaluation of the cannulation site for bleeding, cannula position and function. The initial postoperative course is similar to postoperative cardiac surgery. Because the heart is operated upon occult bleeding and cardiac tamponade are possible complications that must but evaluated by the operating surgeon. The results and further care plans are communicated to other health care professionals and to the patient and/or family.

Recommendation

The specialty societies are recommending a work RVU of 15.00 for this code, which is the 25th percentile value of the survey. This is appropriately of higher value than 33989, removal of the left heart vent, as it involves mediastinal exposure in an urgent (often emergent) setting where ECMO support is failing due to cardiac embarrassment.

Associated with this recommendation is the use of the 75th percentile estimate of intraservice time, partially explained above. Use of the 25th percentile work value (15 RVW) and median intraservice time (60 minutes) results in an IWPUT of 0.145, and was rejected by the expert panel review as unsupportable. The 75th percentile intraservice time (90 minutes) results in an IWPUT of 0.097 which is supportable by many comparable codes and in the middle of the typical range for cardiac surgery. As well, this recommendation is perfectly aligned with the recommendations for similar ECMO procedures 33955 (insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age) and 339X10 (insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older), each with RVW 16 and intraservice time of 90 minutes, in this proposal.

This value is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. It is important to note that placement of a left heart vent will be done when the patient is deteriorating on ECMO and is not sustaining adequate end-organ perfusion without venting.

Compared to the Key Reference Codes, the expert panel felt that proposed code 33988 was somewhat more intense, required similar time for evaluation, required more positioning time and as well as scrub, dress and wait time.

MPC Codes

The expert panel also believes that proposed code 339X10 is supported by MPC codes 37191 (Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed), 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection) and 22520 (Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic) as mentioned above.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 389
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
LV Vent insertion
Of open peripheral cannulations, 30% will require a vent

33988
Total US for under age 6 estimated use = 191
Total US for over age 6 estimated use = 198
Medicare estimated use = 100

Specialty cardiothoracic surgery Frequency 389 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:

Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
LV Vent insertion
Of open peripheral cannulations, 30% will require a vent

33988
Total US for under age 6 estimated use = 191
Total US for over age 6 estimated use = 198
Medicare estimated use = 100

Specialty cardiothoracic surgery Frequency 100 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33530

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33989 Tracking Number BB25 Original Specialty Recommended RVU: **9.50**
Presented Recommended RVU: **9.50**
Global Period: 000 RUC Recommended RVU: **9.50**

CPT Descriptor: Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient who underwent left ventricular or left atrial venting for distention, has improved and it is determined that venting is no longer necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 80%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: History reviewed. A TTE reveals that with the LV vent clamped there is no LV distension

Description of Intra-Service Work: The thoracotomy or sternotomy is re-opened. The left ventricular or left atrial vent is removed and the pursestring suture is tied. After hemostasis, the chest drain is positioned, the incision closed, and sterile dressing is applied.

Description of Post-Service Work: Document in chart and dictate procedure note. Write appropriate post procedure orders and communicate with critical care team and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jim Levett, MD; Jeffrey Jacobs, MD; Kirk Kanter, MD; Stephen Lahey, MD; Joseph Cleveland, MD; Richard Wright, MD; Katina Nicolacakis, MD;Robert DeMarco, MD;Steve Krug, MD: David Notrica, MD		
Specialty(s):	STS		
CPT Code:	33989		
Sample Size:	4000	**Resp N:** 45	**Response:** 1.1 %
Description of Sample:	Each specialty society sent out a random sample to their members: STS - 4000		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	50.00
Survey RVW:	3.00	9.50	**17.54**	19.99	28.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	45.00	**60.00**	75.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33989	**Recommended Physician Work RVU: 9.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35820*	000	18.57	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; chest

*Code global and RVW adusted to 000 day global

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601*	000	10.04	**RUC Time**	47,808

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
*Code RVW adjusted for 0 day global

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426*	000	29.99	**RUC Time**	6,047

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
*Code RVW adjusted for 0 day global

Other Reference CPT Code	Global	Work RVU	Time Source
58260*	000	9.64	**RUC Time**

CPT Descriptor Vaginal hysterectomy, for uterus 250 g or less;
*Code global and RVW adusted to 000 day global

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 46.6 **%**

TIME ESTIMATES (Median)	CPT Code: 33989	Key Reference CPT Code: 35820*	Source of Time RUC Time
Median Pre-Service Time	60.00	45.00	
Median Intra-Service Time	60.00	136.00	
Median Immediate Post-service Time	30.00	40.00	
Median Critical Care Time	0.0	70.00	
Median Other Hospital Visit Time	55.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**205.00**	**291.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.76	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.05	3.81
Urgency of medical decision making	3.71	4.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.76	3.76
Physical effort required	3.71	3.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.24	4.29
Outcome depends on the skill and judgment of physician	4.24	4.24
Estimated risk of malpractice suit with poor outcome	3.90	3.95

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.95
Intra-Service intensity/complexity	3.71	3.71

Post-Service intensity/complexity	3.81	3.48

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A survey was conducted with 45 respondents. 35820 (Exploration for postoperative hemorrhage, thrombosis or infection; chest) and 32654 Thoracoscopy, surgical; with control of traumatic hemorrhage were chosen as Key Reference Service codes by 21 and 3 of the survey respondents respectively. The Vignette was felt to be typical by 98% of the respondents, and the procedure was typically performed as an inpatient.

Pre Time
An expert panel reviewed the survey results and selected Pre-Time Package 4 (difficult patient/difficult procedure) with the following modifications to the package times:

- **Evaluation**: Subtract 10 minutes for a total of 30 minutes based on survey data
- **Positioning**: 15 minutes representative for positioning for central access for surgery on the heart and great vessels
- **Scrub, Dress and Wait**: Subtract 5 minutes for a total of 15 minutes based on survey data

Intra Service Time
The survey median intraservice time is 60 minutes based on median survey data

Post Time
Immediate post package 9B – The expert panel reduced the package time from 33 to 30 minutes based on survey data and expert panel discussion. As a result, the expert panel recommends subtracting 3 minutes from package 9B for a total of 30 minutes

Other Hospital Visits
100% of the survey respondents indicated that the patient stayed overnight in the hospital and 80% of the respondents indicated that they provided a visit to the patient on the same day as the procedure. The survey supported a 99291 visit, but the expert panel disagreed and assigned 99233 as the typical visit which typically involves examination of incision used to place ventricular vent, evaluation of the patient's hemodynamic status and particular attention to bleeding and the possibility of cardiac tamponade. The results are communicated with other health professionals and the family.

Recommendation
The specialty societies are recommending a work RVU of 9.50 for this code, which is the 25th percentile of the survey. This recommendation results in an IWPUT of 0.095 which is supported by the intensity and complexity measures compared to the key reference service, and places the value of this code in appropriate rank order within the family of codes. Compared to the Key Reference Codes, the expert panel felt that proposed code 33989 was somewhat more intense, required similar time for evaluation, required more positioning time as well as scrub, dress and wait time.

MPC Codes
The expert panel also believes that proposed code 33989 is supported by MPC codes 52601 (Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)),

33426 (Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring) as well as CPT 58260 (Vaginal hysterectomy, for uterus 250 g or less;) as mentioned above.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See file titled Multiple procedures same day tables 3-31-2014 final.xlsx

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) not currently reported or unlisted code 337799 or 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 155
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
It is Estimated that of this number approximately 90% of the patients are from the US which is approximately 2400
LV Vent insertion
Of open peripheral cannulations, 30% will require a vent

LV Vent removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, of those that require a vent, 40% will require vent removal

33989
Total US for under age 6 estimated use = 76
Total US for over age 6 estimated use = 79
Medicare estimated use = 40

Specialty cardiothoracic surgery Frequency 155 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data based on CMS Medicare Frequency data (RUC Database from 2012) and data from ECLS Registry Report, International Summary, July 2012

Base Data:
For 33960: 2012 Medicare volume is 383
For 33961: 2012 Medicare volume is 648
For 36822: 2012 Medicare volume is 557

From ECLS Registry Report 2011 data:
Total VV/VA ECMO/ECLS national and international is approximately 2,748
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LV Vent insertion
Of open peripheral cannulations, 30% will require a vent

LV Vent removal
ECMO is known to have a 40% survival rate in patients would otherwise have a 0% survival rate. Therefore, of those that require a vent, 40% will require vent removal

33989
Total US for under age 6 estimated use = 76
Total US for over age 6 estimated use = 79
Medicare estimated use = 40

Specialty cardiothoracic surgery Frequency 40 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33257

ECMO Background and Context of the Proposal

Extracorporeal Membrane Oxygenation (ECMO), also known as Extracorporeal Life Support (ECLS) is an invasive cardiopulmonary support service provided to patients ranging in age from neonates to the elderly. The patients have either pulmonary failure, cardiac failure, or both and are by definition critically ill due to the life-threatening nature of organ failure that is unresponsive to conventional therapy. The underlying disease processes are many and varied, and ECMO may be provided in any or all subspecialty designated Intensive Care Units. The nature of the disease process and patient characteristics, the need for surgical vascular access, as well as the need for evaluation and management services for both the patient and the unique interactions of the patient and the ECMO process require multispecialty physician work.

The typical sequence of events is:

Cannulation: Operative insertion of large bore catheters into the central circulation capable of high blood flow rates, using a variety of access points depending on patient age and type of ECMO circuit to be employed.

Initiation of ECMO: Extracorporeal flow is begun with a circuit that contains a pump and a membrane oxygenator. This requires full systemic anticoagulation, and is associated with large intravascular volume shifts, activation of the inflammatory and coagulation cascades and changes in pulmonary and arterial vascular tone. Changes in extracorporeal flow rates, venous drainage, gas exchange via the oxygenator, patient ventilator settings, intravascular volume and vasoactive drug administration rates are ordered by the physician to stabilize the patient and meet the goals of ECMO.

Maintenance of ECMO: The treatment period ranges from days to weeks. In the typical setting, a non-qualified provider (respiratory therapist/perfusionist = ECMO specialist) manages the ECMO circuit-patient interaction following the guidance of the daily plan and standing orders from the billing provider for daily ECMO management. The daily ECMO plan, updates to the ECMO plan throughout each day, the need to depart from the plan and the standing orders are the responsibility of the billing provider for daily ECMO management. The patient is evaluated for the effectiveness of ECMO and monitored for ECMO related complications which include bleeding, thromboembolism and infection. The ECMO specialists are facility employees, and manage the ECMO circuit-patient interaction under the supervision of a qualified health care provider.

ECMO circuit interventions: From time to time, surgical intervention is required to reposition the cannulae in order to optimize circuit performance or to insert a left ventricular vent to decompress the heart. ECMO circuit integrity is continuously monitored by the ECMO specialist.

Discontinuation of ECMO: The patient is weaned from support and the cannulae are removed.

Heretofore the physician services for patient management have been described by two CPT codes:

33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day, 000 Global, RVW 19.33

33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day, ZZZ Global, RVW 10.91

CPT Code	Global	Work RVU	OOO RVW	IS Time	Total Time	Total OOO Time	Medicare Freq 2012
33960	000	19.33	19.33	133	523	523	432
33961	ZZZ	10.91	10.91	240	240	240	926
	Pre Eval	SDW	Imm Post	99212	99231	99238	IWPUT
33960	150		240				0.080
33961							0.045

These codes were surveyed by Pediatric Surgery in 1993, and ECMO decannulation is included in the valuation of 33960.

The vascular procedures to establish ECMO are described by a single CPT code:

36822 Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) Harvard valued without vignette:

CPT Code	Global	Work RVU	OOO RVW	IS Time	Total Time	Total OOO Time	Medicare Freq 2012
36822	090	5.57	2.0747	48	200	130	577
	Pre Eval	SDW	Imm Post	99212	99231	99238	IWPUT
36822	24	25	23	2	0.5	1	0.035

These 3 CPT codes are being deleted, and replaced by 25 new CPT codes. These were created to clarify the physician work involved, separate the E&M work related to ECMO from the E&M work for the patient's underlying disease process, and enable the different physicians and different specialties that comprise the essential team effort to have their services accurately recognized.

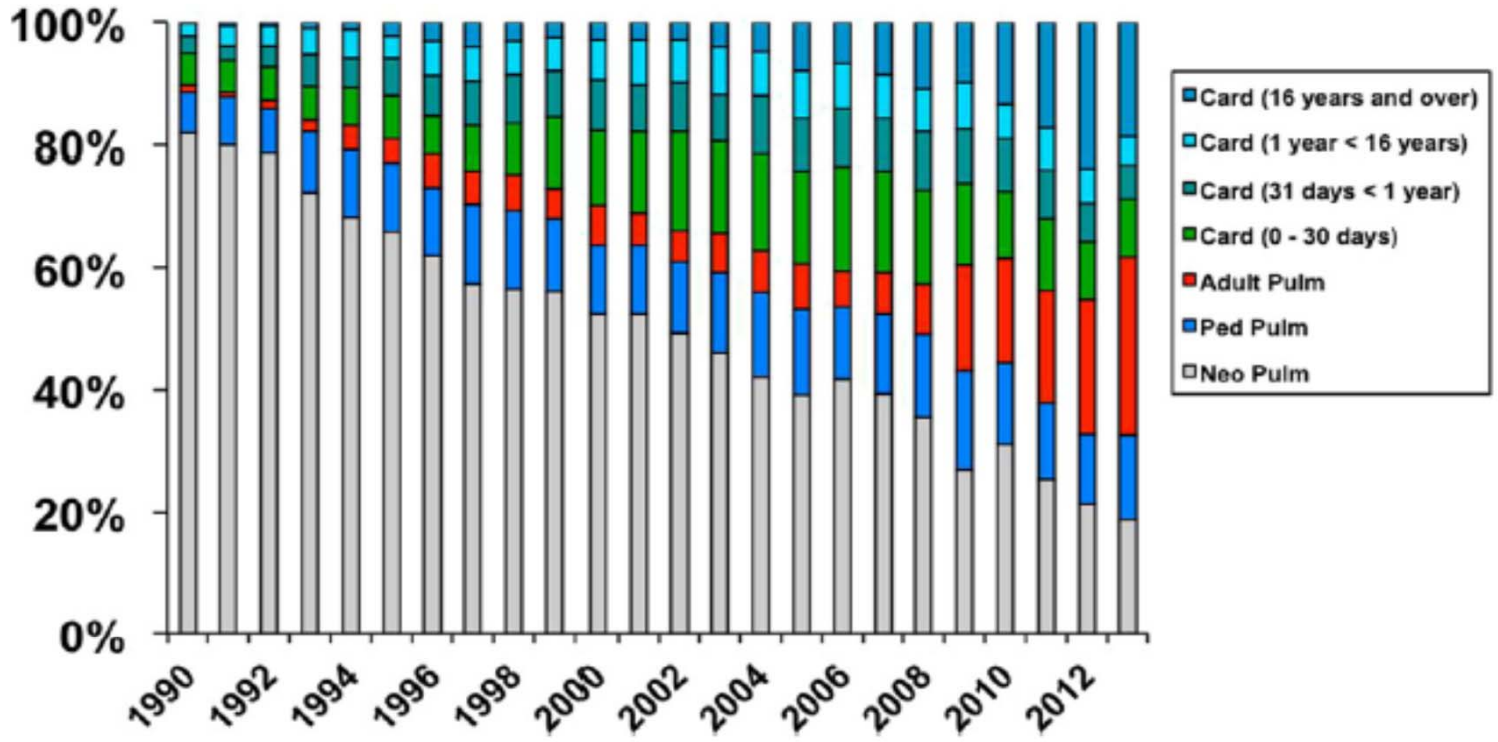

Figure 8. Cases in the Extracorporeal Life Support Organization Registry, July 2013. (From the Extracorporeal Life Support Organization Registry, reprinted with permission.)

ECMO Multiple Codes Same Day

33946 - initiation, veno-venous

Typical Adult 1

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			9.43				
Total Critical Care specialists			15.23				

Typical Adult 2

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			15.43				
Total Critical Care specialists			9.23				

33946 - initiation, veno-venous

Typical Pediatrics 1:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			36.54				
Total Surgeon			9.83				
Total Critical Care specialists			26.71				

Typical Pediatrics 2:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			36.54				
Total Surgeon			15.83				
Total Critical Care specialists			20.71				

33946 - initiation, veno-venous

Other Options:

Service		CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation		33946	XXX	6	40	73	20	Critical Care specialist OR Surgeon
Cannula Insertion		33951	0	8.15	60	60	30	Surgeon/ Cardiologist
	OR	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
	OR	33953	0	9.83	60	60	30	Surgeon
	OR	33954	0	9.43	48	60	30	Surgeon
	OR	33955	0	16	60	90	30	Surgeon
	OR	33956	0	16	60	90	30	Surgeon
Critical care/pt. mgmt		99291	XXX	4.5	15	40	15	Critical Care specialist Or Surgeon
	OR	99471	XXX	15.98	30	180	30	Critical Care specialist Or Surgeon
	OR	99468	XXX	18.46	45	180	48.8	Critical Care specialist Or Surgeon
	OR	99233	XXX	2	10	30	15	Critical Care specialist Or Surgeon

33946 - initiation, veno-venous

Daily ecmo mgmt		33948	XXX	4.73	20	40	20	Critical Care specialist Or Surgeon

33947 – initiation, veno-arterial

Typical Adult 1

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			9.43				
Total Critical Care specialists			15.73				

33947 – initiation, veno-arterial

Typical Adult 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			16.06				
Total Critical Care specialists			9.10				

33947 – initiation, veno-arterial

Typical Pediatric 1

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			37.04				
Total Surgeon			9.83				
Total Critical Care specialists			27.21				

33947 – initiation, veno-arterial

Typical Pediatric 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.6	20	40	20	Critical Care specialist
Total RVW			37.04				
Total Surgeon			16.46				
Total Critical Care specialists			20.58				

33947 – initiation, veno-arterial

Other Options

Service		CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation		33947	XXX	6.63	40	75	20	Critical Care specialist Or Surgeon
Cannula Insertion		33951	0	8.15	60	60	30	Surgeon/ Cardiologist
	OR	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
	OR	33953	0	9.83	60	60	30	Surgeon
	OR	33954	0	9.43	48	60	30	Surgeon
	OR	33955	0	16	60	90	30	Surgeon
	OR	33956	0	16	60	90	30	Surgeon
Critical care/pt. mgmt		99291	XXX	4.5	15	40	15	Critical Care specialist Or Surgeon
	OR	99471	XXX	15.98	30	180	30	Critical Care specialist Or Surgeon
	OR	99468	XXX	18.46	45	180	48.8	Critical Care specialist
	OR	99233	XXX	2	10	30	15	Critical Care specialist
Daily ecmo mgmt		33949	XXX	4.6	20	40	20	Critical Care specialist Or Surgeon

33948 – daily management, each day, veno-venous

Typical Adult 1

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			9.23				

Typical Adult 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Surgeon
Total RVW			9.23				
Total Surgeon			4.73				
Total Critical Care specialists			4.50				

33948 – daily management, each day, veno-venous

Typical Pediatric 1

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			20.71				

Typical Pediatric 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99471	XXX	16.0	30.0	180.0	30.0	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Surgeon
Total RVW			20.71				
Total Surgeon			4.73				
Total Critical Care specialists			15.98				

Other options

Service		**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt		99291	XXX	4.5	15	40	15	Critical Care specialist

33948 – daily management, each day, veno-venous

	OR	99471	XXX	15.98	30	180	30	Critical Care specialist OR surgeon
	OR	99468	XXX	18.46	45	180	48.8	Critical Care specialist OR surgeon
	OR	99233	XXX	2	10	30	15	Critical Care specialist OR surgeon
Daily ecmo mgmt		33948	XXX	4.73	20	40	20	Critical Care specialist OR surgeon

33949 – daily management, each day veno-arterial

Typical Adult 1

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			9.10				

Typical Adult 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			9.10				
Total Surgeon			4.60				
Total Critical Care specialists			4.50				

33949 – daily management, each day veno-arterial

Typical Pediatric 1

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			20.58				

Typical Pediatric 2

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			20.58				
Total Surgeon			4.60				
Total Critical Care specialists			15.98				

33949 – daily management, each day veno-arterial

Other options

Service		**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Critical care/pt. mgmt		99291	XXX	4.5	15	40	15	Critical Care specialist
	OR	99471	XXX	15.98	30	180	30	Critical Care specialist OR surgeon
	OR	99468	XXX	18.46	45	180	48.8	Critical Care specialist OR surgeon
	OR	99233	XXX	2	10	30	15	Critical Care specialist OR surgeon
Daily ecmo mgmt		33949	XXX	4.6	20	40	20	Critical Care specialist OR surgeon

33951 – insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33951	0	8.15	60	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			34.86				
Total Surgeon			8.15				
Total Critical Care specialists			26.71				

Typical Pediatrics 2 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33951	0	8.15	60	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			34.86				
Total Surgeon			14.15				
Total Critical Care specialists			20.71				

ECMO Multiple Codes Same Day

Typical Pediatrics 3VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33951	0	8.15	60	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			35.36				
Total Surgeon			8.15				
Total Critical Care specialists			27.21				

Typical Pediatrics 4 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33951	0	8.15	60	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			35.36				
Total Surgeon			14.78				
Total Critical Care specialists			20.58				

33952 – insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 1 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			23.66				
Total Surgeon			8.43				
Total Critical Care specialists			15.23				

33952 – insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 2 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			23.66				
Total Surgeon			14.43				
Total Critical Care specialists			9.23				

33952 – insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 3VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			24.16				
Total Surgeon			8.43				
Total Critical Care specialists			15.73				

33952 – insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 4 VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33952	0	8.43	48	60	30	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			24.16				
Total Surgeon			15.06				
Total Critical Care specialists			9.10				

33953 – insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age

Typical Pediatrics 1:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			36.54				
Total Surgeon			9.83				
Total Critical Care specialists			26.71				

Typical Pediatrics 2:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			36.54				
Total Surgeon			15.83				
Total Critical Care specialists			20.71				

ECMO Multiple Codes Same Day

Typical pediatric 3VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.56				
Total Surgeon			9.83				
Total Critical Care specialists			15.73				

Typical pediatric 4 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33953	0	9.83	60	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.56				
Total Surgeon			16.46				
Total Critical Care specialists			9.10				

33954 – insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			9.43				
Total Critical Care specialists			15.23				

Typical adult 6+ 2 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			15.43				
Total Critical Care specialists			9.23				

33954 – insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and

Typical adult 6+ 3VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			9.43				
Total Critical Care specialists			15.73				

Typical adult 6+ 4 VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			16.06				
Total Critical Care specialists			9.10				

33955 – insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

Typical Pediatrics 1:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33955	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			42.71				
Total Surgeon			16.00				
Total Critical Care specialists			26.71				

Typical Pediatrics 2:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33955	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			42.71				
Total Surgeon			22.00				
Total Critical Care specialists			20.71				

33955 – insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

Typical pediatric 3VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33955	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			31.73				
Total Surgeon			16.00				
Total Critical Care specialists			15.73				

Typical pediatric 4 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33955	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			31.73				
Total Surgeon			22.63				
Total Critical Care specialists			9.10				

33956 – insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and

Typical adult 6+ 1 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33956	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			9.43				
Total Critical Care specialists			15.23				

Typical adult 6+ 2 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33956	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.66				
Total Surgeon			15.43				
Total Critical Care specialists			9.23				

33956 – insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and

Typical adult 6+ 3VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33956	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			9.43				
Total Critical Care specialists			15.73				

Typical adult 6+ 4 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33956	0	16.00	60	90	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			25.16				
Total Surgeon			16.06				
Total Critical Care specialists			9.10				

33957 – reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33957	0	4.00	60	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.71				
Total Surgeon			4.00				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33957	0	4	60	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			13.10				
Total Surgeon			4.00				
Total Critical Care specialists			9.10				

33958 – reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33958	0	4.05	48	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			13.28				
Total Surgeon			4.05				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33958	0	4.05	48	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			13.15				
Total Surgeon			4.05				
Total Critical Care specialists			9.10				

33959 – reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)

Typical Pediatrics 1 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Repositioning	33946	0	4.69	60	30	20	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			25.40				
Total Surgeon			4.69				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Repositioning	33946	0	4.69	60	30	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			13.79				
Total Surgeon			4.69				
Total Critical Care specialists			9.10				

33962 – reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33946	0	4.73	48	30	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			13.96				
Total Surgeon			4.73				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33946	0	4.73	48	30	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			13.83				
Total Surgeon			4.73				
Total Critical Care specialists			9.10				

33963 – reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33963	0	9.00	60	48	20	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			29.71				
Total Surgeon			9.00				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33963	0	9.00	60	48	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			18.10				
Total Surgeon			9.00				
Total Critical Care specialists			9.10				

33964 – reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33964	0	9.50	60	60	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			18.73				
Total Surgeon			9.50				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Repositioning	33964	0	9.50	60	60	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			18.60				
Total Surgeon			9.50				
Total Critical Care specialists			9.10				

33965 – removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33965	0	3.51	60	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			24.22				
Total Surgeon			3.51				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33965	0	3.51	60	30	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			12.61				
Total Surgeon			3.51				
Total Critical Care specialists			9.10				

33966 – removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older

Typical adult 6+ 1 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Removal	33966	0	4.50	48	45	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			13.73				
Total Surgeon			4.50				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Removal	33966	0	4.50	48	45	20	Surgeon/ Cardiologist
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			13.60				
Total Surgeon			4.50				
Total Critical Care specialists			9.10				

33969 – removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33969	0	6.00	60	43	20	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			26.71				
Total Surgeon			6.00				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33969	0	6.00	60	43	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			15.10				
Total Surgeon			6.00				
Total Critical Care specialists			9.10				

33984 – removal of peripheral (arterial and/or venous) cannula(e), open, 6 years

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33984	0	6.38	48	45	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			15.61				
Total Surgeon			6.38				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33984	0	6.38	48	45	20	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			15.48				
Total Surgeon			6.38				
Total Critical Care specialists			9.10				

33985 – removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

Typical Pediatrics 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33985	0	9.89	60	55	30	Surgeon
Critical care/pt. mgmt	99471	XXX	15.98	30	180	30	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			30.60				
Total Surgeon			9.89				
Total Critical Care specialists			20.71				

Typical pediatric 2 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
Removal	33985	0	9.89	60	55	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			18.99				
Total Surgeon			9.89				
Total Critical Care specialists			9.10				

33986 – removal of central cannula(e) by sternotomy or thoracotomy, 6 years and

Typical adult 6+ 1 VV:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Removal	33986	0	10.00	60	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			19.23				
Total Surgeon			10.00				
Total Critical Care specialists			9.23				

Typical adult 6+ 2VA:

Service	**CPT**	**Global**	**Work RVU**	**Pre**	**Intra**	**Post**	**Typical Physician performing**
Removal	33986	0	10.00	60	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			19.10				
Total Surgeon			10.00				
Total Critical Care specialists			9.10				

+33987 – Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)

Typical adult 6+ 1 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Critical Care specialist
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Conduit creation	33987	ZZZ	4.08		45		Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			28.74				
Total Surgeon			13.51				
Total Critical Care specialists			15.23				

Typical adult 6+ 2 VV:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33946	XXX	6.00	40	73	20	Surgeon
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Conduit creation	33987	ZZZ	4.08		45		Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33948	XXX	4.73	20	40	20	Critical Care specialist
Total RVW			28.74				
Total Surgeon			19.51				
Total Critical Care specialists			9.23				

Typical adult 6+ 3VA:

+33987 – Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Critical Care specialist
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Conduit creation	33987	ZZZ	4.08		45		Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			29.24				
Total Surgeon			13.51				
Total Critical Care specialists			15.73				

Typical adult 6+ 4 VA:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
ECMO initiation	33947	XXX	6.63	40	75	20	Surgeon
Cannula Insertion	33954	0	9.43	48	60	30	Surgeon
Conduit creation	33987	ZZZ	4.08		45		Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			29.24				
Total Surgeon			20.14				
Total Critical Care specialists			9.10				

33988 – Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

Typical VA 1:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
vent creation	33988	0	15.00	60	50	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			24.10				
Total Surgeon			15.00				
Total Critical Care specialists			9.10				

Typical VA 2:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
vent creation	33988	0	15.00	60	50	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Surgeon
Total RVW			24.10				
Total Surgeon			19.60				
Total Critical Care specialists			4.50				

33989 – Removal of left heart vent by thoracic incision (eg, sternotomy,

Typical VA 1:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
vent creation	33989	0.0	9.50	60.0	60.0	30.0	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Critical Care specialist
Total RVW			18.60				
Total Surgeon			9.50				
Total Critical Care specialists			9.10				

Typical VA 2:

Service	CPT	Global	Work RVU	Pre	Intra	Post	Typical Physician performing
vent creation	33989	0	9.50	60	60	30	Surgeon
Critical care/pt. mgmt	99291	XXX	4.50	15	40	15	Critical Care specialist
Daily ecmo mgmt	33949	XXX	4.60	20	40	20	Surgeon
Total RVW			18.60				
Total Surgeon			14.10				
Total Critical Care specialists			4.50				

SS Rec Summary

ISSUE: ECMO/ECLS

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
REF	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management	69	0.091			18.46			273.8	45					180			48.8																								
REF	99291	Critical care, evaluation and management of the critically ill or critically injured	42	0.096			4.50			70	15					40			15																								
CURRENT	33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day		0.080			19.33			523	150					133			240																								
SVY	33946	ECMO: initiation, veno-venous	182	0.188	1.30	6.00	15.98	20.00	55.38	178	60			5	60	73	120	360	45																						0	2	3	8	50
REC	33946			0.064			6.00			133	40	0	0			73			20																								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
REF	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	76	0.091			18.46			273.8	45					180			48.8																								
REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	39	0.096			4.50			70	15					40			15																								
CURRENT	33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day		0.080			19.33			523	150					133			240																								
SVY	33947	initiation, veno-arterial	187	0.182	1.30	6.63	16.00	20.00	55.38	180	60			5	60	75	120	360	45																						0	2	5	10	40
REC	33947			0.070			6.63			135	40	0	0			75			20																								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
29																																													
30																																													
31							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
32	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
33	REF	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	47	0.076			7.99			140	20					90			30																									
34	REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	37	0.096			4.50			70	15					40			15																									
35	CURRENT	33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day		0.045			10.91			240						240																												
36	SVY	33948	daily management, each day, veno-venous	176	0.172	1.30	4.73	8.00	13.00	36.92	90	20			5	30	40	60	360	30																						0	3	10	25	400	
37	REC				0.096			4.73			80	20	0	0			40			20																									
38																																													
39																																													
40							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
41	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
42	REF	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	43	0.076			7.99			140	20					90			30																									
43	REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	37	0.096			4.50			70	15					40			15																									
44	CURRENT	33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day		0.045			10.91			240						240																												
45	SVY	33949	daily management, each day veno-arterial	179	0.175	1.30	4.60	8.00	12.00	36.92	85	20			5	30	40	60	360	25																						0	4.5	15	30	300	
46	REC	33949			0.093			4.60			80	20	0	0			40			20																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
47																																													
48						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
49	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
50	REF	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	13	0.107			11.88			195	54	1	5			90			45																									
51	REF	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	13	0.105			8.15			145	39	1	5			60			40																									
52	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23					0.5	1.0									2										
53	SVY	33951	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	62	0.094	4.30	8.15	11.94	18.59	30.10	220	30	15	15	20	45	60	60	200	30	1																				0	0	1	5	15	
54	REC	33951			0.093			8.15			170	30	15	15			60			30				1																					
55																																													
56						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
57	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
58	REF	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	36	0.107			11.88			195	54	1	5			90			45																									
59	REF	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	25	0.105			8.15			145	39	1	5			60			40																									
60	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23					0.5	1.0									2										
61	SVY	33952	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	107	0.078	4.20	8.43	11.88	15.00	35.99	260	50	20	15	20	60	60	90	180	45	1																				0	2	5	12.5	60	
62	REC	33952			0.102			8.43			158	30	3	15			60			30		1																						

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
63																																													
64																																													
65						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
66	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
67	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	9	0.098			6.74			150	75					45			30																									
68	REF	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	6	0.107			11.88			195	54	1	5			90			45																									
69	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23				0.5	1.0										2										
70	SVY	33953	insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age	49	0.139	6.50	9.83	15.00	20.00	30.00	235	45	15	15	15	60	60	90	160	30	1																			0	2.5	4	5	15	
71	REC	33953			0.111			9.83			190	30	15	15			60			30				1																					
72																																													
73																																													
74						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
75	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
76	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	13	0.098			6.74			150	75					45			30																									
77	REF	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	9	0.107			11.88			195	54	1	5			90			45																									
78	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23				0.5	1.0										2										
79	SVY	33954	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	79	0.082	5.20	9.43	12.00	17.93	35.00	255	45	20	15	30	60	60	90	240	45	1																			0	1	3	5	80	
80	REC	33954			0.108			9.43			178	30	3	15			60			30				1																					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
81																																													
82																																													
83						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
84	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
85	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	15	0.090			18.57			291	30	10	5			136			40	1																								
86	REF	33512*	Coronary artery bypass, vein only; 3 coronary venous grafts	6	0.103			29.18			418	60	15	20			213			40	1																								
87	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23					0.5	1.0								2											
88	SVY	33955	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	47	0.196	3.00	16.00	20.00	25.00	32.20	230	30	15	15	5	60	70	90	145	30	1																				0	0	1	4	15	
89	REC	33955			0.108			16.00			250	30	15	15			90			30	1																								
90																																													
91																																													
92						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
93	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
94	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	25	0.090			18.57			291	30	10	5			136			40	1																								
95	REF	33512*	Coronary artery bypass, vein only; 3 coronary venous grafts	15	0.103			29.18			418	60	15	20			213			40	1																								
96	CURRENT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)		0.035			5.57			200	24		25			48			23					0.5	1.0								2											
97	SVY	33956	insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	76	0.142	8.00	16.00	20.00	25.00	119.00	293	45	20	15	1	60	90	120	240	53	1																				0	0	2	5	25	
98	REC	33956			0.108			16.00			250	30	15	15			90			30	1																								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
99																																													
100																																													
101						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
102	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
103	REF	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	33	0.075			3.51			90	24	1	5			30			30																									
104	REF	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4	0.120			4.71			83	30	3	5			30			15																									
105	CURRENT				#DIV/0!						0																																		
106	SVY	33957	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	59	-0.068	3.00	3.51	4.00	9.50	60.00	175	30	15	10	5	20	30	30	180	20	1																							
107	REC	33957			0.055			4.00			130	30	15	15			30			20				1																				
108																																													
109																																													
110						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
111	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
112	REF	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	61	0.075			3.51			90	24	1	5			30			30																									
113	REF	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	9	0.105			8.15			145	39	1	5			60			40																									
114	CURRENT				#DIV/0!						0																																		
115	SVY	33958	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	103	-0.075	2.00	3.51	4.05	8.00	90.00	190	30	15	15	5	20	30	45	120	30	1																							
116	REC	33958			0.066			4.05			118	30	3	15			30			20		1																						

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
117																																														
118																																														
119																																														
120						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
121	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
122	REF	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	13	0.075			3.51			90	24	1	5			30			30																									
123	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	8	0.098			6.74			150	75					45			30																									
124	CURRENT				#DIV/0!						0																																		
125	SVY	33959	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)	52	0.045	3.20	4.69	7.43	11.06	20.00	180	30	15	15	5	20	30	45	90	20	1																				0	0	1	2	8	
126	REC	33959			0.078			4.69			130	30	15	15			30			20				1																				
127																																														
128																																														
129						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
130	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
131	REF	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	22	0.075			3.51			90	24	1	5			30			30																									
132	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	9	0.098			6.74			150	75					45			30																									
133	CURRENT				#DIV/0!						0																																		
134	SVY	33962	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)	75	0.023	2.26	4.73	7.00	10.00	20.25	190	30	15	15	1	20	30	60	200	30	1																				0	0	2	3	25	
135	REC	33962			0.089			4.73			118	30	3	15			30			20				1																				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
136																																													
137																																													
138						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					Ref
139	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	EXP
140	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	16	0.090			18.57			291	30	10	5			136			40	1																								
141	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	14	0.098			6.74			150	75					45			30																								
142	CURRENT				#DIV/0!						0																																		
143	SVY agg	33963	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	46	0.216	3.80	9.00	16.56	18.79	29.18	208	30	15	15	1	33	48	60	90	30	1																								
144	SVY 0 PR	33963	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	29	0.196	4.00	9.00	15.00	18.57	29.18	200	30	20	15	1	30	45	60	90	20	1																								
145	SVY 1+PR	33963	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	17	0.195	3.80	10.00	18.00	19.20	27.50	220	30	15	15	5	60	60	60	90	30	1																								
146	REC agg	33963			0.113			9.00			183	30	15	15			48			20			1																						
147																																													
148																																													
149																																													
150						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
151	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
152	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	26	0.090			18.57			291	30	10	5			136			40	1																								
153	REF	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	10	0.075			3.51			90	24	1	5			30			30																								
154	CURRENT				#DIV/0!						0																																		
155	SVY	33964	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)	73	0.147	3.00	9.50	15.25	20.00	32.00	225	30	20	15	1	45	60	90	220	30	1																								
156	REC	33964			0.099			9.50			195	30	15	15			60			20			1																						
157																																													
158																																													
159						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
160	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
161	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	12	0.098			6.74			150	75					45			30																								
162	REF	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	8	0.119			2.50			50	15	5	5			15			10																								
163	CURRENT				#DIV/0!						0																																		
164	SVY	33965	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	59	-0.018	1.10	3.51	5.50	8.00	90.00	175	30	15	10	5	20	30	45	90	20	1																								
165	REC	33965			0.039			3.51			130	30	15	15			30			20				1																				

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
166																																													
167																																													
168																																													
169						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
170	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
171	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	30	0.098			6.74			150	75					45			30																									
172	REF	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	7	0.105			8.15			145	39	1	5			60			40																									
173	CURRENT				#DIV/0!						0																																		
174	SVY	33966	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	103	0.016	1.10	4.50	7.00	10.88	24.00	205	30	15	15	5	30	45	60	180	30	1																							
175	REC	33966			0.054			4.50			133	30	3	15			45			20				1																			
176																																													
177																																													
178						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
179	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
180	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	12	0.098			6.74			150	75					45			30																									
181	REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	6	0.087			12.00			196	40	3	5			118			30																									
182	CURRENT				#DIV/0!						0																																		
183	SVY	33969	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	50	0.056	2.50	6.00	8.50	11.68	25.00	195	30	15	15	5	30	43	60	100	23	1																							
184	REC	33969			0.071			6.00			163	30	15	15			43			20				1																			

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
185																																													
186																																													
187						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
188	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
189	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	20	0.098			6.74			150	75					45			30																									
190	REF	34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	11	0.097			9.74			185	80					75			30																									
191	CURRENT				#DIV/0!						0																																		
192	SVY	33984	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	76	0.070	3.00	6.38	9.46	13.20	24.00	205	30	15	15	1	30	45	60	120	30	1																					0	0.75	2	5	80	
193	REC	33984			0.082			6.38			153	30	3	15			45			20			1																					
194																																													
195																																													
196																																													
197						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
198	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
199	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	19	0.090			18.57			291	30	10	5			136			40	1																								
200	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	6	0.098			6.74			150	75					45			30																									
201	CURRENT				#DIV/0!						0																																		
202	SVY	33985	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	46	0.177	4.25	9.89	16.06	18.85	29.18	215	30	15	15	5	36	55	60	120	30	1																					0	0	0.5	3	15	
203	REC	33985			0.111			9.89			200	30	15	15			55			30	0		1																					

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
204																																													
205																																													
206						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					
207	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
208	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	33	0.090			18.57			291	30	10	5			136			40	1																								
209	REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	5	0.098			6.74			150	75					45			30																									
210	CURRENT				#DIV/0!						0																																		
211	SVY	33986	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	71	0.193	4.50	10.00	18.00	20.00	32.00	225	30	20	15	1	53	60	93	180	30	1																				0	0	1	4.5	20	
212	REC	33986			0.103			10.00			205	30	15	15			60			30			1																						
213																																													
214																																													
215						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE					Ref
216	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	EXP
217	REF	35884*	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	34	0.085			19.77			345	50	15	20			190			30				1																				
218	REF	33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	12	0.086			15.92			298	68	20	20			150			40																									
219	CURRENT				#DIV/0!						0																																		
220	SVY agg	33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	115	0.333	2.00	9.75	15.00	19.64	32.00	45				1	30	45	68	180	0																					0	0	0	1.5	25	0
221	SVY 0 PR	33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	68	0.286	4.62	9.69	15.00	19.77	32.00	52.5				1	29	53	70	180	0																					0	0	0	0	0	0
222	SVY 1+ PR	33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	47	0.333	2.00	9.88	15.00	17.93	25.00	45				1	30	45	60	180	0																					1	1	2	4	25	1
223	REC	33987			0.090			4.04			45						45																												

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
14							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
224																																													
225																																													
226							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
227	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
228	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	23	0.090			18.57			291	30	10	5			136			40	1																							
229	REF	92987*	Percutaneous balloon valvuloplasty; mitral valve	3	0.120			20.72			270	60					150			60																							
230	CURRENT				#DIV/0!						0																																	
231	SVY	33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	45	0.210	4.02	15.00	19.00	20.00	29.31	225	30	20	15	10	60	60	90	180	30	1																			0	0	2	3	50	
232	REC	33988			0.097			15.00			250	30	15	15			90			30	1																							
233																																													
234																																													
235																																													
236							RVW				Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
237	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX	
238	REF	35820*	Exploration for postoperative hemorrhage, thrombosis or infection; chest	21	0.090			18.57			291	30	10	5			136			40	1																							
239	REF	32654*	Thoracoscopy, surgical; with control of traumatic hemorrhage	3	0.084			9.47			203	10	12	15			71			40			1																					
240	CURRENT				#DIV/0!						0																																	
241	SVY	33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	45	0.185	3.00	9.50	17.54	19.99	28.00	225	30	20	15	10	45	60	75	180	30	1																			0	0	1	3	50	
242	REC	33989			0.095			9.50			205	30	15	15			60			30			1																					

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ISSUE: ECMO/ECLS

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
SVY	33946	Initiation VV	182	0.188	1.30	6.00	15.98	20.00	55.38	178	60			5	60	73	120	360	45								0	2	3	8	50
REC	33946	Initiation VV		0.064			6.00			133	40	0	0			73			20												
SVY	33947	Initiation VA	187	0.182	1.30	6.63	16.00	20.00	55.38	180	60			5	60	75	120	360	45								0	2	5	10	40
REC	33947	Initiation VA		0.070			6.63			135	40	0	0			75			20												
SVY	33948	Management VV	176	0.172	1.30	4.73	8.00	13.00	36.92	90	20			5	30	40	60	360	30								0	3	10	25	400
REC	33948	Management VV		0.096			4.73			80	20	0	0			40			20												
SVY	33949	Management VA	179	0.175	1.30	4.60	8.00	12.00	36.92	85	20			5	30	40	60	360	25								0	4.5	15	30	300
REC	33949	Management VA		0.093			4.60			80	20	0	0			40			20												
SVY	33951	Child Peripheral Percutaneous Cann.	62	0.094	4.30	8.15	11.94	18.59	30.10	220	30	15	15	20	45	60	60	200	30	1							0	0	1	5	15
REC	33951	Child Peripheral Percutaneous Cann.		0.093			8.15			170	30	15	15			60			30					1							
SVY	33952	Adult Peripheral Percutaneous Cann.	107	0.078	4.20	8.43	11.88	15.00	35.99	260	50	20	15	20	60	60	90	180	45	1							0	2	5	13	60
REC	33952	Adult Peripheral Percutaneous Cann.		0.102			8.43			158	30	3	15			60			30					1							
SVY	33953	Child Peripheral Open Cann.	49	0.139	6.50	9.83	15.00	20.00	30.00	235	45	15	15	15	60	60	90	160	30	1							0	2.5	4	5	15
REC	33953	Child Peripheral Open Cann.		0.111			9.83			190	30	15	15			60			30				1								
SVY	33954	Adult Peripheral Open Cann.	79	0.082	5.20	9.43	12.00	17.93	35.00	255	45	20	15	30	60	60	90	240	45	1							0	1	3	5	80
REC	33954	Adult Peripheral Open Cann.		0.108			9.43			178	30	3	15			60			30				1								
SVY	33955	Child Central Cann.	47	0.196	3.00	16.00	20.00	25.00	32.20	230	30	15	15	5	60	70	90	145	30	1							0	0	1	4	15
REC	33955	Child Central Cann.		0.108			16.00			250	30	15	15			90			30	1											
SVY	33956	Adult Central Cann.	76	0.142	8.00	16.00	20.00	25.00	119.00	293	45	20	15	1	60	90	120	240	53	1							0	0	2	5	25
REC	33956	Adult Central Cann.		0.108			16.00			250	30	15	15			90			30	1											
SVY	33957	Child Percutaneous Reposition	59	-0.068	3.00	3.51	4.00	9.50	60.00	175	30	15	10	5	20	30	30	180	20	1							0	0	2	3	6
REC	33957	Child Percutaneous Reposition		0.055			4.00			130	30	15	15			30			20					1							
SVY	33958	Adult Percutaneous Reposition	103	-0.075	2.00	3.51	4.05	8.00	90.00	190	30	15	15	5	20	30	45	120	30	1							0	0	2	5	60
REC	33958	Adult Percutaneous Reposition		0.066			4.05			118	30	3	15			30			20					1							
SVY	33959	Child Open Reposition	52	0.045	3.20	4.69	7.43	11.06	20.00	180	30	15	15	5	20	30	45	90	20	1							0	0	1	2	8
REC	33959	Child Open Reposition		0.078			4.69			130	30	15	15			30			20					1							
SVY	33962	Adult Open Reposition	75	0.023	2.26	4.73	7.00	10.00	20.25	190	30	15	15	1	20	30	60	200	30	1							0	0	2	3	25
REC	33962	Adult Open Reposition		0.089			4.73			118	30	3	15			30			20					1							
SVY agg	33963	Child Central Reposition	46	0.216	3.80	9.00	16.56	18.79	29.18	208	30	15	15	1	33	48	60	90	30	1							0	0	0	1.8	10	5
REC agg	33963	Child Central Reposition		0.113			9.00			183	30	15	15			48			20		1										
SVY	33964	Adult Central Reposition	73	0.147	3.00	9.50	15.25	20.00	32.00	225	30	20	15	1	45	60	90	220	30	1							0	0	1	2	15
REC	33964	Adult Central Reposition		0.099			9.50			195	30	15	15			60			20		1										
SVY	33965	Child Percutaneous Removal	59	-0.018	1.10	3.51	5.50	8.00	90.00	175	30	15	10	5	20	30	45	90	20	1							0	0	2	5	15
REC	33965	Child Percutaneous Removal		0.039			3.51			130	30	15	15			30			20					1							
SVY	33966	Adult Percutaneous Removal	103	0.016	1.10	4.50	7.00	10.88	24.00	205	30	15	15	5	30	45	60	180	30	1							0	0.3	3	7	60
REC	33966	Adult Percutaneous Removal		0.054			4.50			133	30	3	15			45			20					1							
SVY	33969	Child Open Removal	50	0.056	2.50	6.00	8.50	11.68	25.00	195	30	15	15	5	30	43	60	100	23	1							0	2	3	5	15
REC	33969	Child Open Removal		0.071			6.00			163	30	15	15			43			20				1								
SVY	33984	Adult Open Removal	76	0.070	3.00	6.38	9.46	13.20	24.00	205	30	15	15	1	30	45	60	120	30	1							0	0.8	2	5	80
REC	33984	Adult Open Removal		0.082			6.38			153	30	3	15			45			20				1								
SVY	33985	Child Central Removal	46	0.177	4.25	9.89	16.06	18.85	29.18	215	30	15	15	5	36	55	60	120	30	1							0	0	0.5	3	15
REC	33985	Child Central Removal		0.111			9.89			200	30	15	15			55			30		1										
SVY	33986	Adult Central Removal	71	0.193	4.50	10.00	18.00	20.00	32.00	225	30	20	15	1	53	60	93	180	30	1							0	0	1	4.5	20
REC	33986	Adult Central Removal		0.103			10.00			205	30	15	15			60			30		1										
SVY	33987	Chimney Graft	115	0.333	2.00	9.75	15.00	19.64	32.00	45				1	30	45	68	180	0								0	0	0	1.5	25	0
REC	33987	Chimney Graft		0.090			4.04			45						45															
SVY	33988	Insert Left Heart Vent	45	0.210	4.02	15.00	19.00	20.00	29.31	225	30	20	15	10	60	60	90	180	30	1							0	0	2	3	50
REC	33988	Insert Left Heart Vent		0.097			15.00			250	30	15	15			90			30	1											
SVY	33989	Remove Left Heart Vent	45	0.185	3.00	9.50	17.54	19.99	28.00	225	30	20	15	10	45	60	75	180	30	1							0	0	1	3	50
REC	33989	Remove Left Heart Vent		0.095			9.50			205	30	15	15			60			30		1										

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
Codes with PE Inputs:

●33951	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)
●33952	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)
●33953	insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age
●33954	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
●33955	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age
●33956	insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older
●33957	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)
●33958	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)
●33959	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)
●33962	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)
●33963	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)
●33964	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)
●33969	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
●33984	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
●33985	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age
●33986	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older
●33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
●33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

Codes with no PE inputs:

●33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support ECLS) provided by physician; initiation, veno-venous

●33947 initiation, veno-arterial

●33948 daily management, each day, veno-venous

●33949 daily management, each day veno-arterial

●33965 removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age

●33966 removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older

●✚33988 Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A multispecialty expert panel was used determine the practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Codes 33980 - Removal of ventricular assist device, implantable intracorporeal, single ventricle
This code represents an XXX global procedure that was reviewed by the RUC and the Practice Expense Subcommittee at the February of 2011 RUC meeting. 33980 is a procedure that is performed in the facility setting 100% of the time and requires office staff time that would be typical of a 90-day global procedure performed in the facility setting. This code has an approved pre-facility clinical staff time of 60 minutes. Since cardiothoracic offices typically employ PAs, the cardiothoracic codes are typically assigned CMS code L051A and staff type RN.

The ECMO cannulation codes also represent procedures that will be performed in the facility 100% of the time. They require office staff time to schedule and coordinate the procedure performed in the facility setting. The main difference between the ECMO cannulation codes and the reference code is that the ECMO cannulaton codes are usually done on a more emergent basis and the hospital staff will typically handle the majority of the functions related to the procedure. However, the physician typically utilizes their office staff to contact and schedule OR personnel and equipment, the bypass team that sets up the ECMO and fluoroscopic equipment and personnel for the procedure to ensure that the necessary resources are available. This can require three phone calls. Cardiothoracic surgeons are the typical providers for the ECMO Cannulaiton procedures performed for Medicare, and the L051A RN staff type is typical for cardiothoracic surgery codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The clinical staff will call several places in the hospital to schedule, personnel and equipment needed in the facility. The clinical staff will coordinate with the hospital to schedule the OR team and equipment, the the bypass team, and the fluoroscopy personnel and equipment essential for the procedure.

Intra-Service Clinical Labor Activities:
NA

Post-Service Clinical Labor Activities:
NA

	A	B	C	D	E	F	G	H	I	J	K
1											
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33980**	**33951**	**33952**	**33953**	**33954**	**33955**	**33956**	**33957**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	Removal of ventricular assist device, implantable intracorporeal, single ventricle	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**60.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**60.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**5**							
13	Coordinate pre-surgery services			**20**							
14	Schedule space and equipment in facility	**L051A**	**RN**	**8**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
15	Provide pre-service education/obtain consent			**20**							
16	Follow-up phone calls & prescriptions			**7**							
17	*Other Clinical Activity - *specify:*										

	A	B	C	L	M	N	O	P	Q	R	S
1											
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33958**	**33959**	**33962**	**33963**	**33964**	**33965**	**33966**	**33969**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility	**L051A**	**RN**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	*Other Clinical Activity - *specify:*										

	A	B	C	T	U	V	W	X	Y
1									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33984**	**33985**	**33986**	**33987**	**33988**	**33989**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**ZZZ**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**5.0**	**5.0**	**5.0**	**0.0**	**5.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**5.0**	**5.0**	**5.0**	**0.0**	**5.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility	**L051A**	**RN**	**5**	**5**	**5**		**5**	**5**
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify:*								

	A	B	C	D	E	F	G	H	I	J	K
1											
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33980**	**33951**	**33952**	**33953**	**33954**	**33955**	**33956**	**33957**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	Removal of ventricular assist device, implantable intracorporeal, single ventricle	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	insertion of peripheral (arterial and/or venous) cannula(e), open birth, through 5 years of age	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance when performed)
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**60.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**60.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**5**							
13	Coordinate pre-surgery services			**20**							
14	Schedule space and equipment in facility	**L051A**	**RN**	**8**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
15	Provide pre-service education/obtain consent			**20**							
16	Follow-up phone calls & prescriptions			**7**							
17	*Other Clinical Activity - *specify:*										

	A	B	C	L	M	N	O	P	Q	R	S
1											
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33958**	**33959**	**33962**	**33963**	**33964**	**33965**	**33966**	**33969**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance when performed)	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance when performed)	reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance when performed)	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance when performed)	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**0.0**	**0.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**0.0**	**0.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility	**L051A**	**RN**	**5**	**5**	**5**	**5**	**5**			**5**
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	*Other Clinical Activity - *specify:*										

	A	B	C	T	U	V	W	X	Y
1									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**33984**	**33985**	**33986**	**33987**	**33988**	**33989**
3	**Meeting Date: April 2014 Tab: 11 Specialty: STS/AAP/APSA/ACC/ACCP/ATS**	**CMS Code**	**Staff Type**	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**ZZZ**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**5.0**	**5.0**	**5.0**	**0.0**	**5.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN	**5.0**	**5.0**	**5.0**	**0.0**	**5.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility	**L051A**	**RN**	**5**	**5**	**5**		**5**	**5**
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify:*								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

FEVAR Endograft Planning

In February 2013, the CPT Editorial Panel created eight Category I codes to report fenestrated endovascular repair (FEVAR) of the visceral aorta bundled with radiological supervision and interpretation. A subsequent RUC survey revealed extensive pre-service time for endograft planning that occurs over the course of several days or weeks prior to the date of surgery and is outside the guidelines for the 90-day global period. The RUC referred this issue back to CPT. In October 2013, the CPT Editorial Panel created a new code to report the physician planning that occurs prior to the work included in the global period for a patient-specific manufactured fenestrated visceral aortic endograft. The planning includes review of high resolution cross-sectional images (eg, CT, CTA, and MRI) and utilization of 3D software for iterative modelling of the aorta and device in multiplanar views and center line of flow analysis. Additionally, the CPT Editorial Panel editorially revised the exclusionary parenthetical following codes 76376 and 76377 to include the new code.

In January 2014, the specialty societies indicated that the survey response rate was too low to submit a recommendation and requested that these services be contractor priced for two years to allow more widespread use of this newly FDA approved service. **The RUC recommends that CPT codes 34839 and 34841-34848 be contractor-priced through CPT 2016 and surveyed for the January 2016 meeting.**

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Surgery
Cardiovascular System
Arteries and Veins
Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta

The upper abdominal aorta that contains the celiac, superior mesenteric, and renal arteries is termed the visceral aorta. For reporting purposes, the thoracic aorta extends from the aortic valve to the aortic segment just proximal to the celiac artery.

Code 34839 is used to report the physician planning and sizing for a patient-specific fenestrated visceral aortic endograft. The planning includes review of high resolution cross-sectional images (eg, CT, CTA, MRI) and utilization of 3D software for iterative modeling of the aorta and device in multiplanar views and center line of flow analysis. Code 34839 may only be reported when the physician spends a minimum of 90 total minutes performing patient-specific fenestrated endograft planning. Physician planning time does not need to be continuous and should be clearly documented in the patient record. Code 34839 is reported on the date that planning work is complete and may not include time spent on the day before or the day of the fenestrated endovascular repair procedure (34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848) nor be reported on the day before or the day of the fenestrated endovascular repair procedure.

Codes 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 are used to report placement of a fenestrated endovascular graft in the visceral aorta, either alone or in combination with the infrarenal aorta for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption. The fenestrated main body endoprosthesis is deployed within the visceral aorta. Fenestrations within the fabric allow for selective catheterization of the visceral and/or renal arteries and subsequent placement of an endoprosthesis (ie, bare metal or covered stent) to maintain flow to the visceral artery. Patient variation in the location and relative orientation of the renal and visceral artery origins requires use of a patient-specific fenestrated endograft for endovascular repair that preserves flow to essential visceral arteries and allows proximal seal and fixation to be achieved above the renal level as well as in the distal aorta or iliac vessel(s).

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Fenestrated aortic repair is reported based on the extent of aorta treated. Codes 34841-34848 describe repair using proximal endoprostheses that span from the visceral aortic component to one, two, three or four visceral artery origins and distal extent limited to the infrarenal aorta. These devices do not extend into the common iliac arteries. Codes 34845-34848 are used to report deployment of a fenestrated endoprosthesis that spans from the visceral aorta (including one, two, three, or four visceral artery origins) through the infrarenal aorta into the common iliac arteries. The infrarenal component may be a bifurcated unibody device, a modular bifurcated docking system with docking limb(s), or an aorto-uniiliac or aorta-unifemoral device. Codes 34845-34848 include placement of unilateral or bilateral docking limbs (depending on the device). Any additional stent graft extensions that terminate in the common iliac arteries are included in the work described by 34845-34848. Codes 34825 and 34826 may not be separately reported for proximal abdominal aortic extension prosthesis(s) or for distal extension prosthesis(s) that terminate in the aorta or the common iliac arteries. However, codes 34825 and 34826 may be reported for distal extension prosthesis(s) that terminate in the internal iliac, external iliac, or common femoral artery(s).

Codes 34841-34844 and 34845-34848 define the total number of visceral and/or renal arteries (ie, celiac, superior mesenteric, and/or unilateral or bilateral renal artery[s]) requiring placement of an endoprosthesis (ie, bare metal or covered stent) through an aortic endograft fenestration.

Introduction of guide wires and catheters in the aorta and visceral and/or renal arteries is included in the work of 34841-34848 and is not separately reportable. However, catheterization of the hypogastric artery(s) and/or arterial families outside the treatment zone of the graft may be separately reported. Balloon angioplasty within the target treatment zone of the endograft, either before or after endograft deployment, is not separately reportable. Fluoroscopic guidance and radiological supervision and interpretation in conjunction with fenestrated endovascular aortic repair is not separately reportable and includes angiographic diagnostic imaging of the aorta and its branches prior to deployment of the fenestrated endovascular device, fluoroscopic guidance in the delivery of the fenestrated endovascular components, and intraprocedural arterial angiography (eg, confirm position, detect endoleak, evaluate runoff) done at the time of the endovascular aortic repair.

Exposure of the access vessels (eg, 34812) may be reported separately. Extensive repair of an artery (eg, 35226, 35286) may be reported separately. For concomitant endovascular treatment of the descending thoracic aorta, report 33880-33886 and 75956-75959 with 34841-34848. For isolated endovascular infrarenal abdominal aortic aneurysm repair that does not require placement of a fenestrated graft to preserve flow to the visceral branch(es), see 34800-34805.

Other interventional procedures performed at the time of fenestrated endovascular abdominal aortic aneurysm repair may be reported separately (eg, arterial embolization, intravascular ultrasound, balloon angioplasty or stenting of native artery[s] outside the endoprosthesis target zone, when done before or after deployment of endoprosthesis).

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●34839	K1	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time (Do not report 34839 in conjunction 76376, 76377)	090	Contractor Price
34841	K2	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	090	Contractor Price
34842	K3	including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	Contractor Price
34843	K4	including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	Contractor Price
34844	K5	including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) (Do not report ~~34841-3484~~34841, 34842, 34843, 34844 in conjunction with 34800, 34802, 34803, 34804, 34805, ~~34845-34848~~34845, 34846, ~~35081~~34847, ~~35102~~34848,- 35452, 35472, 75952) (Do not report 34841, 34842, 34843, 34844 in conjunction with 348XX9 when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure)	090	Contractor Price

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34845	K6	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	090	Contractor Price
34846	K7	including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	Contractor Price
34847	K8	including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	Contractor Price

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34848	K9	including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) (Do not report ~~34845-34848~~34845, 34846, 34847, 34848 in conjunction with 34800, 34802, 34803, 34804, 34805, ~~34841-34844~~34841, 34842, 34843, 34844, 35081, 35102, 35452, 35472, 75952) (Do not report 34845, 34846, 34847, 34848 in conjunction with 34839 when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure) *(Do not report 34841-34848 in conjunction with 37236, 37237 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)* *(For placement of distal extension prosthesis[es] terminating in the internal iliac, external iliac, or common femoral artery[s], see 34825-34826, 75953, 0254T, 0255T)* (Use ~~34845-34848~~34845, 34846, 34847, 34848 in conjunction with ~~37220-3722~~37220, 37221, 37222, 37223 only when ~~34845-34848~~37220, 37221, 37222, 37223 are performed outside the target treatment zone of the endoprosthesis)	090	Contractor Price

Category I
Radiology
Diagnostic Radiology (Diagnostic Imaging)
Other Procedures

76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation

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(Use 76376 in conjunction with code[s] for base imaging procedure[s])

(Do not report 76376 in conjunction with 31627, 34839, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 78012-78999, 0159T)

76377 requiring image postprocessing on an independent workstation

(Do not report 76377 in conjunction with 34839, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76376, 78012-78999, 0159T)

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January 7, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society Relative Value Scale Update Committee (RUC)
The American Medical Association
8655 W Higgins Road
Chicago, IL 60631

Re: Tab 6 Fenestrated Endografting (FEVAR)

Dear Dr. Levy,

At their February 2013 meeting, the CPT Editorial Panel converted the Category III codes to report fenestrated endograft repair (0078T-0081T) of the upper abdominal aorta (FEVAR) to Category I codes (34841-8). For the April 2013 RUC meeting, SVS attempted to conduct a RUC survey for these codes, but data from the limited number of respondents indicated that 2-3 hours of pre-service endograft device planning pre-service time occurs long before the day of surgery. Since there was no way to reflect this physician work by use of any existing codes, the society requested that FEVAR (CPT 34181-8) be Carrier-Priced for the year 2014. The RUC and CMS concurred with that recommendation, and these codes are listed as Carrier-Priced in the 2014 Medicare Fee Schedule Final Rule.

CPT approved a new FEVAR Endograft Planning code (CPT Code 348XX9) at their October 2013 meeting, and SVS has attempted to survey this entire family of codes again over the past 2 months. Unfortunately, the response rate has been very low, and despite the Research Subcommittee's approval for use a targeted sample, we collected substantially fewer than the required number of RUC surveys. In view of the RUC's recent emphasis on adequate survey sample size, SVS is requesting that the recommendation for Carrier-Pricing be extended at least through 2015 for this family (34181-8 & 348XX9).

SVS has participated in over 300 RUC surveys in the past decade, and in virtually all of them we have managed to gain an adequate survey sample size. Thus, we reviewed all steps in the FEVAR sequence to determine what happened. We believe the timing of the conversion to Category I codes was appropriate as the devices are now FDA-approved and commercially available. However, the volume of cases remains low as a select number of highly trained physicians perform these procedures in a limited number of centers. For comparison, there are far fewer sites performing FEVAR than the recently approved transaortic valve replacement (TAVR/TAVI). In the CPT application for TAVR/TAVI, the anticipated volume was listed as 5,000 procedures per year. In the CPT application for FEVAR, we pointed out that 129 Category III FEVARs had been performed during the year prior to submission. Nevertheless, we stated in that CPT application, and we do continue to believe, that FEVAR volume will grow

over time as more surgeons become skilled in this highly complex procedure that involves building a multiply branched aortic endograft inside the patient.

In conclusion we remain convinced that Carrier Pricing is appropriate for this family of codes (CPT Codes 34841-8 & 348XX9) for the next two years. This will allow time for more physicians to be trained, thereby increasing the pool for survey respondents and allowing for refinement in operative technique. We should then be able to use a random survey sample rather than a targeted sample. We are confident that with this approach, we will be able to successfully survey these codes and make appropriate RVU recommendations at that time. Thank you for your consideration of our request. If you have any questions, please contact me at sideman@uthscsa.edu.

Respectfully,



Matthew J. Sideman, MD
SVS RUC Advisor

cc: Robert Zwolak, MD
Sherry Smith

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transcatheter Placement of Carotid Stents

In February 2013, the CPT Editorial Panel approved the creation of CPT code 37217 to describe retrograde transcatheter placement of an intravascular stent. Following this, the specialty societies noted this new code does not address antegrade stent placement in the innominate artery or the intrathoracic carotid artery. In February 2014, the Panel created CPT code 37218 to describe the antegrade treatment of the innominate artery or the intrathoracic common carotid artery. Additionally, the Panel added the words "open or" to the 37215 and 37216 CPT code descriptions to make them consistent with all other endovascular bundled coding.

37218 ***Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation***
The RUC reviewed the survey results from 33 practicing radiologists, interventional radiologists, neurosurgeons, vascular surgeons and cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 43 minutes, with 4 additional minutes of positioning over the standard 2b pre time package, intra-service time of 90 minutes and immediate post-service time of 28 minutes (the standard post time package of 8B). The RUC agreed that 4 additional minutes of pre-service positioning time over the standard pre-time package are necessary to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections. The RUC also agreed that one 99231 hospital visit and a full-day discharge are appropriate for this inpatient procedure. These visits are similar to the other services in the family, 37215 and 37216, which each have one hospital visit and a full-day discharge day management service. Finally, two 99213 office visits were allocated to adequately assess for post procedural complications and medication compliance in the 90 day global period.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overvalued, with a 25th percentile work RVU of 18.50. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)* (work RVU = 15.00) and agreed that since both services have identical intra-service time, 90 minutes, and nearly identical total time, they should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk from code 29915 to code 37218. To further justify a work RVU of 15.00 for 37218, the RUC reviewed CPT code 19303 *Mastectomy, simple, complete* (work RVU= 15.85, intra time= 90 minutes) and noted that while both services have identical intra time, the reference code has more post-operative visits, and therefore, is correctly valued slightly higher than 37218. **The RUC recommends a work RVU of 15.00 for CPT code 37218.**

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The RUC discussed that the specialty societies did not survey CPT codes:

- 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*,
- 37216 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection*,
- 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*,
- 37235 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed*,
- 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery* and
- 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery*

For the following five codes, the RUC did not recommend surveying: 37216 because it is a non-covered Medicare service, 37217 because it was reviewed by the RUC in April 2013 and codes 37235-7 because they are not considered part of the family of services. The RUC noted that code 37215 has been performed consistently since its creation in 2006 and most recently was performed 8,455 times in 2013. **Therefore, the RUC recommends that the specialty societies survey CPT code 37215 and present recommendations for physician work and practice expense at the September 2014 RUC meeting.**

Practice Expense

The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

New Technology

CPT code 37218 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Cardiovascular System** **Arteries and Veins** **Vascular Injection Procedures**				
⊙ ***36222***		*Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* (Do not report 36222 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***36223***		*Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed* (Do not report 36223 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***36224***		*Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed* (Do not report 36224 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
Category I **Surgery** **Cardiovascular System** **Transcatheter procedures**				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Other procedures				
▲⊙37215(e)		Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	To be Surveyed September 2014 RUC
▲⊙37216(e)		without distal embolic protection (37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation. When ipsilateral carotid arteriogram (including imaging and selective catheterization) confirms the need for carotid stenting, 37215 and 37216 are inclusive of these services. If carotid stenting is not indicated, then the appropriate codes for carotid catheterization and imaging should be reported in lieu of 37215 and 37216) (Do not report 37215, 37216 in conjunction with 36222-36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent[s], see Category III codes 0075T, 0076T) (For open or percutaneous antegrade transcatheter placement of intrathoracic carotid artery stent[s], see 37218)	090	18.95 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
37217(e)		Transcatheter placement of ~~an~~ intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, ~~via~~ open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation (37217 includes open vessel exposure and vascular access closure, all access and selective catheterization of the vessel, traversing the lesion, and any radiological supervision and interpretation directly related to the intervention when performed, standard closure of arteriotomy by suture, and imaging performed to document completion of the intervention in addition to the intervention[s] performed. Carotid artery revascularization services [eg, 33891, 35301, 35509, 35510, 35601, 35606] performed during the same session may be reported separately, when performed) (Do not report 37217 in conjunction with 35201, 35458, 36221-36227, 75962 for ipsilateral services) (For <u>open or</u> percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For <u>open or</u> percutaneous <u>antegrade</u> transcatheter placement of intrathoracic carotid/innominate artery stent[s], see ~~0075T, 0076T~~37218) (<u>For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T</u>) (For transcatheter placement of intracranial stent[s], use 61635)	090	20.38 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●⊙37218	CC4	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation (37218 includes all ipsilateral extracranial intrathoracic selective innominate and carotid catheterization, all diagnostic imaging for ipsilateral extracranial intrathoracic innominate and/or carotid artery stenting, and all related radiologic supervision and interpretation. Report 37218 when the ipsilateral extracranial intrathoracic carotid arteriogram (including imaging and selective catheterization) confirms the need for stenting. If stenting is not indicated, report the appropriate codes for selective catheterization and imaging.) (Do not report 37218 in conjunction with 36222, 36223, 36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T) (For transcatheter placement of intracranial stent(s), use 61635)	090	15.00

Category I
Surgery
Cardiovascular System
Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37220-37235 are to be used to describe lower extremity endovascular revascularization services performed for occlusive disease…

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙✚37235	CC5	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) (Use 37235 in conjunction with 37231)	ZZZ	Specialty: Not Part of Family
⊙37236	CC6	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	000	Specialty: Not Part of Family
Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral ~~or intrathoracic carotid~~ (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical exposure, or open retrograde intrathoracic common carotid or innominate (37217). *Codes 37236, 37237 describe transluminal intravascular stent insertion ….* *Codes 37236-37239 include radiological supervision and interpretation….* *Intravascular stents, both covered and uncovered, are a class of devices….*				
⊙✚37237	CC7	each additional artery (List separately in addition to code for primary procedure) (Use 37237 in conjunction with 37236)	ZZZ	Specialty: Not Part of Family

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

(Do not report 37236, 37237 in conjunction with 34841-34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement(s) in iliac, femoral, popliteal, or tibial/peroneal artery(s), see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)

(For transcatheter placement of intravascular cervical carotid artery stent(s), see 37215, 37216)

(For transcatheter placement of intracranial stent(s), use 61635)

(For transcatheter placement of intracoronary stent(s), see 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid or innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery ~~or intrathoracic carotid artery~~ stent(s), see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent(s), use 37217)

Category III Codes

▲0075T Transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

▲0076T each additional vessel (List separately in addition to code for primary procedure)

(Use 0076T in conjunction with 0075T)

(When the ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ arteriogram (including imaging and selective catheterization) confirms the need for stenting, then 0075T and 0076T include all ipsilateral extracranial vertebral ~~or intrathoracic selective carotid~~ catheterization, all diagnostic imaging for ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ artery stenting, and all related radiologic supervision and interpretation. If stenting is not indicated, then the appropriate codes for selective catheterization and imaging should be reported in lieu of code 0075T or 0076T.)

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SOCIETY OF
INTERVENTIONAL
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April 1, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Tab 12 Transcatheter Placement of Carotid Stents

Dear Dr. Levy:

The Society of Interventional Radiology (SIR) is enclosing RUC recommendations for Tab 12 Placement of Carotid Stents. A multi specialty group including the Society of Interventional Radiology (SIR), the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the Society for Vascular Surgery (SVS) and the American College of Cardiology (ACC) conducted a survey for CPT Code 37218X, a new CPT code to report *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*. There were several other CPT codes included in the "February 2014 CPT Coding Changes File" that were assigned tracking numbers.

The specialty societies did not conduct RUC surveys on the other codes included on the "February 2014 CPT Coding Changes File". That list included CPT Codes 37215, 37216, 37217, 37235, 37236 and 72237. Below is an explanation:

- CPT Code 37215 – low volume
- CPT Code 37216 – low volume, non-coverage
- CPT Code 37217 – surveyed in the past year
- CPT Code(s) 37235-7 – not the same family

We look forward to presenting our RUC recommendations at the upcoming April RUC meeting. If you have any questions, please don't' hesitate to contact trishacrishock@gmail.com.

Sincerely,



Jerry Niedzwiecki, MD
SIR RUC Advisor

cc: Sherry Smith
Susan Clark

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37218 Tracking Number CC4 Original Specialty Recommended RVU: **18.50**
Presented Recommended RVU: **18.50**
Global Period: 090 RUC Recommended RVU: **15.00**

CPT Descriptor: Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with a history of left carotid endarterectomy presents with transient ischemic attacks. Diagnostic imaging demonstrates left common carotid ostial high grade stenosis without further distal disease in the carotid bulb or internal carotid artery. He undergoes intrathoracic left common carotid artery stent placement from a femoral approach.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 3%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 71% , Overnight stay-more than 24 hours 23%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 72%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 58%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information including indications, physical exam findings, current medications, and important laboratory findings. Careful review of imaging is performed to assess access vessel, arch anatomy, cervical carotid/vertebral anatomy, intracranial anatomy, plaque characteristics, and vessel diameter.

The proposed procedure is discussed with the patient and family including risks and expected recovery. Formal consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. Mark access site.
Estimate the range of devices that may be required and ensure availability. Assess need for stand-by devices (eg, additional balloons, stents, thrombectomy devices) that might be needed emergently. Ensure availability of pharmacologic and labarotory agents such as heparin, protamine, G2b3a inhibitors, ACT testing. Ensure all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Ensure the patient is appropriately positioned on the table and intravenous access has been achieved. Monitoring devices are attached and fluoroscopy is performed to ensure that desired imaging is attainable. Don radiation protection gear and ensure that all who will be in the interventional suite do likewise. Supervise sterile prep of access site(s) and subsequent draping. Perform pre-procedural "time-out." Moderate sedation is administered and adequate moderate sedation monitoring is verified.

Description of Intra-Service Work: The femoral artery is punctured and a sheath is placed. A long catheter and sheath are advanced over a guidewire to the thoracic aorta. Roadmapping images are obtained for vessel sizing and to document anatomy. The area of stenosis/occlusion is crossed with a guidewire, and a sheath is advanced to or through the stenosis/occlusion. An embolic protection device is deployed. The lesion is initially treated with balloon angioplasty as pre-dilatation to allow passage of the stent delivery system. Using fluoroscopic guidance and appropriate roadmapping, a stent is positioned across the intended treatment zone, and is deployed. The stent is fully opened with additional balloon catheter. The stent delivery system and balloon are removed and follow-up images are obtained with contrast injection to determine if the stenosis has been adequately treated. Multiple balloon inflations may be required, or additional balloons with larger or smaller diameters may be used. Once a satisfactory result has been documented in the absence of extravasation or embolization, the embolic protection device is removed, the sheath is removed, and hemostasis obtained with closure device.

Description of Post-Service Work: Apply sterile dressings. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission care. Write brief procedure note. Review vital signs and repeat patient exam in recovery area. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. Coordinate discharge once criteria are met. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Complete discharge records. Apply sterile dressings. As needed, assist team in moving patient to stretcher. Review vital signs and repeat patient exam in recovery area. Ensure patient is neurologically intact. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission and inpatient care. Write brief procedure note. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. In-hospital postservice time includes subsequent hospital visits, blood pressure regulation, neurovascular examinations. Coordinate discharge once criteria are met. Discharge day management includes the physician's final examination, discussion of post-hospital care care including restrictions. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Prepare discharge records. In addition, all postdischarge office visits for 90 days are part of the post procedure work. This includes evaluation of access site, periodic imaging and labaratory reports, and physical exam concentrating on the neurovascular examination.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Gary Seabrook, MD and Richard Wright, MD		
Specialty(s):	Radiology, Neuro Surgery, Vascular Surgery, Cardiology		
CPT Code:	37218		
Sample Size:	4224	**Resp N:** 33	**Response:** 0.7 %
Description of Sample:	SIR - 330 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 3042240 US MD Members SVS - 100 US MD Members ACC - 250 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	35.00
Survey RVW:	15.00	18.50	**20.38**	22.00	30.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	60.00	**90.00**	90.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	37218	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		**28.00**	**28.00**	**0.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**		
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**		
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**		
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**		
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**		
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**		

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37217	090	20.48	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22554	090	17.69	**RUC Time**	6,901

CPT Descriptor 1 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
44602	090	24.72	**RUC Time**	3,625

CPT Descriptor 2 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 60.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 37218**	**Key Reference CPT Code: 37217**	**Source of Time RUC Time**
Median Pre-Service Time	43.00	74.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	28.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	115.00	
Median Discharge Day Management Time	38.0	18.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**265.00**	**403.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.95	3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	4.10	4.05
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.35	4.26
Physical effort required	3.85	3.74
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.37
Outcome depends on the skill and judgment of physician	4.35	4.47
Estimated risk of malpractice suit with poor outcome	4.45	4.37

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.84
Intra-Service intensity/complexity	4.40	4.32

Post-Service intensity/complexity	3.50	3.47

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 33218 describes transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.

This is a new category I CPT code that was previously reported using category III code 0075T "Transcatheter *placement of extracranial vertebral or intrathoracic carotid artery stent(s)".*

Code 37217 was recently created for open surgical exposure of the cervical carotid and retrograde stent placement in the intrathoracic common carotid and innominate arteries. In that CCP, we neglected to address antegrade stent placement in the innominate and intrathoracic carotid artery. That is, insertion of an endovascular stent from the aortic arch into the common carotid artery across the occlusive lesion, typically through femoral arterial vascular access.

We believed that there was sufficient literature to support the creation of a Category I CPT code for antegrade treatment of the innominate artery and the intrathoracic common carotid artery and 37218 was therefore submitted to CPT. We do not believe there is enough literature to support a category I code for vertebral artery stenting and therefore 0075T and 0076T will remain to report this activity.

A multi-disciplinary workgroup including SVS, ACR, and SIR was convened. A survey was distributed randomly to the members of the representative societies. 33 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved. The survey results and recommendations are as follows.

Pre-Service Time

The survey respondents indicated 90 minutes in pre-time evaluation, 15 minutes in positioning, and 15 minutes for scrub, dress, and wait. By RUC conventions the societies believe that this service is best represented by the pre-time package 2B Difficult Patient/Straightforward Procedure (With sedation/anesthesia care). This package allows for 33 minutes of pre-time evaluation and 5 minutes for scrub dress and wait. We will be recommending an additional 4 minutes to positioning for a total of 5 positioning minutes based on the survey results and to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections.

The rationale for adding additional positioning time is consistent with multiple recently valued procedures brought before the RUC in the last several cycles including transcatheter embolization (37241-4), thrombolysis (37211), foreign body retrieval (37197), selective catheterization (36245, 36246, 36200), and IVC filters (37191-3). Although the rationale is similar, the number of minutes added to pre-time positioning is slightly higher (4 minutes for 37218 compared to 2 minutes for the referenced codes above) due to the complexity of obtaining adequate imaging of this difficult intra-thoracic region.

Post-Service Time

The survey respondents reported a post service time of 30 minutes. Based on RUC conventions the workgroup feels that this service is best represented by post-service package 8B IV Sedation/Complex procedure which allows for a total post service time of 28 minutes. As the clinical vignette suggests these patients are vasculopaths with high stroke risk. After the intervention is performed these patients are inpatients that are closely monitored for neurologic changes similar to the existing codes within the carotid stent family. As such, the work of 99231 and 99238 is typical to provide the appropriate inpatient care. As a 090 global code two 99213 office visits are typical to adequately assess for post procedural complications and medication compliance.

Carotid Stent Code Family

	RVU	IWPUT	Total Time	Eval	Pos	SDW	Intra	ImPost	99213	99233	99232	99231	99238
37218	15.00	0.106	265	33	5	5	90	30	2			1	1
37216	18.95	0.1223	341	60	15	15	97	30	2		1		1
37215	19.68	0.1223	347	60	15	15	103	30	2		1		1
37217	20.38	0.0977	403	40	14	20	120	30	2	1	1		1

MPC Comparison List

CPT Code	Descriptor	Work RVU	Total Time	Pre Eval	Pre Pos	Pre SDW	Intra	Post	IWPUT
19303	Mastectomy, simple, complete	15.85	314	30	15	15	90	20	0.0977
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	362	60	20	15	90	30	0.1058
37218	Transcatheter placement of an intravascularstent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.	15.00	265	33	5	5	90	30	0.144
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	24.72	562	30	15	15	90	30	0.0804

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0075T, 0076T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology (D&IR) How often? Commonly

Specialty NeuroSurgery How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,033
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data from 2012 includes 80 claims for 2012. We also believe that these stents may have been miscoded by the unlisted vascular procedure code 37799.

Specialty Radiology (D&IR) Frequency 250 Percentage 25.00 %

Specialty NeuroSurgery Frequency 200 Percentage 20.00 %

Specialty Vascular Surgery Frequency 200 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36005

SS Rec Summary

ISSUE: Transcatheter Placement of Carotid Stents

TAB: Tab 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	37217	Transcatheter placement of an intravascular stent(s	20	0.099			20.48			403	40	14	20			120			30			1	1		1			2		
CURRENT	0075T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
CURRENT	0076T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
SVY	37218	Transcatheter placement of an intravascular stent(s	33	0.147	15.00	18.50	20.38	22.00	30.00	344	90	15	15	45	60	90	90	240	30					1	1			2		
REC				0.106			15.00			265	33	5	5			90			28					1	1			2		

CPT Code: 37218
Specialty Society('s): SIR, ACR, ASNR, AANS/CNS, SVS, ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: **090** Meeting Date: **April 2014**

CPT Long Descriptors

37218 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty included CPT Code 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation* as a reference code on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				**Reference Code April 2013**		**Recommendations**	
2	**Meeting Date: April 2014** **Tab: 12** **Specialty: SIR, ACR, ASNR, AANS/CNS, ACC, SVS**			**37217**		**37218**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**144.0**	**0.0**	**144.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**	**0.0**	**72.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**2**		**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	pack, post-op incision care (suture & staple)	SA053			**1**		
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	table, exam	EF023			**72.0**		**72.0**
67							
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

Endoscopic Hypopharyngeal Diverticulotomy

In October 2013, the CPT Editorial Panel created a new code to describe endoscopic hypopharyngeal diverticulotomy, a common surgical treatment for Zenker's diverticula that was previously reported with an unlisted CPT code.

The RUC reviewed the survey results from 174 otolaryngologists and thoracic surgeons and determined that the survey median of 9.03 work RVUs appropriately accounts for the work required to perform this service. The Committee agreed with the specialty society's recommended 60 minutes pre-time, 60 minutes intra-service time and 20 minutes immediate post-service time. The Committee discussed the post-operative visits and noted that of the respondents stated that the patient is typically kept overnight, however only 36% indicated that they perform an E/M service later on the same day, therefore it is not typical. The specialty society clarified that the 99232 *Subsequent hospital care, per day, for the evaluation and management of a patient* visit should be removed. The Committee confirmed that a full 99238 *Hospital discharge day management* visit is appropriate because the majority of respondents indicated that the patient stays overnight in the hospital and one 99213 *Office or other outpatient visit for the evaluation and management of an established patient* is typical.

The Committee compared the surveyed service to the key reference service 60220 *Total thyroid lobectomy, unilateral; with or without isthmusectomy* (work RVU = 11.19) and determined that 43180 requires similar intensity and complexity to perform, however requires 30 minutes less intra-service time than 60220, therefore appropriately valued lower. For additional support, the Committee referenced MPC code 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU = 9.23 and 60 minutes intra-service time), 62287 *Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar* (work RVU = 9.03 and 60 minutes intra-service time) and 29905 *Arthroscopy, subtalar joint, surgical; with synovectomy* (work RVU = 9.18). **The RUC recommends a work RVU of 9.03 for CPT code 43180.**

New Technology
The RUC recommends that CPT code 43180 be placed on the new technology list.

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Digestive System **Esophagus** **Excision** 43130 Diverticulectomy of hypoharynx or esophagus, with or without cricopharyngeal myotomy, cervical approach 43135 thoracic approach (For endoscopic diverticulectomy of hypopharynx or cervical esophagus, use 43180)				
Endoscopy				
●43180	L1	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), ~~rigid,~~ with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed (Do not report 43180 in conjunction with 69990) (For diverticulectomy of hypopharynx or esophagus (open), see 43130, 43135)	090	9.03
Operating Microscope ►The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. Code 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for visualization with magnifying loupes or corrected vision. Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component (15756-15758, 15842, 19364, 19368, 20955-20962, 20969-20973, 22551, 22552, 22856-22861, 26551- 26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43180, 43496, 49906, 61548, 63075-63078, 64727, 64820-64823, 65091-68850, 0184T, 0226T, 0227T, 0308T).◄				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43180 Tracking Number L1 Original Specialty Recommended RVU: **9.03**
Presented Recommended RVU: **9.03**
Global Period: 090 RUC Recommended RVU: **9.03**

CPT Descriptor: Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70 year old woman presents with difficulty swllowing, regurgitation, and is at risk for developing aspiration pneumonia. A barium swallow radiograph (contrast esophagram) shows a hypopharyngeal (Zenker's) diverticulum.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 98% , In the ASC 2%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 14% , Overnight stay-less than 24 hours 66% , Overnight stay-more than 24 hours 21%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 36%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 12%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review history and physical, barium swallow and labs. Discuss procedure with patient and obtain informed consent. Discuss airway management, DVT prophylaxis and antibiotic with anesthesiologist. Ensure that necessary equipment is available and set up. (Alter stapler for use in diverticular pouch, check laser, fabricate tooth guard). After general anesthesia is induced, perform time-out, position patient at 90 degree angle from anesthesia position, place head drape, eye protection, sheet, and suspension table.

Description of Intra-Service Work: Place tooth guard. Insert bivalve laryngoscope and advance behind larynx into hypopharynx and then beyond into cervical esophagus. Endoscopy is performed to identify the pouch, esophagus and cricopharyngeal bar between. The bar is divided using a stapler, laser, or other method. Expand jaws of telescoping laryngoscope to place diverticular bar on stretch. Suspend laryngoscope. Visualize bar using rigid telescope. Place sutures on both sides of the diverticular bar to maximally draw the bar up. Cut bar with stapler, laser, or other device. Examine cut with telescope. Repeat staple, laser procedure as needed to open diverticulum fully into esophageal lumen. Investigate base of pouch for signs of perforation. Suction blood and secretions. Relax and remove laryngoscope. Inspect teeth for signs of trauma. Return patient to anesthesia position.

Description of Post-Service Work: Stand by and monitor as patient is awakened and accompany them to the recovery room. Monitor airway, heart rate, blood pressure and reported pain for signs of perforation of esophagus. Order post-operative chest-xray, if clinically indicated. Dictate and code procedure. Write brief op note, and post-operative orders. Speak with family, and referring physician. Discuss post procedure care with anesthesia and the nursing staff, including conditions for transfer to floor or discharge. When evaluated on post-operative rounds, reassess overall medical condition of the patient including vital signs, fluid balance, diet tolerance and urinary function. Initiate and observe first swallow of

po intake. Evaluate for signs and symptoms of esophageal perforation. Review post-operative chest X-ray. When considered stable to discharge, discuss and record post discharge management with nursing staff. Home restrictions, ie (diet and activity) are discussed with the patient and family. Prescriptions are written. Preoperative medication list is reconciled. All appropriate medical records are completed including discharge summary and orders.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Wayne Koch, MD; John Lanza, MD; Peter Manes, MD; Francis Nichols, MD				
Specialty(s):	AAO-HNS; STS				
CPT Code:	43180				
Sample Size:	4330	**Resp N:**	174	**Response:** 4.0 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	6.00	20.00
Survey RVW:	1.25	7.25	**9.03**	11.00	30.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	45.00	**60.00**	60.00	360.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	43180	**Recommended Physician Work RVU: 9.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anesthesia/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60220	090	11.19	**RUC Time**

CPT Descriptor Total thyroid lobectomy, unilateral; with or without isthmusectomy

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
14060	090	9.23	**RUC Time**	95,711

CPT Descriptor 1 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	8.05	**RUC Time**	23,292

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
29906	090	9.65	**RUC Time**

CPT Descriptor Arthroscopy, subtalar joint, surgical; with debridement

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 40 **% of respondents:** 22.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 43180**	**Key Reference CPT Code:** 60220	**Source of Time** **RUC Time**

Median Pre-Service Time	60.00	72.00
Median Intra-Service Time	60.00	90.00
Median Immediate Post-service Time	20.00	40.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	38.0	19.00
Median Office Visit Time	23.0	46.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**201.00**	**267.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.51	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.56
Urgency of medical decision making	3.07	2.97
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.03
Physical effort required	3.87	3.69
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.36	3.85
Outcome depends on the skill and judgment of physician	4.59	4.23
Estimated risk of malpractice suit with poor outcome	4.28	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.72	3.62
Intra-Service intensity/complexity	3.97	3.92
Post-Service intensity/complexity	3.44	3.23

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

A code change proposal was brought before the CPT Editorial Panel in October 2013 requesting a new CPT code to report the endoscopic approach for treating Zenker's diverticula. Our specialties felt that given that this procedure has become a well accepted technique of treating Zenker's diverticula, the service should have a designated CPT code to enable physicians to accurately capture and report the work they are doing when providing this service. Further, we felt that the work and time involved in furnishing this procedure was substantially different from the open approach described by CPT 43130. A new code was approved by the CPT Editorial Panel and the new code, 43180, is now being presented for valuation by the AMA RUC at the January 2014 meeting.

Description of Random Survey Sample

Our physician work RVU recommendation was derived by conducting a random survey of both AAO-HNS and STS Memberships, using the standard 090 global survey instrument. Surveys were sent to 4310 Otolaryngologists and 20 Thoracic Surgeons. For Otolaryngology, surveys were sent to the subspecialties of laryngology, broncoesophagology, and head and neck surgery, as these physicians were most likely to be familiar with the services under review. We received 174 responses, 169 from Otolaryngology and 5 from Thoracic Surgery.

Physician Time

Pre-Time

Regarding physician time, we recommend using pre-service package 4 (difficult patient/difficult procedure) which includes 40 minutes of evaluation, 3 minutes of positioning, and 20 minutes of scrub, dress, and wait time. Our expert panel felt this package was most appropriate given that the vignette for this service represents a fragile, debilitated, elderly patient who is at risk for developing aspiration pneumonia and has difficulty with swallowing and regurgitation. In addition, this procedure is only performed in the facility setting and must be done under general anesthesia. Therefore, prepackage 4 is most appropriate for the preservice work required for the typical patient.

Evaluation time: While our experts felt that the 40 minutes of evaluation time associated with prepackage 4 was appropriate for this procedure, despite the fact that our survey respondents indicated 45 minutes of evaluation time. As a result, we are recommending a reduction of 5 minutes of survey evaluation time in order to maintain consistency with the pre-time package.

Positioning time: Regarding time for positioning, our expert panel reviewed the 10 minutes of time assigned by surveyees and felt this amount of time was justified given that the physician will need to either prepare the laser, modify the stapler, and/or create a special dental obturator for each patient prior to them entering the room. (At least one of these steps is taken by the majority of surgeons responding to the survey). In cases where the custom obturator is made, it is made from a strong plastic material which must be heated in a water bath, molded to the teeth, and allowed to harden. In modifying the stapler, the GIA stapler must also be altered to shorten the platform piece which goes into the diverticular pouch so that the cut goes as far down the bar as possible. This is done using a high speed drill with a cutting disc and then a smoothing disc to round out and cut the edges. CO2 laser must be assembled and test-fired before a patient enters the room and requires the positioning of special eye and skin protection for the patient and eye protection for all staff in the room. Therefore we recommend 10 minutes for positioning which is 7 minutes above the prepackage time of 3 minutes, but justified by the survey responses and the need to either prepare the laser, modify the stapler, or mold a custom tooth guard for the procedure; all of which take at least 7 minutes in addition to the normal time for positioning for this procedure.

Scrub, Dress, and Wait time: Last, we recommend reducing the package time of 20 minutes for scrub, dress, and wait to 10 minutes to match the amount of time indicated by surveyees as necessary for this procedure.

Total Pre-Time: These modifications result in an overall pre-service time recommendation of 40/10/10 for 43180.

Intra Time

Our expert panel agreed with our surveyees regarding the time for intra service work and are recommending the survey median time of 60 minutes for intra service work.

Immediate Post Time

Likewise, our experts felt that the survey's post time was an accurate reflection of the post time required for this procedure and are recommending the median post time of 20 minutes.

Post-Operative Visits

We would note for the RUC that this code was passed by the CPT Editorial Panel with a recommendation of a 010 global, however, CMS elected to modify the global prior to RUC review to a 090 global. (91 of 174 (52%) of respondents indicated a visit on the day of the procedure)), will receive a discharge management visit (99238) the day after the procedure is done (126 of 174 (72%) of respondents indicated a visit occurs the day after the procedure)), and will receive a follow up office visit (99213) within 5-10 days following the procedure (102 of 174 (59%) of respondents indicated a visit occurs within days 5-10 following the procedure)). The office visit 5-10 days postoperatively includes assessment of healing and any complications the patient may be experiencing. No visits were indicated to typically occur beyond 10 days after the procedure. **As a result, we are recommending: 1 x 99238 (day after procedure) and 1 x 99213 (5-10 days after procedure).**

Physician Work / Compelling Evidence

After concluding the survey, the results were analyzed by our expert panel and it was determined that the survey median RVU of 9.03 was appropriate for new code CPT 43180. **Therefore, we are recommending a work RVU of 9.03 for CPT 43180 which equals the survey's 50th percentile.**

We believe the above recommendation is supported by the key reference code, 60220, which has a higher work RVU of 11.19, but includes 30 minutes more intra service time than CPT 43180. Survey respondents indicated was similar in intensity and complexity. We are also providing the following reference tables which include recently reviewed services which support our requested values for physician time and work for CPT 43180 .

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Post Op Visits
43180	9.03	0.0855	201	40	10	10	60	20	61
60220	11.19	0.0710	267	40	12	20	90	40	65

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Post Op Visits
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	9.23	0.0899	183	15	10	5	60	15	78
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hyopharynx	9.03	0.0855	201	40	10	10	60	20	61
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	8.05	0.0493	238.5	15	12.5	20	60	30	101

The table below compares the survey code to other RUC reviewed codes of similar time and work, providing further support that the recommended value for 43180 is appropriate.

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Post Opt visits
2007	**29906**	Arthroscopy, subtalar joint, surgical; with debridement	9.65	0.0662	244	40	15	10	60	15	104
2000	**49501**	Repair initial inguinal hernia, age 6 months to younger than	9.36	0.0698	232	45	0	0	60	30	97

		5 years									
2007	**29905**	Arthroscopy, subtalar joint, surgical; with synovectomy	9.18	0.0584	244	40	15	10	60	15	104
2011	**62287**	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc	9.03	0.0540	248	70	0	0	60	30	88
2001	**54415**	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis	8.88	0.0671	221	50	0	0	60	30	81
2009	**22900**	Excision, tumor, soft tissue of abdominal wall, subfascial	8.32	0.0496	244	33	3	15	60	20	113
2008	**38542**	Dissection, deep jugular node(s)	7.95	0.0658	198	33	10	15	60	15	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Unlisted code 43499 Unlisted procedure, esophagus. Medicare Volume in 2011 for this unlisted code was 781.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Sometimes

Specialty General Surgery How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2958
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Given that this procedure is currently reported with an unlisted code, 43499 which may be used for many esophageal procedures, it is not possible to derive what the current volume of this service is. Therefore, we reviewed the volume for the open code 43130 which was performed 986 times in CY 2011. Our specialties

felt that the new endoscopic code, 4319X, would be reported more often than the open code, given that the open approach is utlized less often, so we chose a multiple of the open code's volume (3x). This is consistent with the fact that the service is provided infrequently given the relatively low rate of patients in the U.S. Since this disease occurs almost exclusively in patients age 70+, our estimate of 2958 (968 x 3) is appropriate for the anticipated volume for both national frequency and Medicare frequency. We anticipate that the majority of the endoscopic procedures (90+%) will be performed by Otolaryngology, while Gastroenterology, Thoracic Surgery, and General Surgery may account for a small number of these procedures in both the Medicare and national patient populations.

Specialty Otolaryngology	Frequency 2663	Percentage 90.02 %
Specialty Gastroentergology	Frequency 237	Percentage 8.01 %
Specialty Thoracic Surgery	Frequency 59	Percentage 1.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,958
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Given that this procedure is currently reported with an unlisted code, 43499 which may be used for many esophageal procedures, it is not possible to derive what the current volume of this service is. Therefore, we reviewed the volume for the open code 43130 which was performed 986 times in CY 2011. Our specialties felt that the new endoscopic code, 4319X, would be reported more often than the open code, given that the open approach is utlized less often, so we chose a multiple of the open code's volume (3x). This is consistent with the fact that the service is provided infrequently given the relatively low rate of patients in the U.S. Since this disease occurs almost exclusively in patients age 70+, our estimate of 2958 (968 x 3) is appropriate for the anticipated volume for both national frequency and Medicare frequency. We anticipate that the majority of the endoscopic procedures (90+%) will be performed by Otolaryngology, while Gastroenterology, Thoracic Surgery, and General Surgery may account for a small number of these procedures in both the Medicare and national patient populations.

Specialty Otolaryngology	Frequency 2663	Percentage 90.02 %
Specialty Gastroenterology	Frequency 237	Percentage 8.01 %
Specialty Thoracic Surgery	Frequency 59	Percentage 1.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43130

SS Rec Summary

ISSUE: Endoscopic Zenker's Diverticulum

TAB: 7

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		0.0710			11.19			267	40	12	20			90			40						0.5				2		
OPEN CODE	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical		0.0498			12.53			362	26	0	25			84			25					5	1					4	
SVY (New Code)	43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum)	174	0.0605	1.25	7.25	9.03	11.00	30.00	246	45	10	10	10	45	60	60	360	20				1		1				1		
REC	43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum)		0.0855			9.03			201	40	10	10			60			20						1				1		

CPT Code: 43180

Specialty Society('s) AAO-HNS / STS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum)

Global Period: 090 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
Our societies convened an expert panel to review the practice expense for 43180 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure for both specialties. The practice expense inputs were revised using the inputs for the open code 43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach, as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the inputs for the open code 43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach, as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
Our recommendations are consistent with the PE Subcommittee standards for 090 global services performed in the facility setting.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
N/A, this is a new CPT code.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: For this procedure clinical staff is required to complete pre-service diagnostic & referral forms, coordinate pre-surgery services, schedule space and equipment in the facility, and conduct follow up phone calls and coordinate prescriptions.

Intra-Service Clinical Labor Activities: The only intra service staff time for this service is 12 minutes for a discharge management visit (99238) which occurs the day after the procedure.

Post-Service Clinical Labor Activities: The clinical staff post time includes a post-operative visit which is conducted in the physician office (99213).

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #**		**CPT Code #**	
3	**Meeting Date: January 2014 Tab: 7 Specialty: AAO-HNS, STS**	**CMS Code**	**Staff Type**	43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach		43180 Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**180.0**	**0.0**	**108.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**108.0**	**0.0**	**36.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**0**	**5**	**0**	**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**	**0**	**20**	**0**	**20**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**	**0**	**8**	**0**	**8**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**0**	**20**	**0**	**20**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**	**0**	**7**	**0**	**7**
17	*Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available					**0**	**0**
22	Obtain vital signs					**0**	**0**
23	Provide pre-service education/obtain consent					**0**	**0**
24	Prepare room, equipment, supplies					**0**	**0**
25	Setup scope (non facility setting only)					**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV					**0**	**0**
27	Sedate/apply anesthesia					**0**	**0**
28	*Other Clinical Activity - specify:					**0**	**0**
29	**Intra-service**						
30	Assist physician in performing procedure			**0**	**0**	**0**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains					**0**	**0**
33	Clean room/equipment by physician staff					**0**	**0**
34	Clean Scope					**0**	**0**
35	Clean Surgical Instrument Package					**0**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions					**0**	**0**
37	Review/read X-ray, lab, and pathology reports					**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					**0**	**0**
39	*Other Clinical Activity - *specify:*					**0**	**0**
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	**RN/LPN/MTA**	**n/a**	**12**	**n/a**	**12**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27		**4**		
50	99213 36 minutes		36				**1**
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**	**L037D**	**RN/LPN/MTA**	**0.0**	**108.0**	**0.0**	**36.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**0**	**4**	**0**	**1**
58	pack, post-op incision care (suture & staple)	SA053	pack	**0**	**1**	**0**	**0**
59							
60							
61							
62							
63	**EQUIPMENT**	**CODE**					
64	light, exam	EQ168		**0**	**1**	**0**	**36**
65	table, exam	EF023		**0**	**1**	**0**	**36**
66							
67							
68							

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013

Ileoscopy

Several specific codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify and update CPT code descriptions. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

44380 Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
The RUC reviewed the survey results of 76 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate.

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The RUC reviewed the estimated work values and agreed with the specialty societies that 44380 is currently overvalued, with a work RVU of 1.05. However, the survey respondents overestimated the physician work involved in this service at the 25th percentile. Therefore, the RUC reviewed CPT code 91040 *Esophageal balloon distension provocation study* (work RVU= 0.97) and noted that both services have identical intra-service time of 15 minutes and similar total time, 45 minutes and 50 minutes, respectively. The RUC agreed with the specialty societies that code 44380 should be value at 0.97 work RVUs, identical to the reference code.

To justify a work RVU of 0.97, the RUC compared the surveyed code to CPT code 49460 *Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report* (work RVU= 0.96) and agreed that with identical intra-service time, 15 minutes, both codes should be valued nearly identical. The RUC also reviewed MPC code 11100 *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion* (work RVU= 0.81) and noted that this code has significantly less total time compared to 44380, 22 minutes and 50 minutes, respectively and is appropriately valued less than 44380. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 0.97 places diagnostic ileoscopy appropriately between diagnostic flexible sigmoidoscopy (RUC recommended work RVU= 0.84) and diagnostic esophagoscopy (RUC recommended work RVU= 1.59) in terms of comparative physician work. **The RUC recommends a work RVU of 0.97 for CPT code 44380.**

44382 Ileoscopy, through stoma; with biopsy, single or multiple
The RUC reviewed the survey results of 66 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 20 minutes and post-service time of 12 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained for this ileoscopy biopsy code. The established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 1.27 for CPT code 44382. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate. The RUC also noted that applying this methodology derives the current work RVU of 1.27 for this service.

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To justify a work RVU of 1.27, the RUC compared the surveyed code to CPT codes 36597 *Repositioning of previously placed central venous catheter under fluoroscopic guidance* (work RVU= 1.21) and 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report* (work RVU= 1.28) and noted that these comparator codes have identical intra-service times compared to 44382, 20 minutes and comparable physician work. Given these similarities, the RUC agreed that a recommended work value of 1.27 appropriately sets 44382 relative to these two reference codes. The RUC also reviewed MPC code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU= 1.22) and noted that while the reference code has 5 minutes less intra-service time compared to the surveyed code, the reference code is a more intense service and should be valued similarly. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 1.27 places ileoscopy with biospy appropriately between flexible sigmoidoscopy with biopsy (45331, RUC recommended work RVU= 1.14) and esophagoscopy with biopsy (43202, RUC recommended work RVU= 1.89) in terms of comparative physician work. **The RUC recommends a work RVU of 1.27 for CPT code 44382.**

44381 Ileoscopy, through stoma; with transendoscopic balloon dilation
The RUC reviewed the survey results of 48 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient, straight forward procedure under sedation was appropriate. The RUC agreed that this is a difficult patient because the reason for dilatation is that the patient has an intermittent small bowel obstruction typically resulting from a neoplasm, ischemia or Crohn's disease.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy balloon dilation code, 43220 (RUC recommended work RVU= 2.10) should be maintained for this ileoscopy dilation code. The established increment for the physician work related to the balloon dilation, 0.51 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 1.48 for CPT code 44381. The RUC agreed with the specialty that the physician work related solely to balloon dilation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.48, the RUC compared the surveyed code to MPC code 90935 *Hemodialysis procedure with single evaluation by a physician or other qualified health care professional* (work RVU= 1.48) and noted that both services have identical intra-service time, 25 minutes, and should be valued identically. In addition, the RUC reviewed CPT code 60100 *Biopsy thyroid, percutaneous core needle* (work RVU= 1.56) and agreed that with identical intra-service time, this reference code should be valued similarly to code 44381. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 1.48 places ileoscopy with trans-endoscopic balloon dilation appropriately between flexible sigmoidoscopy (45340, RUC recommended work RVU= 1.35) and esophagoscopy with trans-endoscopic balloon dilation

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(43220, RUC recommended work RVU= 2.10) in terms of comparative physician work. **The RUC recommends a work RVU of 1.48 for CPT code 44381.**

44384 Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

The RUC reviewed the survey results of gastroenterologists and gastrointestinal and endoscopic surgeons and noted that the combined survey sample of 43 survey respondents indicated a median performance rate of zero. Therefore, the RUC reviewed the survey results from the 21 physicians who perform the service and agreed with the specialty societies that the median intra-service time of 40 minutes was an accurate estimate of the time to perform this service. Additionally, 15 minutes is warranted over the balloon dilation code, 44381, due to the additional work of performing the pre and post dilation and guide wire passage that is included in 44384. The RUC recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient, straight forward procedure under sedation was appropriate. The RUC agreed that this is a difficult patient because the reason for placement of a stent is that the patient has a narrowing or obstruction of the lumen of the bowel resulting from a neoplasm.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy stent placement code, 43212 (RUC recommended work RVU= 3.73) should be maintained for this ileoscopy stent placement code. The established increment for the physician work related to placing the stent, 2.14 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 3.11 for CPT code 44384. The RUC agreed with the specialty that the physician work related solely to placing the stent is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 3.11, the RUC compared the surveyed code to CPT codes 52310 *Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple* (work RVU= 2.81) and 49446 *Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 3.31) and agreed that since these code all have identical intra-service time, 40 minutes, and comparable physician work, the recommended RVU for 44384 is valued appropriately between these two reference codes. The RUC also reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that while both codes have identical intra-service times, the MPC code is appropriately valued higher than the surveyed code due to increased intensity. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 3.11 places ileoscopy with stent placement appropriately between flexible sigmoidoscopy (45347, RUC recommended work RVU= 2.98) and esophagoscopy with stent placement

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(43212, RUC recommended work RVU= 3.73) in terms of comparative physician work. **The RUC recommends a work RVU of 3.11 for CPT code 44384.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the ileoscopy services and noted that these services mostly crosswalk from the esophagoscopy codes approved last year. The PE Subcommittee approved non-facility direct PE inputs for two codes (44380 and 44382) which were only priced in the facility. For the new codes, 44381 was crosswalked to 44382 and 44384 was only priced in the facility.

The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Do Not Use to Validate:
The specialties requested, and the RUC agreed, that this family of codes should have a note in the RUC database that states codes 44380, 44382, 44381 and 44384 should not be used to validate for physician work. The specialties stated that the IWPUTs for these services are artificially low in comparison to other endoscopic procedures.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Category I
Surgery
Digestive System
Intestines (Except Rectum)
Endoscopy, Stomal

~~For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.~~

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 45388, 45384, 45339., 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

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Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate. When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session. ~~Surgical endoscopy always includes diagnostic endoscopy.~~ For computed tomographic colonography, see 74261, 74262, 74263.			
▲⊙44380	Ileoscopy, through stoma; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44380 in conjunction with 44381, 44382, 44384)	000	0.97
⊙44382	with biopsy, single or multiple (Do not report 44382 in conjunction with 44380)	000	1.27 (No Change)
D⊙44383	~~with transendoscopic stent placement (includes predilation)~~ (44383 has been deleted. To report, use 44384)	000	N/A
#⊙●44381	with transendoscopic balloon dilation (Do not report 44381 in conjunction with 44380, 44384) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 44381 with modifier 59 for each additional stricture dilated)	000	1.48
⊙●44384	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 44384 in conjunction with 44380, 44381) (If imaging guidance is performed, use 74360)	000	3.11

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44380 Tracking Number D1 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.97**
Global Period: 000 RUC Recommended RVU: **0.97**

CPT Descriptor: Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old patient with previous proctocolectomy, ileostomy for inflammatory bowel disease presents with diarrhea. Diagnostic ileoscopy and collection of specimens by brushings is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 53%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed if

pertinent; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	44380		
Sample Size:	1984	**Resp N:** 76	**Response:** 3.8 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	10.00	90.00
Survey RVW:	0.80	1.30	**2.49**	3.36	4.88
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	12.00	**15.00**	20.00	35.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44380	**Recommended Physician Work RVU: 0.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11100	000	0.81	**RUC Time**	2,812,102

CPT Descriptor 1 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	143,091

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 30.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 44380**	**Key Reference CPT Code: 45305**	**Source of Time RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**50.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.26	2.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	2.52
Urgency of medical decision making	3.04	2.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.26	2.61
Physical effort required	2.83	2.52
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.04	2.57
Outcome depends on the skill and judgment of physician	3.35	2.83
Estimated risk of malpractice suit with poor outcome	3.30	2.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.91	2.39
Intra-Service intensity/complexity	3.13	2.61
Post-Service intensity/complexity	2.74	2.39

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44380 *Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed*

Code 44380 is a Harvard-valued code and has never been surveyed by the RUC. The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of ileoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. The consensus panel determined that ileoscopy through stoma is less complex than esophagoscopy, EGD and ERCP, but more complex than flexible sigmoidoscopy and proctoscopy. As such, the RVW for the ileoscopy base code (44380) should fall between esophagoscopy (43200 = 1.59 RVW) and proctoscopy (45300 = 0.80 RVW) / flexible sigmoidoscopy (current 45330 = 0.96, proposed = 0.80 recommended RVW).

We recommend crosswalking 44380 to 91040 at 0.97 RVW, which is less than the current and the 25th percentile RVW. The work of performing ileoscopy is similar to that of esophageal balloon distension provocation study (91040, 0.97 RVW, 15/15/15). The recommended RVW of 0.97 places ileoscopy appropriately between flexible sigmoidoscopy and esophagoscopy in terms of comparative physician work; however, the resulting IWPUT of 0.014 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44380 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The additional work of performing biopsies is reflected in the higher RVW for 45305 compared with the recommendation for 44380.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**57160**	Fitting and insertion of pessary or other intravaginal support device	0.89	0.0268	40	20	15	5
2012	**11301**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	0.90	0.0480	26	6	15	5
2007	**49460**	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation an	0.96	0.0090	55	30	15	10
Survey	**44380**	Ileoscopy, diagnostic	0.97	0.0142	52	27	15	10
2004	**91040**	Esophageal balloon distension provocation study	0.97	0.0227	45	15	15	15
2012	**23350**	Injection procedure for shoulder arthrography or enhanced CT/MRI	1.00	0.0490	28	8	15	5

		shoulder arthrography						
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.0369	36	11	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44380

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterolog How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6300
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database 2,097 in 2011. (2,097*3 = ~ 6,300)

Specialty Gastroenterology Frequency 3900 Percentage 61.90 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,166
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database in 2012

Specialty Gastroenterology Frequency 1300 Percentage 61.99 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44382 Tracking Number D2 Original Specialty Recommended RVU: **1.27**
Presented Recommended RVU: **1.27**
Global Period: 000 RUC Recommended RVU: **1.27**

CPT Descriptor: Ileoscopy, through stoma; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old patient with previous proctocolectomy, ileostomy for diffuse colitis presents with diarrhea and abdominal discomfort. Ileoscopy is performed to evaluate the ileum, and multiple biopsies are taken of abnormal tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Ileal inflammatory changes are identified and assessed. Endoscopically directed biopsies are taken of abnormal tissue. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	44382		
Sample Size:	1994	**Resp N:** 66	**Response:** 3.3 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**7.00**	12.00	50.00
Survey RVW:	1.00	1.50	**2.39**	3.42	4.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	8.00	15.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44382	**Recommended Physician Work RVU: 1.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,258

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,528

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 40.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 44382**	**Key Reference CPT Code:** 45305	**Source of Time RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	20.00	10.00	
Median Immediate Post-service Time	12.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**57.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.59	2.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.44	2.89
Urgency of medical decision making	3.15	2.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.52	2.93
Physical effort required	2.96	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.19	2.59
Outcome depends on the skill and judgment of physician	3.52	3.00
Estimated risk of malpractice suit with poor outcome	3.30	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.11	2.70
Intra-Service intensity/complexity	3.56	3.07
Post-Service intensity/complexity	3.37	2.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44382 *Ileoscopy, through stoma; with biopsy, single or multiple*

We recommend an RVW of 1.27. This value is equal to the current value of 44382 and is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base procedure 44380 (0.97) plus an established increment of 0.30 (43201-43200) approved by the RUC in October 2012 for endoscopic biopsies for esophagoscopy (and also for EGD and ERCP) procedures. The recommended 1.27 RVW places ileoscopy with biopsy appropriately between flexible sigmoidoscopy and esophagoscopy with biopsy in terms of comparative physician work; however, the resulting IWPUT of 0.023 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44382 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The work between the key reference and 44382 is similar, as are the RVWs.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51610**	Injection procedure for retrograde urethrocystography	1.05	0.013	55	20	20	15
2012	**11302**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	1.05	0.044	31	6	20	5
2003	**36597**	Repositioning of previously placed central venous catheter under fluoroscopic guidance	1.21	0.033	45	15	20	10
survey	**44382**	Ileoscopy with biopsy	1.27	0.023	59	27	20	12
2010	**91010**	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1.28	0.030	50	15	20	15
2005	**62270**	Spinal puncture, lumbar, diagnostic	1.37	0.050	40	10	20	10
2007	**46615**	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1.50	0.036	58	25	20	13

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44382

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,475 in 2011. (1,475*3 = ~ 4,400)

Specialty Gastroenterology Frequency 3200 Percentage 72.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,333
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012.

Specialty Gastroenterology Frequency 1062 Percentage 72.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44381 Tracking Number D3 Original Specialty Recommended RVU: **1.48**
Presented Recommended RVU: **1.48**
Global Period: 000 RUC Recommended RVU: **1.48**

CPT Descriptor: Ileoscopy, through stoma; with trans-endoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. The patient is found to have a stricture in the ileum. The patient is referred for ileoscopy for evaluation of the ileum and trans-endoscopic balloon dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 87%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the lesion to be dilated. The lesion to be dilated is identified and assessed. The dilating balloon is advanced and positioned at the lesion using endoscopic guidance. The balloon is inflated to its recommended pressure and held for approximately sixty seconds. Repeated incremental dilations are performed until the lesion is satisfactorily dilated. The area is observed for bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is

performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for complications and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	44381		
Sample Size:	1995	**Resp N:** 48	**Response:** 2.4 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	25.00
Survey RVW:	1.50	3.19	**4.00**	5.00	6.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	13.00	20.00	**25.00**	30.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44381	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90935	000	1.48	**RUC Time**	13,432

CPT Descriptor 1 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90945	000	1.56	**RUC Time**	141,836

CPT Descriptor 2 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44381**	**Key Reference CPT Code:** 31638	**Source of Time** **RUC Time**
Median Pre-Service Time	31.00	50.00	
Median Intra-Service Time	25.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**71.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	4.22
Urgency of medical decision making	4.33	4.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.44
Physical effort required	4.22	4.22
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	4.44
Outcome depends on the skill and judgment of physician	4.67	4.44
Estimated risk of malpractice suit with poor outcome	4.78	4.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.22
Intra-Service intensity/complexity	4.56	4.33
Post-Service intensity/complexity	4.00	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44381 *Ileoscopy, through stoma; with trans-endoscopic balloon dilation*

We recommend an RVW of 1.48. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 0.51 (43220-43200) approved by the RUC in October 2012 for trans-endoscopic balloon dilation. The recommended 1.48 RVW places ileoscopy with trans-endoscopic balloon dilation appropriately between flexible sigmoidoscopy and esophagoscopy with trans-endoscopic balloon dilation in terms of comparative physician work; however, the resulting IWPUT of 0.019 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44381 should not be used for comparison purposes.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. This code was chosen more than any other code in the reference list, but was only chosen by 18% of the respondents. The significant difference in both time and work between 31638 and 44381 make this reference code difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2011	**98928**	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	1.21	0.0450	29	2	25	2
1993	**11755**	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	1.31	0.0255	55	15	25	15
2009	**90935**	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	1.48	0.0410	45	10	25	10
survey	**44381**	Ileoscopy with balloon dilation	1.48	0.0191	73	33	25	15
1995	**51725**	Simple cystometrogram (CMG) (eg, spinal manometer)	1.51	0.0290	60	20	25	15
2000	**60100**	Biopsy thyroid, percutaneous core needle	1.56	0.0400	50	15	25	10
2010	**12005**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	1.97	0.0650	41	11	25	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2011 volume for 44799 = 1,368. National volume estimated at 1,368*3 = ~ 4,100. GI volume is 61% (~2,500). An estimated 2% of GI volume will now be coded using 44381 = ~50.

Specialty Gastroenterology Frequency 50 Percentage 1.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,360
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012 volume for 44799 = 1,360. GI volume is 61% (~834). An estimated 2% of GI volume will now be coded using 44381 = ~17.

Specialty Gastroenterolog Frequency 17 Percentage 1.24 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45340

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44384 Tracking Number D4 Original Specialty Recommended RVU: **3.11**
Presented Recommended RVU: **3.11**
Global Period: 000 RUC Recommended RVU: **3.11**

CPT Descriptor: Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. Imaging studies are consistent with a stricture in the ileum due to a mass lesion. The patient is not a candidate for surgical intervention. The patient is referred for a therapeutic ileoscopy with evaluation of the ileum and placement of a stent in the ileum for palliation.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the site of narrowing. The lesion to be stented is identified and assessed. A balloon dilating catheter is inserted through the endoscope, positioned through the tumor under endoscopic guidance, and inflated to allow passage of the endoscope through the tumor, confirming its extent. The endoscope is withdrawn, allowing measurement of the tumor and marking the distal and proximal margins for stent placement. A guidewire is inserted through the endoscope. Using fluoroscopic and endoscopic guidance, the expandable wire stent is advanced over the

guidewire and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn. Contrast is injected through the endoscope to assess placement and patency. As needed, deployment of balloon dilating catheter is utilized to expand the stent to sufficient lumen size. The area is observed to confirm absence of active bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. Radiographic images are reviewed. The patient is assessed for complications of the procedure and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44384				
Sample Size:	1995	**Resp N:**	21	**Response:** 1.0 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	1.00	**2.00**	3.00	10.00
Survey RVW:	3.35	4.60	**4.90**	5.40	7.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**40.00**	45.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44384	**Recommended Physician Work RVU: 3.11**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	78,830

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	38,792

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44384**	**Key Reference CPT Code:** 31638	**Source of Time** **RUC Time**
Median Pre-Service Time	39.00	50.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**94.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.29	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.43	4.29
Urgency of medical decision making	4.43	4.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	5.00
Physical effort required	4.57	4.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	5.00	4.86
Outcome depends on the skill and judgment of physician	4.86	4.71
Estimated risk of malpractice suit with poor outcome	4.43	4.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.57	4.57
Intra-Service intensity/complexity	4.71	4.71
Post-Service intensity/complexity	4.29	4.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44384 *Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 3.11. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 2.14 (4326X8-43235) approved by the RUC in January 2013 for endoscopic stent placement, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Stent placement through a stoma (44384 is technically more challenging than stent repositioning using a bronchoscope (31638).

Comparison To Other RUC-Reviewed Codes with 30 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	65	20	30	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	70	20	30	20
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	79	34	30	15
survey	**44384**	Ileoscopy with stent placement	3.11	0.070	78	33	30	15
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	67	22	30	15

2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	88	43	30	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	90	45	30	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44383

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 660
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011. (221*3 = ~ 660)

Specialty Gastroenterology Frequency 570 Percentage 86.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 221
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011.

Specialty Gastroenterology Frequency 190 Percentage 85.97 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44383

ISSUE: Ileoscopy
TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENC MIN	SURVEY EXPERIENC 25th	SURVEY EXPERIENC MED	SURVEY EXPERIENC 75th	SURVEY EXPERIENC MAX	IS CHG	% CHG	RVW CHG
REF	45305	Proctosigmoidoscopy, ri	23	0.054			1.25			45		15	5	5			10			10								
HARVARD	44380	Ileoscopy, through stoma; dia		0.014			1.05			71		11		25			22			13								
	44380	10 min CS movement		0.007			1.05			71		21		25			12			13								
SVY	44380	Ileoscopy, through stoma	76	0.111	0.80	1.30	2.49	3.36	4.88	55		20	5	5	5	12	15	20	35	10	0	4	6	10	90			
REC	44380	Ileoscopy, diagnostic		0.017			0.97			50	1b	19	1	5			15			10						3	25%	-0.08
	Rationale	Crosswalk to 91040 (0.97 RVW, 15/15/15)																										
REF	45305	Proctosigmoidoscopy, ri	27	0.054			1.25			45		15	5	5			10			10								
HARVARD	44382	Ileoscopy, through stoma; witl		0.018			1.27			77		13		25			22			17								
	44382	10 min CS movement		0.014			1.27			77		23		25			12			17								
SVY	44382	Ileoscopy, through stoma	66	0.070	1.00	1.50	2.39	3.42	4.90	67		25	5	5	8	15	20	25	45	12	0	3	7	12	50			
REC	44382	biopsy		0.026			1.27			57	1b	19	1	5			20			12						8	67%	0.00
	Rationale	established increment (0.30)																										
REF	31638	Bronchoscopy, rigid or fl	9	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44381	Ileoscopy, through stoma	48	0.117	1.50	3.19	4.00	5.00	6.00	76		26	5	5	13	20	25	30	90	15	0	0	2	4	25			
REC	44381	balloon dilation		0.020			1.48			72	2b	26	1	5			25			15						NA	NA	NA
	Rationale	established increment (0.51)																										
REF	31638	Bronchoscopy, rigid or fl	14	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44384	Ileoscopy, through stoma	47	0.121	1.70	4.13	4.90	5.85	8.00	90		35	5	5	15	28	30	45	90	15	0	0	0	2	10			
REC	44384	stent placement with pre- and pc		0.049			3.11			94	2b	33	1	5			40			15						NA	NA	NA
	Rationale	established increment (2.14). Recommended intra-service time is performers' median.																										

% CHG
-8%
0%
NA
NA

Code	Description	Current RVW	Proposed RVW	Pre Svc Pkg	Pre	Intra	Post	Total	IWPUT	Increment over base	Rationale
Tab 4 - Ileoscopy - sorted by RVW, ascending order											
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.05	0.97	1b	25	15	10	52	0.017	NA	Crosswalk to 91040 (0.97 RVW, 15/15/15)
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.27	1.27	1b	25	20	12	59	0.026	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
4438X1	Ileoscopy, through stoma; with trans-endoscopic balloon dilation		1.48	2b	32	25	15	73	0.020	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
4438X4	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		3.11	2b	39	40	15	78	0.049	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy - sorted by RVW, ascending order											
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.82	1.30	1b	27	15	10	52	0.036	NA	25th percentile
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	2.12	1.60	1b	27	17	10	54	0.050	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible sigmoidoscopy - sorted by RVW, ascending order											
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	0.96	0.84	1a	21	10	10	41	0.022	NA	Crosswalk to 12001 (0.84 RVW, 7/10/5)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.15	1.14	1a	21	15	10	46	0.034	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.46	1.15	1b	27	15	10	52	0.026	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1.79	1.65	1b	27	15	10	52	0.060	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45332	Sigmoidoscopy, flexible; with removal of foreign body	1.79	1.85	2b	33	20	10	63	0.048	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.89	1.35	2b	33	20	15	68	0.017	1.09	45330 (0.84) + increment of 43220-43200 (0.51)
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.73	2.10	2b	33	20	10	63	0.060	1.30	25th percentile. There is no established increment for control of bleeding across families due to differing amounts of physician work involved in each procedure.
45338*	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.34	2.15	2b	33	15	10	58	0.084	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2.36	2.20	2b	38	25	15	73	0.043	1.40	25th percentile.
4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		2.97	2b	33	20	10	63	0.104	2.13	45330 (0.84) + increment of 43270-43200 (2.13)
4534X7	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		2.98	2b	41	35	15	83	0.051	2.14	45330 (0.84) + increment of 43266-43235 (2.14)

Established increments by family

Tab 4 - Ileoscopy Proposed Increments				
Ileoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base ileoscopy Code (44380)**	**Ileoscopy Code Rationale**
44382	biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy Proposed Increments				
Pouchoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base pouchoscopy Code (44385)**	**Pouchoscopy Code Rationale**
44386	biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible Sigmoidoscopy Proposed Increments				
Flex Sig Code	**Description**	**Proposed RUC RVU**	**Increment above base flex sig Code (45330)**	**Pouchoscopy Code Rationale**
45331	biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30	25th percentile
45335	submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4	25th percentile
45338	snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
ERCP RUC-Approved Increments				
ERCP Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43260)**	**ERCP Code Rationale**
43261	biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43275	foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	43260 (5.95) + increment of 43212-43200 (2.13)
EGD RUC-Approved Increments				
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**EGD Code Rationale**
43239	biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43236	submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43249	esophageal balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	current value
43248	guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43252	optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43250	hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43247	foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43251	snare	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43237	EUS, limited to esophagus	3.85	1.59	25th percentile
43255*	control of bleeding	4.20	1.94	25th percentile
43243*	sclerosis injection	4.37	2.11	25th percentile
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	43235 (2.26) + increment of 43212-43200 (2.13)
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	25th percentile
43233	balloon dilation > 30mm	4.45	2.19	43235 (2.26) + increment of 43214-43200 (2.19)
43238	EUS FNA, limited to esophagus	4.50	2.24	25th percentile
43244*	band ligation	4.50	2.24	25th percentile
43259	EUS, esoph, stomach, duodenum	4.74	2.48	25th percentile
43254	endoscopic mucosal resection	5.25	2.99	25th percentile
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	43259 (4.74) + increment of FNA 43237-43238 (0.65)

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Esophagoscopy RUC-Approved Increments				
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**Esophagoscopy Code Rationale**
43202	biopsy	1.89	0.30	Current value
43201	submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
43220	esoph balloon dilation < 30mm	2.10	0.51	Current value
43226	dilation over guide wire insertion	2.34	0.75	Current value
43206	optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
43216	hot biopsy	2.40	0.81	Current value
43215	foreign body removal	2.60	1.01	Current value
43204*	sclerosis injection	2.89	1.30	25th percentile
43217	snare polypectomy	2.90	1.31	Current value
43205*	band ligation	3.00	1.41	25th percentile
43231	EUS	3.19	1.60	25th percentile
43227*	control of bleeding	3.26	1.67	25th percentile
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**Esoph Code Rationale**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43214	balloon dilation > 30mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43232	EUS FNA	3.83	2.24	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43211	endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	Increment	Rationale
	Biopsy			
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	Current value
	Balloon dilation < 30 mm			
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51	45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	Current value
	Submucosal injection			
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
	Dilation with Guide wire insertion			
43248	EGD with dilation over guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	Current value
	Optical endomicroscopy			
43252	EGD with optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
	Hot biopsy			
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	Current value
	Foreign body removal			
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	Current value
	Snare			
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	Current value
	Ablation			
4534X6	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13	45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13	43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	25th percentile
	Endoscopic stent placement			
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	25th percentile
	Balloon dilation > 30 mm			
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	25th percentile

EMR				
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	25th percentile

CPT Code: Tab 4 (Ileoscopy)
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44380	PEAC 2003	19	0	3	**44380**	**19**	**0**	**3**
44382	PEAC 2003	19	0	3	**44382**	**19**	**0**	**3**
New	**Code**	N/A	N/A	N/A	**44381**	**19**	**0**	**3**
44383	PEAC 2003	30	0	3	**44384**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy and EGD codes that the RUC approved in October 2012 and January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
For all codes but 44384:

- Three minutes for a follow-up phone call to patient

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation

Global Period: 000____ Meeting Date: __October, 2013_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

44380 and 44382 were previously not priced in the office setting, references code 43200 and 43202 were chosen to match the similar service for EGD. These crosswalk reference codes were recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44380	PEAC 2003	**0**	**0**	**3**	**43200**	RUC 2012	**9**	**73**	**3**	**44380**	**9**	**73**	**3**
44382	PEAC 2003	**0**	**0**	**3**	**43202**	RUC 2012	**9**	**78**	**3**	**44382**	**9**	**78**	**3**
New	Code	**N/A**	**N/A**	**N/A**	**43220**	RUC 2012	**9**	**78**	**3**	**44381**	**9**	**83**	**3**

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012, they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented for 44380 and 44382 correspond directly to the practice expense inputs that were approved for the similar esophagoscopy codes 43200 and 43202 that the RUC approved in October 2012.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1				PEAC 2003		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43200) RUC 10/12)		PEAC 2003		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43202) RUC 10/12)		Crosswalk Code from RUC 10/2012		Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			44380		43200		44380		44382		43202		44382		43220		44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with balloon dilation (less than 30 mm diameter)		Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0.0	0.0	32	0	32	0	0.0	0.0	37	0	37	0	37	0	42	0	0.0	0.0	0	0	0	0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	22.0	85	22	85	22	3.0	22.0	90	22	90	22	90	22	95	22	0.0	33.0	0	19	0	22
8	PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	19.0	9	19	9	19	0.0	19.0	9	19	9	19	9	19	9	19	0.0	30.0	0	19	0	19
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0.0	0.0	32	0	32	0	0.0	0.0	37	0	37	0	37	0	42	0	0.0	0.0	0	0	0	0
10	SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	73	0	73	0	0.0	0.0	78	0	78	0	78	0	83	0	0.0	0.0	0	0	0	0
11	POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3	3	3	3	3.0	3.0	3	3	3	3	3	3	3	3	0.0	3.0	0	0	0	3
12	PRE-SERVICE																								
13	Start: Following visit when decision for surgery or procedure made																								
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		3	3	3	3	3		3	3	3	3	3	3	3	3	3		5		3		3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5	3	5	3	5		5	3	5	3	5	3	5	3	5		10		5		5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3		3		3		5		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5		5		5		7		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3		3	3	3	3	3	3	3	3	3		3		3		3
19	*Other Clinical Activity - *specify:*																								
20	End: When patient enters office/facility for surgery/procedure																								
21	SERVICE PERIOD																								
22	Start: When patient enters office/facility for surgery/procedure:																								
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA			3		3				3		3		3		3							
24	Obtain vital signs	L037D	RN/LPN/MTA			5		5				5		5		5		5							
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3		3				3		3		3		3							
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			2		2				2		2		2		2							
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5		5		5							
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			2		2				2		2		2		2							
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																						
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA																						
31	Sedate/apply anesthesia	L051A	RN			2		2				2		2		2		2							
32	Intra-service																								
33	Moderate sedation	L051A	RN			15		15				20		20		20		25							
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			15		15				20		20		20		25							
35	Post-Service																								
36	Monitor pt. following service/check tubes, monitors,	L051A	RN			15		15				15		15		15		15							
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA																						
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			3		3				3		3		3		3							
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30		30		30							
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			2		2				2		2		2		2							
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																						
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA			3		3				3		3		3		3							
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA																						
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA																						
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA																						
47	End: Patient leaves office																								
48	POST-SERVICE Period																								
49	Start: Patient leaves office/facility																								
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		3		0		3
59	End: with last office visit before end of global period																								
60	MEDICAL SUPPLIES	CODE	UNIT																						
61	*SCRUB, DRESS, DRAPE*																								
62	pack, minimum multi-specialty visit	SA048	pack			1		1				1		1		1		1							
63	gown, staff, impervious	SB027	item			2		2				2		2		2		2							
64	cap, surgical	SB001	item			3		3				3		3		3		3							
65	mask, surgical, with face shield	SB034	item			3		3				3		3		3		3							
66	shoe covers, surgical	SB039	pair			3		3				3		3		3		3							
67	scrub brush (impregnated)	SM023	item			3		1				3		1		3		1							
68	drape, non-sterile, sheet 40in x 60in	SB006	item			1		1				1		1		1		1							
69	basin, emesis	SJ010	item			1						1				1									
70	denture cup	SJ016	item			1						1				1									
71	*MODERATE SEDATION*																								
72	pack, moderate sedation	SA044	pack			1		1				1		1		1		1							
73	bite block	SD006	item			1						1				1									
74	*PROCEDURE INSTRUMENTS / SUPPLIES*																								
75	endoscope anti-fog solution	SM014	ml			1		1				1		1		1		1							
76	endoscopic cytology brush	SD067	item			1		1				1		1		1		1							
77	endoscopic biopsy forceps	SD066	item									1		1											
79	guidewire, STIFF	SD090	item													1		1							
80	endoscopic balloon, dilation	SD019	item													3		3							
81	canister, suction	SD009	item			2		1				2		1		2		1							
82	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1		1		1							
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1						1				1									
84	syringe 50-60ml	SC056	item			1		1				1		1		1		1							
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1				1									
86	water, distilled	SK087	oz					5						5				5							
87	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1		1		1							
88	cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1				1		1		1		1							
89	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1		1		1							
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item			4		4				4		4		4		4							
93	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1		1		1							

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswalk Code from RUC 10/2012**		**Recommendation NEW CODE from 43220**		**PEAC 2003**		**Crosswalk Code from RUC 01/2013**		**Recommendation NEW CODE from 43266**	
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43220**		**44381**		**44383**		**43266**		**44384**	
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with balloon dilation (less than 30 mm diameter)		Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
94	**EQUIPMENT**	**CODE**																							
95	videoscope, gastroscopy	ES034				**59**		**59**				**64**		**64**		**64**		**69**							
96	stretcher	EF018				**73**		**77**				**78**		**82**		**78**		**87**							
97	IV infusion pump	EQ032				**52**		**77**				**57**		**82**		**57**		**87**							
98	table, power	EF031				**29**		**0**				**34**		**0**		**34**		**0**							
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031				**29**		**29**				**34**		**34**		**34**		**39**							
100	suction machine (Gomco)	EQ235				**29**		**29**				**34**		**34**		**34**		**39**							
101	table, instrument, mobile	EF027				**29**		**77**				**34**		**82**		**34**		**87**							
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**				**30**		**30**		**30**		**30**							
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**77**				**57**		**82**		**57**		**87**							

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
2	***Please note: If a supply has a purchase price of**			**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		**43200** ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		**44382** Ileoscopy, through stoma; with biopsy, single or multiple		**43202** ESOPH, with biopsy, single or multiple		**44382** Ileoscopy, through stoma; with biopsy, single or multiple		**43** ESOPH, v dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**22.0**	**85**	**22**	**85**	**22**	**3.0**	**22.0**	**90**	**22**	**90**	**22**	**90**
8	**PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**9**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
10	**SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**73**	**0**	**73**	**0**	**0.0**	**0.0**	**78**	**0**	**78**	**0**	**78**
11	**POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3**
12	**PRE-SERVICE**															
13	**Start: Following visit when decision for surgery or procedure made**															
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**	**3**	**5**	**3**	**5**		**5**	**3**	**5**	**3**	**5**	**3**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**	
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**	
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*															
20	**End: When patient enters office/facility for surgery/procedure**															
21	**SERVICE PERIOD**															
22	**Start: When patient enters office/facility for surgery/procedure:**															
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
24	Obtain vital signs	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA													
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA													
31	Sedate/apply anesthesia	L051A	RN			**2**		**2**				2		2		2
32	**Intra-service**															
33	Moderate sedation	L051A	RN			**15**		**15**				**20**		**20**		**20**
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**15**		**15**				**20**		**20**		**20**
35	**Post-Service**															
36	Monitor pt. following service/check tubes, monitors,	L051A	RN			**15**		**15**				**15**		**15**		**15**
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA													
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**		**30**
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA													
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA													
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
2	***Please note: If a supply has a purchase price of**			**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswalk from 10/2**
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		**43200** ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		**44382** Ileoscopy, through stoma; with biopsy, single or multiple		**43202** ESOPH, with biopsy, single or multiple		**44382** Ileoscopy, through stoma; with biopsy, single or multiple		**43** ESOPH, w dilation (le mm di
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA													
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA													
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA													
47	**End: Patient leaves office**															
48	**POST-SERVICE Period**															
49	**Start: Patient leaves office/facility**															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**															
60	**MEDICAL SUPPLIES**	**CODE**	UNIT													
61	***SCRUB, DRESS, DRAPE***															
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**				**1**		**1**		**1**
63	gown, staff, impervious	SB027	item			**2**		**2**				**2**		**2**		**2**
64	cap, surgical	SB001	item			**3**		**3**				**3**		**3**		**3**
65	mask, surgical, with face shield	SB034	item			**3**		**3**				**3**		**3**		**3**
66	shoe covers, surgical	SB039	pair			**3**		**3**				**3**		**3**		**3**
67	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**		**3**
68	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**		**1**
69	basin, emesis	SJ010	item			**1**						**1**				**1**
70	denture cup	SJ016	item			**1**						**1**				**1**
71	***MODERATE SEDATION***															
72	pack, moderate sedation	SA044	pack			**1**		**1**				**1**		**1**		**1**
73	bite block	SD006	item			**1**						**1**				**1**
74	***PROCEDURE INSTRUMENTS / SUPPLIES***															
75	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**		**1**
76	endoscopic cytology brush	SD067	item			**1**		**1**				**1**		**1**		**1**
77	endoscopic biopsy forceps	SD066	item									**1**		**1**		
79	guidewire, STIFF	SD090	item													**1**
80	endoscopic balloon, dilation	SD019	item													**3**
81	canister, suction	SD009	item			**2**		**1**				**2**		**1**		**2**
82	tubing, suction, non-latex (6ft uou)	SD132	item			**1**		**1**				**1**		**1**		**1**
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			**1**						**1**				**1**
84	syringe 50-60ml	SC056	item			**1**		**1**				**1**		**1**		**1**
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			**1**						**1**				**1**
86	water, distilled	SK087	oz					**5**						**5**		
87	gauze, non-sterile 4in x 4in	SG051	item			**1**		**1**				**1**		**1**		**1**
88	cup, biopsy-specimen non-sterile 4oz	SL035	item			**1**		**1**				**1**		**1**		**1**
89	paper, photo printing (8.5 x 11)	SK058	item			**1**		**1**				**1**		**1**		**1**
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item			**4**		**4**				**4**		**4**		**4**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
				PEAC 2003		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswalk from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, w dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
93	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**		**1**

	A	B	C	AMA Specialty Society Recommendation													
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, v dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
94	**EQUIPMENT**	**CODE**														
95	videoscope, gastroscopy	ES034				**59**		**59**				**64**		**64**		**64**
96	stretcher	EF018				**73**		**73**				**78**		**78**		**78**
97	IV infusion pump	EQ032				**52**		**52**				**57**		**57**		**57**
98	table, power	EF031				**29**		**29**				**34**		**34**		**34**
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031				**29**		**29**				**34**		**34**		**34**
100	suction machine (Gomco)	EQ235				**29**		**29**				**34**		**34**		**34**
101	table, instrument, mobile	EF027				**29**		**29**				**34**		**34**		**34**
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**				**30**		**30**		**30**
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**52**				**57**		**57**		**57**

	A	B	C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	22	95	22	0.0	33.0	0	19	0	22
8	PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19	9	19	0.0	30.0	0	19	0	19
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
10	SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	83	0	0.0	0.0	0	0	0	0
11	POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	3	0.0	3.0	0	0	0	3
12	PRE-SERVICE											
13	Start: Following visit when decision for surgery or procedure made											
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3		5		3		3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	5	3	5		10		5		5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	3		3		5		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		7		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3		3		3		3
19	*Other Clinical Activity - *specify:*											
20	End: When patient enters office/facility for surgery/procedure											
21	SERVICE PERIOD											
22	Start: When patient enters office/facility for surgery/procedure:											
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA		3							
24	Obtain vital signs	L037D	RN/LPN/MTA		5							
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3							
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2							
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA		5							
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA		2							
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA									
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA									
31	Sedate/apply anesthesia	L051A	RN		2							
32	Intra-service											
33	Moderate sedation	L051A	RN		25							
34	Assist physician in performing procedure	L037D	RN/LPN/MTA		25							
35	Post-Service											
36	Monitor pt. following service/check tubes, monitors,	L051A	RN		15							
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA									
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3							
39	Clean Scope	L037D	RN/LPN/MTA		30							
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA									
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		2							
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA									
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA		3							

	A	B	AMA Specialty Society C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA									
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA									
47	**End: Patient leaves office**											
48	**POST-SERVICE Period**											
49	**Start: Patient leaves office/facility**											
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**		**3**		**0**		**3**
59	**End: with last office visit before end of global period**											
60	**MEDICAL SUPPLIES**	**CODE**	UNIT									
61	***SCRUB, DRESS, DRAPE***											
62	pack, minimum multi-specialty visit	SA048	pack		**1**							
63	gown, staff, impervious	SB027	item		**2**							
64	cap, surgical	SB001	item		**3**							
65	mask, surgical, with face shield	SB034	item		**3**							
66	shoe covers, surgical	SB039	pair		**3**							
67	scrub brush (impregnated)	SM023	item		**1**							
68	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**							
69	basin, emesis	SJ010	item									
70	denture cup	SJ016	item									
71	***MODERATE SEDATION***											
72	pack, moderate sedation	SA044	pack		**1**							
73	bite block	SD006	item									
74	***PROCEDURE INSTRUMENTS / SUPPLIES***											
75	endoscope anti-fog solution	SM014	ml		**1**							
76	endoscopic cytology brush	SD067	item		**1**							
77	endoscopic biopsy forceps	SD066	item									
79	guidewire, STIFF	SD090	item		**1**							
80	endoscopic balloon, dilation	SD019	item		**3**							
81	canister, suction	SD009	item		**1**							
82	tubing, suction, non-latex (6ft uou)	SD132	item		**1**							
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item									
84	syringe 50-60ml	SC056	item		**1**							
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									
86	water, distilled	SK087	oz		**5**							
87	gauze, non-sterile 4in x 4in	SG051	item		**1**							
88	cup, biopsy-specimen non-sterile 4oz	SL035	item		**1**							
89	paper, photo printing (8.5 x 11)	SK058	item		**1**							
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item		**4**							

	A	B	AMA Specialty Society C	Q	Recommendation R	S	T	U	V	W	X	Y
1				**alk Code RUC 2012**	**Recommendation NEW CODE from 43220**		**PEAC 2003**		**Crosswalk Code from RUC 01/2013**		**Recommendation NEW CODE from 43266**	
2	***Please note: If a supply has a purchase price of**			**220**	**44381**		**44383**		**43266**		**44384**	
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	**ith balloon ss than 30 ameter)**	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
93	pack, cleaning and disinfecting, endoscope	SA042	pack		**1**							

	A	B	AMA Specialty Society Recommendation	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
94	EQUIPMENT	CODE										
95	videoscope, gastroscopy	ES034			69							
96	stretcher	EF018			83							
97	IV infusion pump	EQ032			62							
98	table, power	EF031			39							
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031			39							
100	suction machine (Gomco)	EQ235			39							
101	table, instrument, mobile	EF027			39							
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005			30							
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011			62							

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013

Pouchoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify and update CPT code descriptors. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

44385 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed
The RUC reviewed the survey results of 63 gastroenterologists and several surgical subspecialties including: general, gastrointestinal, endoscopic and colorectal and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

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The RUC reviewed the estimated work values and agreed with the specialty societies that 44385 is currently overvalued, with a work RVU of 1.82. Therefore, the RUC agreed that the survey's 25th percentile, 1.30 work RVUs, is an accurate value for this service. To justify a work RVU of 1.30, the RUC compared the surveyed code to MPC code 57452 *Colposcopy of the cervix including upper/adjacent vagina* (work RVU= 1.50). While both services have identical intra-service time, 15 minutes, the RUC agreed that 57452 is a more intense procedure and should be valued higher than 44385. In addition, the RUC reviewed CPT code 46611*Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique* (work RVU= 1.30) and agreed that since this code and the surveyed code have identical intra-service times and nearly identical total times, 50 minutes and 52 minutes, respectively, the two codes should be valued identically. Finally, the RUC noted that the recommended work RVU of 1.30 maintains the appropriate rank order between this pouchoscopy diagnostic procedure and the ileoscopy and esophagoscopy diagnostic procedures. This also confirms pouchoscopy as a more intense and complex procedure than ileoscopy because of the number of anastomotic lines involved, retroflexion in the pouch that is specific to each individual's anatomy, and a higher risk of perforation due to less compliance of the pouch secondary to scarring and rotation to left or right pelvic wall. **The RUC recommends a work RVU of 1.30 for CPT code 44385.**

44386 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
The RUC reviewed the survey results of 63 gastroenterologists and several surgeon subspecialties including: general, gastrointestinal, endoscopic and colorectal and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 17 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialty societies that while the current work RVU of 2.12 is too high for 44386, the survey respondents underestimated the value at the 25th percentile, 1.50 work RVUs. Consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained in this pouchoscopy biopsy code. Therefore, the established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base pouchoscopy diagnostic code, 44385 (RUC recommended work RVU= 1.30), for a recommended work RVU of 1.60 for CPT code 44386. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.60, the RUC compared the surveyed code to CPT codes 64447 *Injection, anesthetic agent; femoral nerve, single* (work RVU= 1.50) and 15271 *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area* (work RVU= 1.50) and noted that while noted that all three services have similar physician work, the reference codes should be valued slightly less due to less intra-service time than the surveyed code, 15 minutes compared to 17 minutes. Finally, the RUC reviewed MPC code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90) and noted that while the reference code has slightly less intra-service time, 15 minutes, compared to 44386, the reference code is a more intense procedure and is justly valued higher than the surveyed code. **The RUC recommends a work RVU of 1.60 for CPT code 44386.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the pouchoscopy services and noted that these services mostly crosswalk from the esophagoscopy codes approved last year. For both codes, the total clinical labor slightly increased due to making several refinements approved by the RUC last year for the esophagoscopy codes. The supplies and equipment remained relatively stable, with changes results from the previous year's refinements. Finally the PE Subcommittee did approve one new equipment item specifically related to these types of procedures (videoscope, sigmoidoscopy). The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
▲⊙44385	Endoscopic evaluation of small intestinal pouch (~~abdominal~~eg, Kock pouch, ileal reservoir [S or ~~pelvic~~J]) ~~pouch~~; diagnostic, ~~with or without~~including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44385 in conjunction with 44386)	000	1.30
▲⊙44386	with biopsy, single or multiple (Do not report 44386 in conjunction with 44382 for the same lesion) (Do not report 44386 in conjunction with 44385)	000	1.60

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44385 Tracking Number E1 Original Specialty Recommended RVU: **1.30**
Presented Recommended RVU: **1.30**
Global Period: 000 RUC Recommended RVU: **1.30**

CPT Descriptor: Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old patient with previous colectomy and small intestinal pouch for ulcerative colitis disease presents with diarrhea. Diagnostic evaluation of the small intestinal pouch is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 41%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's x-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A time out is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: The level of sedation is assessed prior to inserting the endoscope. Endoscopic evaluation of small intestinal pouch (Kock or ileoanal J pouch) is performed to assess mucosa and possible etiology of diarrhea. Brushings are performed if indicated. Photodocumentation is performed. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Pathology and cytology forms are completed; post procedure specimen verification and

documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	44385		
Sample Size:	3194	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	13.00	50.00
Survey RVW:	0.60	1.30	**2.00**	3.00	4.60
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	19.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44385	**Recommended Physician Work RVU: 1.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45300	000	0.80	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	142,525

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,566

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina;

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 44385**	**Key Reference CPT Code:** 45300	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	7.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**52.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.61	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.44	3.00
Urgency of medical decision making	3.11	2.72
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.33	2.83
Physical effort required	2.72	2.39
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.67	2.39
Outcome depends on the skill and judgment of physician	3.56	3.00
Estimated risk of malpractice suit with poor outcome	3.28	2.89

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.89	2.39
Intra-Service intensity/complexity	3.11	2.44
Post-Service intensity/complexity	2.83	2.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The pouchoscopy codes (44385-44386) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the pouchoscopy code set.

The specialties spent a significant amount of time reviewing the survey data for the current set of pouchoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. The consensus panel determined that pouchoscopy is less complex than esophagoscopy, EGD and ERCP, but more complex than flexible sigmoidoscopy and proctoscopy.

Discussion and Recommendation

44385 *Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed*

Code 44385 is a Harvard-valued code and has never been surveyed by the RUC. The specialty consensus panel agree that the RVW for the pouchoscopy base code (44385) should fall between esophagoscopy (43200 = 1.59 RVW) and proctoscopy (45300 = 0.80 RVW) / flexible sigmoidoscopy (45330 proposed = 0.80 RVW).

We recommend an RVW of 1.30 for 44385. This is the survey 25th percentile RVW. This recommendation ranks pouchoscopy appropriately between ileoscopy and esophagoscopy in terms of comparative physician work. This also ranks pouchoscopy as a more intense and complex procedure than ileoscopy because of the number of anastomotic lines involved, retroflexion in the pouch that is specific to each individual's anatomy, and a higher risk of perforation due to less compliance of the pouch secondary to scarring and rotation to left or right pelvic wall.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45300

Key Reference code 45300, *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. This code was chosen more than any other code in the reference list, but was only chosen by 28% of the respondents. The significant difference in both time and work between 45300 and 44385 make this reference code difficult for comparison purposes other than to note that 44385 should be valued greater than 45300. The table below provides codes that have more comparable times and RVWs to support the recommendation of 1.30.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**12002**	Simple repair of superficial wour axillae, external genitalia, trunk a (including hands and feet); 2.6 c	1.14	0.059	27	7	15	5
2005	**57500**	Biopsy of cervix, single or multiple, or local excision of	1.20	0.060	29	9	15	5

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		lesion, with or without fulguration (separate procedure)						
2007	**46611**	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	1.30	0.039	50	25	15	10
survey	**44385**	Pouchoscopy, diagnostic	1.30	0.036	52	27	15	10
2002	**57452**	Colposcopy of the cervix including upper/adjacent vagina;	1.50	0.063	40	15	15	10
2011	**15271**	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1.50	0.061	45	20	15	10
2010	**64447**	Injection, anesthetic agent; femoral nerve, single	1.50	0.061	44	19	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44385

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2900

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 965 in 2011. (965*3 = ~ 2,900)

Specialty Gastroenterology	Frequency 700	Percentage 24.13 %
Specialty Colorectal surgery	Frequency 1100	Percentage 37.93 %
Specialty General surgery	Frequency 350	Percentage 12.06 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,140
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base in 2012.

Specialty Gastroenterology	Frequency 232	Percentage 24.04 %
Specialty Colorectal surgery	Frequency 357	Percentage 36.99 %
Specialty General surgery	Frequency 116	Percentage 12.02 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44385

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44386 Tracking Number E2 Original Specialty Recommended RVU: **1.60**
Presented Recommended RVU: **1.60**
Global Period: 000 RUC Recommended RVU: **1.60**

CPT Descriptor: Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-year-old patient with previous colectomy and small intestinal pouch for ulcerative colitis presents with diarrhea and abdominal discomfort. Endoscopic evaluation of the pouch is performed, and multiple biopsies are taken of abnormal tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 74%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's x-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A time out is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: The level of sedation is assessed prior to inserting the endoscope. Endoscopic evaluation of small intestinal pouch (Kock or ileoanal J pouch) is performed to assess mucosa and etiology of diarrhea. Multiple biopsies are performed. Photodocumentation is performed. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure

orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	44386		
Sample Size:	3194	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	11.00	50.00
Survey RVW:	0.98	1.50	**2.25**	3.15	4.90
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	12.00	**17.00**	20.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44386	**Recommended Physician Work RVU: 1.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**17.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,566

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	852,187

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 36.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 44386**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	17.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**54.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.70	3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.09
Urgency of medical decision making	3.17	2.74
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.61	3.00
Physical effort required	2.78	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.17	2.74
Outcome depends on the skill and judgment of physician	3.65	3.13
Estimated risk of malpractice suit with poor outcome	3.13	2.74

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.39	2.83
Intra-Service intensity/complexity	3.65	2.96
Post-Service intensity/complexity	3.39	2.96

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The pouchoscopy codes (44385-44386) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the pouchoscopy code set.

The specialties spent a significant amount of time reviewing the survey data for the current set of pouchoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. The consensus panel determined that pouchoscopy is less complex than esophagoscopy, EGD and ERCP, but more complex than flexible sigmoidoscopy and proctoscopy, After reviewing the survey data, the consensus panel determined that the incremental value for 44386, ileoscopy with biopsy, above the base code (44385) should be similar where possible to the analogous incremental value for biopsy above the base codes for esophagoscopy, EGD, and ERCP previously approved by the RUC.

Discussion and Recommendation

44386 *Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple*

We recommend an RVW of 1.60 for 44386. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the pouchoscopy base procedure 44385 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260) approved by the RUC for endoscopic biopsies. The recommended RVW of 1.60 places pouchoscopy with biopsy appropriately between ileoscopy with biopsy and esophagoscopy with biopsy in terms of comparative physician work.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. This code was chosen more than any other code in the reference list, but was only chosen by 36% of the respondents. The significant difference in both time and work between 45305 and 44386 make this reference code difficult for comparison purposes other than to note that 44386 should be valued greater than 45305. The table below provides codes that have more comparable times and RVWs to support the recommendation of 1.60.

Comparison To Other RUC-Reviewed Codes with 15Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2002	**57452**	Colposcopy of the cervix including upper/adjacent vagina;	1.50	0.063	40	15	15	10
2011	**15271**	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1.50	0.061	45	20	15	10
2010	**64447**	Injection, anesthetic agent; femoral nerve, single	1.50	0.061	44	19	15	10
survey	**44386**	Pouchoscopy, biopsy	1.60	0.050	54	27	17	10
2008	**64448**	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	1.63	0.054	55	25	15	15
2009	**53855**	Insertion of a temporary	1.64	0.084	32	7	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		prostatic urethral stent, including urethral measurement						
2009	**64490**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1.82	0.086	42	17	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44386

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 849 in 2011. (849*3 = ~ 2,600)

Specialty Gastroenterology Frequency 1400 Percentage 53.84 %

Specialty Colorectal surgery Frequency 790 Percentage 30.38 %

Specialty General surgery Frequency 200 Percentage 7.69 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 947
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base in 2012

Specialty Gastroenterology Frequency 475 Percentage 55.94 %

Specialty Colorectal surgery Frequency 263 Percentage 30.97 %

Specialty General surgery Frequency 68 Percentage 8.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44386

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Pouchoscopy
TAB: 5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	45300	Proctosigmoidoscopy, ri	18	0.049			0.80			27		2		5			10			10									
HARVARD	44385	Endoscopic evaluation of sma		0.057			1.82			71		13		25			17			16									
		10 min CS movement		0.106			1.82			71		23		25			7			16									
SVY	44385	Endoscopic evaluation o	63	0.071	0.60	1.30	2.00	3.00	4.60	60		25	5	5	5	10	15	19	30	10	0	3	5	13	50				
REC		Pouchoscopy, diagnostic		0.036			1.30			52	1b	19	3	5			15			10						8	####	-0.52	-29%
Rationale		Lower of current or 25th percentile																											
REF	45305	Proctosigmoidoscopy, ri	23	0.054			1.25			45		15	5	5			10			10									
HARVARD	44386	Endoscopic evaluation of sma		0.063			2.12			74		13		25			20			16									
		10 min CS movement		0.104			2.12			74		23		25			10			16									
SVY	44386	Endoscopic evaluation o	63	0.084	0.98	1.50	2.25	3.15	4.90	57		20	5	5	5	12	17	20	30	10	0	3	5	11	50				
REC		biopsy		0.050			1.60			54	1b	19	3	5			17			10						7	70%	-0.52	-25%
Rationale		established increment (0.30)																											

Code	Description	Current RVW	Proposed RVW	Pre Svc Pkg	Pre	Intra	Post	Total	IWPUT	Increment over base	Rationale
Tab 4 - Ileoscopy - sorted by RVW, ascending order											
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.05	0.97	1b	25	15	10	52	0.017	NA	Crosswalk to 91040 (0.97 RVW, 15/15/15)
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.27	1.27	1b	25	20	12	59	0.026	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
4438X1	Ileoscopy, through stoma; with trans-endoscopic balloon dilation		1.48	2b	32	25	15	73	0.020	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
4438X4	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		3.11	2b	39	40	15	78	0.049	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy - sorted by RVW, ascending order											
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.82	1.30	1b	27	15	10	52	0.036	NA	25th percentile
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	2.12	1.60	1b	27	17	10	54	0.050	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible sigmoidoscopy - sorted by RVW, ascending order											
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	0.96	0.84	1a	21	10	10	41	0.022	NA	Crosswalk to 12001 (0.84 RVW, 7/10/5)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.15	1.14	1a	21	15	10	46	0.034	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.46	1.15	1b	27	15	10	52	0.026	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1.79	1.65	1b	27	15	10	52	0.060	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45332	Sigmoidoscopy, flexible; with removal of foreign body	1.79	1.85	2b	33	20	10	63	0.048	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.89	1.35	2b	33	20	15	68	0.017	1.09	45330 (0.84) + increment of 43220-43200 (0.51)
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.73	2.10	2b	33	20	10	63	0.060	1.30	25th percentile. There is no established increment for control of bleeding across families due to differing amounts of physician work involved in each procedure.
45338*	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.34	2.15	2b	33	15	10	58	0.084	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2.36	2.20	2b	38	25	15	73	0.043	1.40	25th percentile.
4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		2.97	2b	33	20	10	63	0.104	2.13	45330 (0.84) + increment of 43270-43200 (2.13)
4534X7	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		2.98	2b	41	35	15	83	0.051	2.14	45330 (0.84) + increment of 43266-43235 (2.14)

Established increments by family

Tab 4 - Ileoscopy Proposed Increments				
Ileoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base ileoscopy Code (44380)**	**Ileoscopy Code Rationale**
44382	biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy Proposed Increments				
Pouchoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base pouchoscopy Code (44385)**	**Pouchoscopy Code Rationale**
44386	biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible Sigmoidoscopy Proposed Increments				
Flex Sig Code	**Description**	**Proposed RUC RVU**	**Increment above base flex sig Code (45330)**	**Pouchoscopy Code Rationale**
45331	biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30	25th percentile
45335	submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4	25th percentile
45338	snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
ERCP RUC-Approved Increments				
ERCP Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43260)**	**ERCP Code Rationale**
43261	biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43275	foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	43260 (5.95) + increment of 43212-43200 (2.13)
EGD RUC-Approved Increments				
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**EGD Code Rationale**
43239	biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43236	submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43249	esophageal balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	current value
43248	guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43252	optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43250	hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43247	foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43251	snare	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43237	EUS, limited to esophagus	3.85	1.59	25th percentile
43255*	control of bleeding	4.20	1.94	25th percentile
43243*	sclerosis injection	4.37	2.11	25th percentile
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	43235 (2.26) + increment of 43212-43200 (2.13)
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	25th percentile
43233	balloon dilation > 30mm	4.45	2.19	43235 (2.26) + increment of 43214-43200 (2.19)
43238	EUS FNA, limited to esophagus	4.50	2.24	25th percentile
43244*	band ligation	4.50	2.24	25th percentile
43259	EUS, esoph, stomach, duodenum	4.74	2.48	25th percentile
43254	endoscopic mucosal resection	5.25	2.99	25th percentile
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	43259 (4.74) + increment of FNA 43237-43238 (0.65)
Esophagoscopy RUC-Approved Increments				
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**Esophagoscopy Code Rationale**
43202	biopsy	1.89	0.30	Current value
43201	submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
43220	esoph balloon dilation < 30mm	2.10	0.51	Current value
43226	dilation over guide wire insertion	2.34	0.75	Current value
43206	optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
43216	hot biopsy	2.40	0.81	Current value
43215	foreign body removal	2.60	1.01	Current value
43204*	sclerosis injection	2.89	1.30	25th percentile
43217	snare polypectomy	2.90	1.31	Current value
43205*	band ligation	3.00	1.41	25th percentile
43231	EUS	3.19	1.60	25th percentile
43227*	control of bleeding	3.26	1.67	25th percentile
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**Esoph Code Rationale**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43214	balloon dilation > 30mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43232	EUS FNA	3.83	2.24	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43211	endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	Increment	Rationale
Biopsy				
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	Current value
Balloon dilation < 30 mm				
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51	45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	Current value
Submucosal injection				
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
Dilation with Guide wire insertion				
43248	EGD with dilation over guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	Current value
Optical endomicroscopy				
43252	EGD with optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
Hot biopsy				
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	Current value
Foreign body removal				
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	Current value
Snare				
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	Current value
Ablation				
4534X6	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13	45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13	43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	25th percentile
Endoscopic stent placement				
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	25th percentile
Balloon dilation > 30 mm				
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	25th percentile
EMR				
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	25th percentile

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple

Global Period: 000 Meeting Date: October, 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Reference codes 43200 and 43202 were chosen to match the similar service for EGD. These crosswalk reference codes were recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44385	PEAC 2004	9	64	3	43200	RUC 2012	9	73	3	44385	9	73	3
44386	PEAC 2004	9	66	3	43202	RUC 2012	9	78	3	44386	9	75	3

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012, they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented for 44380 and 44382 correspond directly to the practice expense inputs that were approved for the similar esophagoscopy codes 43200 and 43202 that the RUC approved in October 2012.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, ensure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

CPT Code: Tab 5 (Pouchoscopy)
Specialty Society('s) ACG, AGA, ASGE, SAGES, ASCRS, ACS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44385	PEAC 2004	19	0	3	**44385**	**19**	**0**	**3**
44386	PEAC 2004	19	0	3	**44386**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy codes that the RUC approved in October 2012.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
- Three minutes for a follow-up phone call to patient

			PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43200) RUC 10/12)		PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43202) RUC 10/12)	
***Please note: If a supply has a purchase price of $100**			**44385**		**43200**		**44385**		**44386**		**43202**		**44386**	
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	**CMS Code**	**Staff Type**	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or		ESOPH, with biopsy, single or multiple		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
TOTAL CLINICAL LABOR TIME	**L051A**	**RN**	**34.0**	**0.0**	**32**	**0**	**32**	**0**	**37.0**	**0.0**	**37**	**0**	**34**	**0**
TOTAL CLINICAL LABOR TIME	**L037D**	**RN/LPN/MTA**	**76.0**	**22.0**	**85**	**22**	**85**	**22**	**78.0**	**22.0**	**90**	**22**	**87**	**22**
PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9**	**19**	**9**	**19**	**9.0**	**19.0**	**9**	**19**	**9**	**19**
SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	**34.0**	**0.0**	**32**	**0**	**32**	**0**	**37.0**	**0.0**	**37**	**0**	**34**	**0**
SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**64.0**	**0.0**	**73**	**0**	**73**	**0**	**66.0**	**0.0**	**78**	**0**	**75**	**0**
POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3.0**	**3.0**	**3**	**3**	**3**	**3**
PRE-SERVICE														
Start: Following visit when decision for surgery or procedure made														
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
*Other Clinical Activity - *specify:*														
End: When patient enters office/facility for surgery/procedure														
SERVICE PERIOD														
Start: When patient enters office/facility for surgery/procedure:														
Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**5**		**3**		**5**		**5**	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**	
Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**	
Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Sedate/apply anesthesia	L037D	RN/LPN/MTA												
*Other Clinical Activity - specify:	L037D	RN/LPN/MTA												
Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		2		2	
Intra-service														
Moderate sedation	L051A	RN	**17**		**15**		**15**		**20**		**20**		**17**	
Assist physician in performing procedure	L037D	RN/LPN/MTA	**11**		**15**		**15**		**13**		**20**		**17**	
Post-Service														
Monitor pt. following service/check tubes, monitors,	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**	
Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA												
Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
Clean Scope	L037D	RN/LPN/MTA	**30**		**30**		**30**		**30**		**30**		**30**	
Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA												
Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA												
Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA												
Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA												
End: Patient leaves office														
POST-SERVICE Period														
Start: Patient leaves office/facility														
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
End: with last office visit before end of global period														

			PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43200) RUC 10/12)		PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43202) RUC 10/12)	
*Please note: If a supply has a purchase price of $100			44385		43200		44385		44386		43202		44386	
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	CMS Code	Staff Type	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or		ESOPH, with biopsy, single or multiple		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
MEDICAL SUPPLIES	**CODE**	UNIT												
SCRUB, DRESS, DRAPE														
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
gown, staff, impervious	SB027	item	2		2		2		2		2		2	
cap, surgical	SB001	item	3		3		3		3		3		3	
mask, surgical, with face shield	SB034	item	3		3		3		3		3		3	
shoe covers, surgical	SB039	pair	3		3		3		3		3		3	
scrub brush (impregnated)	SM023	item			3		1				3		1	
drape, non-sterile, sheet 40in x 60in	SB006	item			1		1				1		1	
basin, emesis	SJ010	item	1		1				1		1			
denture cup	SJ016	item			1						1			
MODERATE SEDATION														
pack, moderate sedation	SA044	pack	1		1		1		1		1		1	
bite block	SD006	item			1						1			
PROCEDURE INSTRUMENTS / SUPPLIES														
endoscope anti-fog solution	SM014	ml			1		1				1		1	
endoscopic cytology brush	SD067	item	1		1		1				1		1	
endoscopic biopsy forceps	SD066	item							1		1		1	
canister, suction	SD009	item	1		2		2		1		2		2	
tubing, suction, non-latex (6ft uou)	SD132	item	1		1		2		1		1		2	
tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1		1			
syringe 50-60ml	SC056	item	1		1		1		1		1		1	
sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
water, distilled	SK087	oz					5						5	
gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1						1					
cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1				1		1	
cup, biopsy-specimen sterile 4oz	SL036	item	1						1					
paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4	
SCOPE CLEANING														
pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1		1		1		1	
gloves, non-sterile	SB022	pair	1						1					
swab, procto 16in	SJ052	item	3						3					
EQUIPMENT	**CODE**													
videoscope, gastroscopy	ES034				59						64			
videoscope, sigmoidoscopy	**NEW**						59						61	
fiberscope, flexible, sigmoidoscopy	ES021		64						66					
endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30				30		30	
stretcher	EF018				73		73				78		75	
stretcher, endoscopy	EF020		64						66					
video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		64		29		29		66		34		31	
light, surgical	EF014		64						66					
table, power	EF031				29		0				34		0	
table, instrument, mobile	EF027		79		29		77		82		34		79	
IV infusion pump	EQ032		79		52		77		82		57		79	
suction machine (Gomco)	EQ235		64		29		29		66		34		31	
ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		79		52		77		82		57		79	

			PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43200) RUC 10/12)		PEAC
*Please note: If a supply has a purchase price of $100			44385		43200		44385		443
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	CMS Code	Staff Type	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including		Endoscopic of small i pouch (e pouch, ileal or J]); wit
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
GLOBAL PERIOD			000	000	000	000	000	000	000
TOTAL CLINICAL LABOR TIME	L051A	RN	34.0	0.0	32	0	32	0	37.0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	76.0	22.0	85	22	85	22	78.0
PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	19.0	9	19	9	19	9.0
SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	34.0	0.0	32	0	32	0	37.0
SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	64.0	0.0	73	0	73	0	66.0
POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3	3	3	3	3.0
PRE-SERVICE									
Start: Following visit when decision for surgery or procedure made									
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3	3	3
Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3
Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5	
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3
*Other Clinical Activity - *specify:*									
End: When patient enters office/facility for surgery/procedure									
SERVICE PERIOD									
Start: When patient enters office/facility for surgery/procedure:									
Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	3		3		3		3
Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3		3		
Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2
Setup scope (non facility setting only)	L037D	RN/LPN/MTA	5		5		5		5
Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2
Sedate/apply anesthesia	L037D	RN/LPN/MTA							
*Other Clinical Activity - specify:	L037D	RN/LPN/MTA							
Sedate/apply anesthesia	L051A	RN	2		2		2		2
Intra-service									
Moderate sedation	L051A	RN	17		15		15		20
Assist physician in performing procedure	L037D	RN/LPN/MTA	11		15		15		13
Post-Service									
Monitor pt. following service/check tubes, monitors,	L051A	RN	15		15		15		15
Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA							
Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3
Clean Scope	L037D	RN/LPN/MTA	30		30		30		30
Clean Surgical Instrument Package	L037D	RN/LPN/MTA							
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2
Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							
Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA	3		3		3		3
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA							
Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA							
Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA							
End: Patient leaves office									
POST-SERVICE Period									
Start: Patient leaves office/facility									
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3
End: with last office visit before end of global period									

			PEAC 2004		Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43200) RUC 10/12)		PEAC
*Please note: If a supply has a purchase price of $100			44385		43200		44385		443
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	CMS Code	Staff Type	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including		Endoscopic of small i pouch (e pouch, ileal or J]); wit
LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
GLOBAL PERIOD			000	000	000	000	000	000	000
MEDICAL SUPPLIES	CODE	UNIT							
SCRUB, DRESS, DRAPE									
pack, minimum multi-specialty visit	SA048	pack	1		1		1		1
gown, staff, impervious	SB027	item	2		2		2		2
cap, surgical	SB001	item	3		3		3		3
mask, surgical, with face shield	SB034	item	3		3		3		3
shoe covers, surgical	SB039	pair	3		3		3		3
scrub brush (impregnated)	SM023	item			3		1		
drape, non-sterile, sheet 40in x 60in	SB006	item			1		1		
basin, emesis	SJ010	item	1		1				1
denture cup	SJ016	item			1				
MODERATE SEDATION									
pack, moderate sedation	SA044	pack	1		1		1		1
bite block	SD006	item			1				
PROCEDURE INSTRUMENTS / SUPPLIES									
endoscope anti-fog solution	SM014	ml			1		1		
endoscopic cytology brush	SD067	item	1		1		1		
endoscopic biopsy forceps	SD066	item							1
canister, suction	SD009	item	1		2		2		1
tubing, suction, non-latex (6ft uou)	SD132	item	1		1		2		1
tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1
syringe 50-60ml	SC056	item	1		1		1		1
sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1				
water, distilled	SK087	oz					5		
gauze, non-sterile 4in x 4in	SG051	item			1		1		
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1						1
cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1		
cup, biopsy-specimen sterile 4oz	SL036	item	1						1
paper, photo printing (8.5 x 11)	SK058	item			1		1		
lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4
SCOPE CLEANING									
pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1		1
gloves, non-sterile	SB022	pair	1						1
swab, procto 16in	SJ052	item	3						3
EQUIPMENT	CODE								
videoscope, gastroscopy	ES034				59				
videoscope, sigmoidoscopy	NEW						59		
fiberscope, flexible, sigmoidoscopy	ES021		64						66
endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30		
stretcher	EF018				73		73		
stretcher, endoscopy	EF020		64						66
video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		64		29		29		66
light, surgical	EF014		64						66
table, power	EF031				29		29		
table, instrument, mobile	EF027		79		29		29		82
IV infusion pump	EQ032		79		52		52		82
suction machine (Gomco)	EQ235		64		29		29		66
ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		79		52		52		82

			2004	Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43202) RUC 10/12)	
*Please note: If a supply has a purchase price of $100			386	43202		44386	
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	CMS Code	Staff Type	evaluation intestinal eg, Kock reservoir [S h biopsy,	ESOPH, with biopsy, single or multiple		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	
LOCATION			Facility	Non Fac	Facility	Non Fac	Facility
GLOBAL PERIOD			000	000	000	000	000
TOTAL CLINICAL LABOR TIME	L051A	RN	0.0	37	0	34	0
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	22.0	90	22	87	22
PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19.0	9	19	9	19
SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0.0	37	0	34	0
SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	78	0	75	0
POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3	3	3	3
PRE-SERVICE							
Start: Following visit when decision for surgery or procedure made							
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3
Coordinate pre-surgery services	L037D	RN/LPN/MTA	5	3	5	3	5
Schedule space and equipment in facility	L037D	RN/LPN/MTA	3		3		3
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3
*Other Clinical Activity - *specify:*							
End: When patient enters office/facility for surgery/procedure							
SERVICE PERIOD							
Start: When patient enters office/facility for surgery/procedure:							
Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA		3		3	
Obtain vital signs	L037D	RN/LPN/MTA		5		5	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3		3	
Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2		2	
Setup scope (non facility setting only)	L037D	RN/LPN/MTA		5		5	
Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		2		2	
Sedate/apply anesthesia	L037D	RN/LPN/MTA					
*Other Clinical Activity - specify:	L037D	RN/LPN/MTA					
Sedate/apply anesthesia	L051A	RN		2		2	
Intra-service							
Moderate sedation	L051A	RN		20		17	
Assist physician in performing procedure	L037D	RN/LPN/MTA		20		17	
Post-Service							
Monitor pt. following service/check tubes, monitors,	L051A	RN		15		15	
Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA					
Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3		3	
Clean Scope	L037D	RN/LPN/MTA		30		30	
Clean Surgical Instrument Package	L037D	RN/LPN/MTA					
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		2		2	
Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA					
Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA		3		3	
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA					
Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA					
Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA					
End: Patient leaves office							
POST-SERVICE Period							
Start: Patient leaves office/facility							
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3
End: with last office visit before end of global period							

			2004	Crosswalk Code from RUC 10/2012		Recommendation (x-walk 43202) RUC 10/12)	
***Please note: If a supply has a purchase price of $100**			386	43202		44386	
Meeting Date: October 2013 Tab: 5 - Pouchoscopy Specialty: GI	**CMS Code**	**Staff Type**	evaluation intestinal eg, Kock reservoir [S h biopsy,	ESOPH, with biopsy, single or multiple		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	
LOCATION			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD			**000**	**000**	**000**	**000**	**000**
MEDICAL SUPPLIES	**CODE**	UNIT					
SCRUB, DRESS, DRAPE							
pack, minimum multi-specialty visit	SA048	pack		**1**		**1**	
gown, staff, impervious	SB027	item		**2**		**2**	
cap, surgical	SB001	item		**3**		**3**	
mask, surgical, with face shield	SB034	item		**3**		**3**	
shoe covers, surgical	SB039	pair		**3**		**3**	
scrub brush (impregnated)	SM023	item		**3**		**1**	
drape, non-sterile, sheet 40in x 60in	SB006	item		**1**		**1**	
basin, emesis	SJ010	item		**1**			
denture cup	SJ016	item		**1**			
MODERATE SEDATION							
pack, moderate sedation	SA044	pack		**1**		**1**	
bite block	SD006	item		**1**			
PROCEDURE INSTRUMENTS / SUPPLIES							
endoscope anti-fog solution	SM014	ml		**1**		**1**	
endoscopic cytology brush	SD067	item		**1**		**1**	
endoscopic biopsy forceps	SD066	item		**1**		**1**	
canister, suction	SD009	item		**2**		**2**	
tubing, suction, non-latex (6ft uou)	SD132	item		**1**		**2**	
tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item		**1**			
syringe 50-60ml	SC056	item		**1**		**1**	
sodium chloride 0.9% inj (250-1000ml uou)	SH067	item		**1**			
water, distilled	SK087	oz				**5**	
gauze, non-sterile 4in x 4in	SG051	item		**1**		**1**	
gauze, sterile 4in x 4in (10 pack uou)	SG056	item					
cup, biopsy-specimen non-sterile 4oz	SL035	item		**1**		**1**	
cup, biopsy-specimen sterile 4oz	SL036	item					
paper, photo printing (8.5 x 11)	SK058	item		**1**		**1**	
lubricating jelly (K-Y) (5gm uou)	SJ032	item		**4**		**4**	
SCOPE CLEANING							
pack, cleaning and disinfecting, endoscope	SA042	pack		**1**		**1**	
gloves, non-sterile	SB022	pair					
swab, procto 16in	SJ052	item					
EQUIPMENT	**CODE**						
videoscope, gastroscopy	ES034			**64**			
videoscope, sigmoidoscopy	**NEW**					**61**	
fiberscope, flexible, sigmoidoscopy	ES021						
endoscope disinfector, rigid or fiberoptic, w-cart	ES005			**30**		**30**	
stretcher	EF018			**78**		**75**	
stretcher, endoscopy	EF020						
video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031			**34**		**31**	
light, surgical	EF014						
table, power	EF031			**34**		**31**	
table, instrument, mobile	EF027			**34**		**31**	
IV infusion pump	EQ032			**57**		**54**	
suction machine (Gomco)	EQ235			**34**		**31**	
ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011			**57**		**54**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
MPC List Screen

January 2014

Colonoscopy through Stoma

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. In November, 2013, as part of the 2014 Medicare Final Rule, CMS released their work value recommendations on the three families reviewed for the CPT 2014 cycle. It was noted that while CMS disagreed with a majority of the RUC recommendations, the agency seemed to agree that the incremental methodology was the best approach to use in valuing these codes. However, the RUC agreed that CMS often used inappropriate assumptions regarding physician work and intensity and thus offered increments for procedures not in accordance with the appropriate clinical utility either within the immediate family or within the larger code family. Therefore, as was done in the previous set of codes, the RUC continued to use the incremental methodology as its primary approach to valuing the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

Prior to reviewing the survey data, the RUC reviewed the valuation history for the entire colonoscopy through stoma (i.e. c-stoma) codes. When 44388 was last reviewed in 2000 as part of the second Five-Year Review, the RUC recognized a rank order anomaly between the colonoscopy through stoma codes and their equivalent colonoscopy codes. At that meeting, the RUC agreed that the value for 44388 should be directly

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crosswalked to 45378 *Diagnostic Colonoscopy* (CY 2000 work RVU= 3.70) because both services had similar time and physician work intensity. However, CMS did not agree with this value or any of the recommended increases for the colonoscopy through stoma family of codes. Instead the agency chose to accept the RUC recommended physician time components but keep the Harvard work values, thus creating artificially low intensities for the entire c-stoma family. In addition, few codes in the GI endoscopy families have a lower intensity than the c-stoma codes. C-stoma is not screening in nature. It is performed on patients with existing pathology which caused the removal of a portion of the intestinal tract. The area examined may be shorter than a complete colonoscopy, but the examination is still at least as intense as a diagnostic colonoscopy. As will be discussed throughout these recommendations, due to these inconsistencies the RUC agreed that it was inappropriate to further compound the inconsistencies by reducing the current RVUs to account for the reduction in minutes of the survey time compared to the current time.

44388 ***Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed***
The RUC reviewed the survey results of 86 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 25 minutes and post-service time of 14 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the survey data and concluded that since there is no compelling evidence to increase the value of this procedure, the current work RVU of 2.82, below the survey's 25th percentile is appropriate for CPT code 44388. The RUC specifically noted that while the intra-service time has dropped from 39 minutes to 25 minutes, the current work RVU of 2.82 should not change. There has been no lessening of the physician work intensity to perform this procedure. Furthermore, reducing the work RVU still further compared to the diagnostic colonoscopy service would only exacerbate the already inaccurate work RVU variance between these two services.

The RUC reviewed the survey's Key Reference Service CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed* (work RVU= 2.78) and noted that even though the reference code has five additional minutes of intra-service time, 30 minutes and 25 minutes, respectively, it is still valued slightly less than 44388. In addition, the RUC reviewed MPC codes 51102 *Aspiration of bladder; with insertion of suprapubic* catheter (work RVU= 2.70, intra time= 20 minutes) and 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU= 2.82, intra time= 25 minutes). These comparison codes, with comparable physician work and times, confirmed to the RUC that the recommended physician times and work values for 44388 are both reasonable and relative to similar services across the RBRVS. **The RUC recommends a work RVU of 2.82 for CPT code 44388.**

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44389 ***Colonoscopy through stoma; with biopsy, single or multiple***
The RUC reviewed the survey results of 78 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 14 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.43. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.30 in the upper GI endoscopic family of services for the additional work of performing a biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.30 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.12 for 44389. The specialties again explained that while the survey intra-service time of 30 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.26. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify a work RVU of 3.12, the RUC compared recently reviewed CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12) to the surveyed code and noted that both services have identical intra-service time, 30 minutes, and nearly identical total time. Therefore, both services should be valued identically. In addition, the RUC reviewed CPT codes 31623 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings* (work RVU= 2.88) and 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* (work RVU= 3.00) and agreed that with comparable physician work and identical intra-service times, 30 minutes, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.12 for CPT code 44389.**

44390 ***Colonoscopy through stoma; with removal of foreign body(s)***
The RUC reviewed the survey results of 46 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 37 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.21. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.01 in the upper GI endoscopic family of services for the additional work of

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removing a foreign body over the base diagnostic procedure. While the RUC agreed with this approach, the specialties noted that adding this increment to the base code would give 44390 a work RVU of 3.83, just higher than the current work RVU of 3.82. Therefore, the RUC agreed that the current work value of 3.82, for 44390 should be maintained. The specialties again explained that while the survey intra-service time of 35 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.81. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify the current work RVU of 3.82, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that while the reference code has 5 additional minutes of intra-service time, both codes have similar physician work and total times and should be valued almost identically. The RUC also reviewed codes 50386 *Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 3.30, intra time= 30 minutes) and 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and agreed that with similar physician times and work, these two reference services provide appropriate brackets around the recommended work value for 44390. **The RUC recommends a work RVU of 3.82 for CPT code 44390.**

44391 *Colonoscopy through stoma; with control of bleeding, any method*
The RUC reviewed the survey results of 53 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 4.22, lower than the current value, accurately values the physician work for code 44391. The RUC noted that while there have been other control of bleeding codes previously reviewed in the upper GI endoscopic family, there is no direct work equivalent between them because the bleeding sites vary between the upper and lower GI tracts. The specialties again explained that while the survey intra-service time of 40 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 5.18. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

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To justify a work RVU of 4.22, the RUC compared the surveyed code to CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and agreed that since both services have identical intra-service time, 40 minutes, and similar physician work, the two services should be valued almost identically. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44391. **The RUC recommends a work RVU of 4.22 for CPT code 44391.**

44392 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*
The RUC reviewed the survey results of 50 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility Straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.87. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.81 in the upper GI endoscopic family of services for the additional work of removing a tumor by hot biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.81 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.63 for 44392, which is lower than the current value. The specialties again explained that while the survey intra-service time of 30 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.81. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify a work RVU of 3.63, the RUC compared the surveyed code to the Key Reference Service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU= 3.36) and noted that while both codes have identical intra-service time, 30 minutes, 44392 is a more intense procedure and should be valued slightly higher. In addition, the RUC reviewed CPT codes 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix* (work RVU= 3.43, intra time= 28 minutes) and 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal* (work RVU= 4.00, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44392. **The RUC recommends a work RVU of 3.63 for CPT code 44392.**

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44401 ***Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)***
The RUC reviewed the survey results of 45 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey's 25th percentile work RVU of 4.44 accurately values this procedure. The RUC noted that the approved increment for ablation with dilation in the upper GI tract is 2.13 work RVUs. However, the specialties explained that performing dilation is not typical in the lower GI tract and should be backed out of the incremental value. Therefore, the RUC subtracted out the value performing a dilation (work RVU= 0.51) and the resulting increment 1.62 was added to the base procedure CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.44 for 44401, which is identical to the 25th percentile.

To justify a work RVU of 4.44, the RUC compared the surveyed code to CPT code 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62) and noted that while both codes have identical intra-service time, 30 minutes, the reference code has greater total time and should thus be valued slightly higher than 44401. In addition, the RUC reviewed CPT codes 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and 59070 *Transabdominal amnioinfusion, including ultrasound guidance* (work RVU= 5.24, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44401. **The RUC recommends a work RVU of 4.44 for CPT code 44401.**

44394 ***Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique***
The RUC reviewed the survey results of 60 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.20. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.31 in the upper GI endoscopic family of services for the additional work of

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removing a tumor by snare over the base diagnostic procedure. Therefore, the RUC added the approved 1.31 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.13 for 44394, which is lower than the current value.

To justify a work RVU of 4.13, the RUC compared the surveyed code to CPT code 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)* (work RVU= 4.09) and agreed that since both codes have identical intra-serive time, 30 minutes, and comparable physician work, both services should be valued almost identically. In addition, the RUC reviewed MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra time= 30 minutes) and code 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44394. **The RUC recommends a work RVU of 4.13 for CPT code 44394.**

44402 ***Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)***
The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 43 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 5.80. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.14 in the upper GI endoscopic family of services for the additional work of placing a stent over the base diagnostic procedure. Therefore, the RUC added the approved 2.14 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.96 for 44402.

To justify a work RVU of 4.96, the RUC compared the surveyed code to CPT code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74) and agreed that since the surveyed code has 3 additional minutes of intra-service time, 43 minutes compared to 40 minutes, and slightly greater total time, 44402 is appropriately valued higher than this reference code. In addition, the RUC reviewed CPT codes 50385 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 4.44, intra time= 45 minutes) and 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 5.27, intra time= 45 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44402. **The RUC recommends a work RVU of 4.96 for CPT code 44402.**

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44403 ***Colonoscopy through stoma; with endoscopic mucosal resection***
The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 45 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too low compared to the approved incremental methodology approach. The RUC previously established a work RVU of 2.99 in the upper GI endoscopic family of services for the additional work of performing endoscopic mucosal resection over the base diagnostic procedure. Therefore, the RUC added the approved 2.99 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 5.81 for 44403.

To justify a work RVU of 5.81, the RUC compared the surveyed code to CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU= 5.75) and although the reference code has greater pre-service time, both services have identical intra-service time, 45 minutes, and comparable physician work. Therefore, 44403 should be valued nearly the same as 52351. In addition the RUC reviewed CPT codes 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 5.27, intra time= 45 minutes) and 93458 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85, intra time= 45 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44403. **The RUC recommends a work RVU of 5.81 for CPT code 44403.**

44404 ***Colonoscopy through stoma; with directed submucosal injection(s), any substance***
The RUC reviewed the survey results of 47 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility Straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.61. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.31 in the upper GI endoscopic family of services for the additional work of performing a submucosal injection over the base diagnostic procedure. Therefore, the RUC added the approved 0.31 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.13 for 44404.

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To justify a work RVU of 3.13, the RUC compared the surveyed code to CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12) and agreed that since both service have identical intra-service time, 30 minutes, and nearly identical total time, both services should be valued nearly identical to each other. In addition, the RUC reviewed CPT codes codes 31623 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings* (work RVU= 2.88, intra time= 30 minutes) and 50386 *Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 3.30, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44404. **The RUC recommends a work RVU of 3.13 for CPT code 44404.**

44405 *Colonoscopy through stoma; with transendoscopic balloon dilation*

The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 38 minutes and post-service time of 12 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.55. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.51 in the upper GI endoscopic family of services for the additional work of performing balloon dilation over the base diagnostic procedure. Therefore, the RUC added the approved 0.51 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.33 for 44405.

To justify a work RVU of 3.33, the RUC compared the surveyed code to 49446 *Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 3.31) and noted that while the reference code has greater total time compared to 44405, 93 minutes and 82 minutes, respectively, the surveyed code is a more intense procedure and should be valued slightly higher. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and code 12017 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm* (work RVU= 3.18, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44405. **The RUC recommends a work RVU of 3.33 for CPT code 44405.**

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44406 ***Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures***
The RUC reviewed the survey results of 35 gastroenterologists and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 4.50. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.59 in the upper GI endoscopic family of services for the additional work of performing a endoscopic ultrasound examination over the base diagnostic procedure. Therefore, the RUC added the approved 1.59 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.41 for 44406.

To justify a work RVU of 4.41, the RUC compared the surveyed code to 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and noted that even though both services have identical intra-service time, 40 minutes, 44406 is a slightly more complex codes and should therefore be valued higher. In addition, the RUC reviewed CPT codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and 58562 *Hysteroscopy, surgical; with removal of impacted foreign body* (work RVU= 5.20, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44406. **The RUC recommends a work RVU of 4.41 for CPT code 44406.**

44407 ***Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures***
The RUC reviewed the survey results of 32 gastroenterologists and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 60 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 5.25. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.24 in the upper GI endoscopic family of services for the additional work of performing a endoscopic ultrasound examination with fine needle aspiration over the base diagnostic procedure. Therefore, the RUC added the approved 2.24 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 5.06 for 44407.

To justify a work RVU of 5.06, the RUC compared the surveyed code to 52327 *Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material* (work RVU= 5.18) and agreed that while both services have identical intra-service time, 60 minutes, the reference code should be valued slightly higher due to greater total time, 135 minutes compared to 120 minutes. In addition, the RUC reviewed CPT codes 93642 *Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)* (work RVU= 4.88, intra time= 60 minutes) and 57155 *Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy* (work RVU= 5.40, intra time= 60 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44407. **The RUC recommends a work RVU of 5.06 for CPT code 44407.**

44408 ***Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed***

The RUC reviewed the survey results of 53 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey's 25th percentile work RVU of 4.24 accurately values this procedure. The RUC noted that there is not currently an approved increment in the upper GI tract for the placement of a decompression tube. To justify a work RVU of 4.24, the RUC compared the surveyed code to CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and agreed that since both services have identical intra-service time, 40 minutes, and similar physician work, the two services should be valued almost identically. In addition, the RUC reviewed CPT codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44408. **The RUC recommends a work RVU of 4.24 for CPT code 44408.**

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Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the colonoscopy services and noted that these services mostly crosswalk from the flexible sigmoidoscopy codes approved for 2014. In general, the total clinical staff times were slightly lower than the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the flexible sigmoidoscopy codes approved in the previous year. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 4538X1, 45384, 4538X5, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

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For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261, 74262, 74263.

Colonoscopy through stoma is the examination of the colon, from the stoma to the cecum, and may include the examination of the terminal ileum or small intestine proximal to an anastomosis. When performing an endoscopic procedure on a patient who is scheduled and prepared for a colonoscopy through stoma, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 44388 with modifier 53 and provide appropriate documentation.

⊙▲44388	M1	Colonoscopy through stoma; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44388 in conjunction with 44389-44408)	000	2.82
⊙44389	M2	with biopsy, single or multiple (Do not report 44389 in conjunction with 44403 for the same lesion) (Do not report 44389 in conjunction with 44388)	000	3.12

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⊙44390	M3	with removal of foreign body(s) (Do not report 44390 in conjunction with 44388) (If fluoroscopic guidance is performed, use 76000)	000	3.82
⊙▲44391	M4	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator~~) (Do not report 44391 in conjunction with 44404 for the same lesion) (Do not report 44391 in conjunction with 44388)	000	4.22
⊙44392	M5	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 44392 in conjunction with 44388)	000	3.63
D⊙44393		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (44393 has been deleted. To report, use 44401)	000	N/A
⊙●44401	M6	with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed) (Do not report 44401 in conjunction with 44405 for the same lesion) (Do not report 44401 in conjunction with 44388)	000	4.44

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⊙44394	M7	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 44394 in conjunction with 44403 for the same lesion) (Do not report 44394 in conjunction with 44388) (For endoscopic mucosal resection, use 44403) ~~(For colonoscopy per rectum, see 45330-45385)~~	000	4.13
D⊙44397		~~with transendoscopic stent placement (includes predilation)~~ (44397 has been deleted. To report, use 44402)	000	N/A
⊙●44402	M8	with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed) (Do not report 44402 in conjunction with 44388, 44405) (If imaging guidance is performed, use 74360)	000	4.96
⊙●44403	M9	with endoscopic mucosal resection (Do not report 44403 in conjunction with 44389, 44394, 44404 for the same lesion) (Do not report 44403 in conjunction with 44388)	000	5.81
⊙●44404	M10	with directed submucosal injection(s), any substance (Do not report 44404 in conjunction with 44391, 44403 for the same lesion) (Do not report 44404 in conjunction with 44388)	000	3.13

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⦿●44405	M11	with transendoscopic balloon dilation (Do not report 44405 in conjunction with 44388, 44401, 44402) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 44405 with modifier 59 for each additional stricture dilated)	000	3.33
⦿●44406	M12	with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures (Do not report 44406 in conjunction with 44388, 44407, 76975) (Do not report 44406 more than once per session)	000	4.41
⦿●44407	M13	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures (Do not report 44407 in conjunction with 44388, 44406, 76942, 76975) (Do not report 44407 more than once per session)	000	5.06
⦿●44408	M14	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed (Do not report 44408 in conjunction with 44388) (Do not report 44408 more than once per session)	000	4.24

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Other Procedures

44799 Unlisted procedure, intestine

(For unlisted laparoscopic procedure, intestine except rectum, use 44238)

(For unlisted procedure, colon, use 45399)

Radiology
Diagnostic Radiology
(Diagnostic Imaging)
Gastrointestinal Tract

74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation

(For procedure, see 43195, 43196, 43220, 43226, 43453, 44402, 44405, 45386, 45389 as appropriate)

(Do not report 74360 in conjunction with 43213, 43214, 43233)

Diagnostic Ultrasound
Genitalia

76872 Ultrasound, transrectal

(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 0249T)

Radiologic Guidance
Other Procedures

76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation

(Do not report 76975 in conjunction with 43231, 43232, 43237, 43238, 43240, 43242, 43259, 44406, 44407, 45341, 45342, 45391, 45392, or 76942)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44388 Tracking Number M1 Original Specialty Recommended RVU: **2.64**
Presented Recommended RVU: **2.82**
Global Period: 000 RUC Recommended RVU: **2.82**

CPT Descriptor: Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma for surveillance.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44388		
Sample Size:	2305	**Resp N:** 86	**Response:** 3.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	1000.00
Survey RVW:	1.25	3.00	**3.86**	4.58	9.10
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	20.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44388	**Recommended Physician Work RVU: 2.82**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**14.00**	**20.00**	**-6.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.78	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	2.50	**RUC Time**	484,580

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,873

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 27.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 44388**	**Key Reference CPT Code:** 31622	**Source of Time RUC Time**
Median Pre-Service Time	26.00	20.00	
Median Intra-Service Time	25.00	30.00	

Median Immediate Post-service Time	14.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**65.00**	**65.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.21	3.04
Urgency of medical decision making	2.79	2.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.54	3.26
Physical effort required	3.25	2.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.13	3.04
Outcome depends on the skill and judgment of physician	3.54	3.30
Estimated risk of malpractice suit with poor outcome	3.46	3.30

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.50	2.61
Intra-Service intensity/complexity	3.21	3.04
Post-Service intensity/complexity	2.50	2.52

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44388 *Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)*

Code 44388 has been reviewed by the RUC twice, most recently in 2000 during the second Five-Year Review. At that time, the RUC recognized a rank order anomaly existed between codes 44388 through 44393. To correct this anomaly, the RUC compared reference code 45378 (*Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)*) (3.70 RVW) to 44388, and used the value as an anchor RVW because the codes had similar intra-service time, total time and physician work intensity. However, CMS rejected the RUC's recommendation and held the RVW for 44388 at the Harvard value of 2.82.

The AGA, ASGE, ACG, ACS, ASCRS and SAGES conducted a RUC survey and received 86 responses. The consensus panel reviewed the data and agrees that physician work for this service has not changed since the prior RUC review in 2000. The survey intra-time is consistent with the prior review considering that the former surveys included the time for administration of moderate sedation in the intra-service time estimation and the current survey now includes the administration of moderate sedation in the pre-service time estimation.

Pre-time Package 1b is appropriate for 44388, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31622

Key Reference code 31622, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure),* was surveyed and presented to the RUC in 2005 prior to the discussion of pre-time packages. The pre, intra, and post-work for 31622 and 44388 are similar, with the exception of the endoscope that is utilized and the inclusion of fluoroscopic guidance, which is a lower intensity component of the procedure.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**64517**	Injection, anesthetic agent; superior hypogastric plexus	2.20	0.049	**75**	30	**25**	20
2005	**52204**	Cystourethroscopy, with biopsy(s)	2.59	0.080	**54**	17	**25**	12
	44388	C-Stoma, diagnostic	2.82	0.080	**66**	26	**25**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**52332**	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2.82	0.088	**56**	21	**25**	10
2002	**57460**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	2.83	0.091	**50**	15	**25**	10
1997	**58555**	Hysteroscopy, diagnostic (separate procedure)	3.33	0.088	**75**	30	**25**	20
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44388

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 14037
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 4,679 in 2012. (4,679*3 = ~ 14,037)

Specialty Gastroenterology Frequency 7440 Percentage 53.00 %

Specialty General surgery Frequency 3650 Percentage 26.00 %

Specialty Colorectal surgery Frequency 2106 Percentage 15.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,679
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 4,679 in 2012.

Specialty Gastroenterology Frequency 2480 Percentage 53.00 %

Specialty General surgery Frequency 1217 Percentage 26.00 %

Specialty Colorectal surgery Frequency 702 Percentage 15.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44388

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44389 Tracking Number M2 Original Specialty Recommended RVU: **2.94**
Presented Recommended RVU: **3.12**
Global Period: 000 RUC Recommended RVU: **3.12**

CPT Descriptor: Colonoscopy through stoma; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with occult blood in the stool. Colonoscopy through stoma with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Abnormal mucosa is identified in the sigmoid colon and biopsies are taken. Photodocumentation of appropriate normal landmarks and abnormalities are obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44389		
Sample Size:	2305	**Resp N:** 78	**Response:** 3.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	500.00
Survey RVW:	1.20	3.43	**4.04**	4.96	9.40
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	17.00	23.00	**30.00**	35.00	61.00

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44389	**Recommended Physician Work RVU: 3.12**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**14.00**	**20.00**	**-6.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 24.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44389**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	14.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**70.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.58	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.58	3.42
Urgency of medical decision making	3.37	3.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.68	3.42
Physical effort required	3.42	3.05
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.68	3.47
Outcome depends on the skill and judgment of physician	3.89	3.74
Estimated risk of malpractice suit with poor outcome	3.68	3.53

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	2.95
Intra-Service intensity/complexity	3.68	3.32
Post-Service intensity/complexity	3.21	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44389 *Colonoscopy through stoma; with biopsy, single or multiple*

We recommend an RVW of 3.12for 44389. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260; 44382-44380; 44385-44386; 45330-45331) approved by the RUC for endoscopic biopsies.

Pre-time Package 1b is appropriate for 44389, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625
Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44389. The table below provides additional comparison codes.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12016**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	2.68	0.077	**47**	11	**30**	6
2010	**11043**	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	0.051	**86**	41	**30**	15
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
		C-Stoma, biopsy	3.12	0.070	**70**	26	**30**	14
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	**79**	34	**30**	15
2012	**32557**	Pleural drainage, percutaneous, with insertion	3.12	0.079	**67**	22	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		of indwelling catheter; with imaging guidance						
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44389

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6204
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,068 in 2012. (2,068*3 = ~ 6,204)

Specialty Gastroenterology Frequency 4157 Percentage 67.00 %

Specialty General surgery Frequency 931 Percentage 15.00 %

Specialty Colorectal surgery Frequency 621 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,068
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,068 in 2012.

Specialty Gastroenterology Frequency 1386 Percentage 67.02 %

Specialty General surgery Frequency 310 Percentage 14.99 %

Specialty Colorectal surgery Frequency 207 Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44389

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44390 Tracking Number M3 Original Specialty Recommended RVU: **3.65**
Presented Recommended RVU: **3.82**
Global Period: 000 RUC Recommended RVU: **3.82**

CPT Descriptor: Colonoscopy through stoma; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient with a permanent colostomy swallowed an object which became lodged at the ileo-cecal valve. Colonoscopy through stoma with removal of the foreign body is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the foreign body using air insufflation, water flush, and suctioning as necessary to view the mucosa. The foreign body is grasped with an appropriate retrieval device. The foreign body, retrieval device and colonoscope are withdrawn. The colonoscope is reinserted to the cecum; the appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44390		
Sample Size:	2305	**Resp N:** 46	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	80.00
Survey RVW:	0.90	4.21	**4.90**	5.54	7.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**35.00**	40.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44390	**Recommended Physician Work RVU: 3.82**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	39,248

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44390**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**
Median Pre-Service Time	37.00	45.00	

Median Intra-Service Time	35.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**87.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.38	3.63
Urgency of medical decision making	4.25	3.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	3.88
Physical effort required	4.13	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	3.75
Outcome depends on the skill and judgment of physician	4.13	3.88
Estimated risk of malpractice suit with poor outcome	4.13	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.25
Intra-Service intensity/complexity	4.38	3.75
Post-Service intensity/complexity	3.38	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44390 *Colonoscopy through stoma; with removal of foreign body*

We recommend an RVW of 3.82 for 44389. This value is less than the 25th percentile RVW. It reflects the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260, 45332-45330) approved by the RUC for removal of foreign body.

Pre-time Package 2b is appropriate for 44390, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 44390. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (8/46), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	**59**	11	**40**	8
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15
1998	**31643**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	3.49	0.061	**95**	30	**35**	30
	44390	C-Stoma, w-FBR	3.82	0.078	**87**	37	**35**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	3.80	0.071	**90**	30	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		transbronchial lung biopsy(s), single lobe						
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44390

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 66
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 22 in 2012. (22*3 = ~ 66)

Specialty Gastroenterology Frequency 45 Percentage 68.18 %

Specialty General surgery	Frequency 9	Percentage 13.63 %
Specialty Colorectal surgery	Frequency 9	Percentage 13.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 22 in 2012.

Specialty Gastroenterology	Frequency 15	Percentage 68.18 %
Specialty General surgery	Frequency 3	Percentage 13.63 %
Specialty Colorectal surgery	Frequency 3	Percentage 13.63 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44390

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44391 Tracking Number M4 Original Specialty Recommended RVU: **4.22**
Presented Recommended RVU: **4.22**
Global Period: 000 RUC Recommended RVU: **4.22**

CPT Descriptor: Colonoscopy through stoma; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with active hemorrhage through the colostomy. Colonoscopy through stoma for control of bleeding is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 64%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and the ileocecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Active bleeding is identified from an angiodysplastic lesion in the colon. A bipolar cautery probe is inserted through the colonoscope and positioned on the bleeding lesion; therapy is applied to control the bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)				
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES				
CPT Code:	44391				
Sample Size:	2305	**Resp N:**	53	**Response:** 2.2 %	
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	80.00
Survey RVW:	1.75	4.22	**4.82**	6.00	9.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**40.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44391	**Recommended Physician Work RVU: 4.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 18.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 44391**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	40.00	45.00
Median Intra-Service Time	40.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**95.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.20	3.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.20	4.10
Urgency of medical decision making	4.60	3.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.20
Physical effort required	4.50	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.20
Outcome depends on the skill and judgment of physician	4.50	4.30
Estimated risk of malpractice suit with poor outcome	4.40	3.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.80	3.50
Intra-Service intensity/complexity	4.30	4.10
Post-Service intensity/complexity	4.00	3.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44391 *Colonoscopy through stoma; with control of bleeding, any method*

We recommend an RVW of 4.22 for 44391. This value is the 25th percentile survey RVW. The RUC has not established an increment for control of bleeding due to the varying intensity and complexity of the procedure in different areas of the body. The RUC recommended increment for control of bleeding for esophagoscopy (43227) and EGD (43255) over each family's base code was 1.67 and 1.94 RVWs, respectively, reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The RUC recommended increment for control of bleeding for flexible sigmoidoscopy (45334) over the family base code was 1.30 RVW, consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (i.e., less work). The 25th percentile RVW of 4.22 creates an increment of 1.58, consistent with the physician work, complexity and intensity involved in comparison to 43227, 43255 and 45334 and to the rest of the codes in the colonoscopy through stoma family.

Pre-time Package 2b is appropriate for 44391, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 44391. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (10/52), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2008	**49446**	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.31	0.055	**93**	38	**40**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-	3.82	0.072	**85**	25	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple						
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44391	C-Stoma, bleeding	4.22	0.076	**95**	40	**40**	15
1995	**93505**	Endomyocardial biopsy	4.37	0.084	**100**	42	**38**	20
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44391

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastronenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 627

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 209 in 2012. (209*3 = ~ 627)

Specialty Gastroenterology	Frequency 514	Percentage 81.97 %
Specialty General surgery	Frequency 25	Percentage 3.98 %
Specialty Colorectal surgery	Frequency 25	Percentage 3.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 209
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 209 in 2012.

Specialty Gastroenterology	Frequency 171	Percentage 81.81 %
Specialty General surgery	Frequency 8	Percentage 3.82 %
Specialty Colorectal surgery	Frequency 8	Percentage 3.82 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44391

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44392 Tracking Number M5 Original Specialty Recommended RVU: **3.45**
Presented Recommended RVU: **3.63**
Global Period: 000 RUC Recommended RVU: **3.63**

CPT Descriptor: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. Diminutive polyps are identified in the proximal colon and removed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 77%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn to the ascending colon where the identified lesions are removed with successive applications of hot biopsy forceps until there is no residual. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential

examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)				
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES				
CPT Code:	44392				
Sample Size:	2305	**Resp N:**	50	**Response:** 2.1 %	
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	100.00
Survey RVW:	2.80	3.87	**4.35**	5.86	9.92
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**30.00**	32.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44392	**Recommended Physician Work RVU: 3.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**20.00**	**-10.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44392**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**66.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.42
Urgency of medical decision making	3.50	3.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	3.83
Physical effort required	3.83	3.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.33	4.00
Outcome depends on the skill and judgment of physician	4.42	4.08
Estimated risk of malpractice suit with poor outcome	4.25	3.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	3.08
Intra-Service intensity/complexity	4.00	3.50
Post-Service intensity/complexity	3.58	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44392 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 3.63 for 44392. This value is less than the 25th percentile and current RVW and is equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 0.81 (43216-43200; 43250-43235; 45333-45330) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate for 44392, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44392, but the intensity and complexity data indicate that 44392 is more intense and complex than 31625 with 44392 ranking higher in 11/11 measures.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
1997	**58555**	Hysteroscopy, diagnostic (separate procedure)	3.33	0.088	**75**	30	**25**	20
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	**70**	25	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
	44392	C-Stoma, hot biopsy	3.63	0.097	**66**	26	**30**	10
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44392

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1905
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 635 in 2012. (635*3 = ~ 1,905)

Specialty Gastroenterology Frequency 876 Percentage 45.98 %

Specialty General surgery Frequency 495 Percentage 25.98 %

Specialty Colorectal surgery Frequency 286 Percentage 15.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 635
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 635 in 2012.

Specialty Gastroenterology	Frequency 292	Percentage 45.98 %
Specialty General surgery	Frequency 165	Percentage 25.98 %
Specialty Colorectal surgery	Frequency 95	Percentage 14.96 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44401 Tracking Number M6 Original Specialty Recommended RVU: **4.77**
Presented Recommended RVU: **4.44**
Global Period: 000 RUC Recommended RVU: **4.44**

CPT Descriptor: Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. A flat lesion is identified in the transverse colon and ablated.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon and transverse colon. A flat lesion is identified in the transverse colon. Under endoscopic visualization, a guidewire is passed through the colonoscope and the scope is withdrawn. The colonoscope is reinserted and a sizing balloon catheter is placed through the scope into the colon to straddle the region of abnormality to be ablated. The sizing balloon is inflated to ascertain the luminal diameter to

be treated. The sizing balloon is removed and an ablation catheter of appropriate caliber is passed over the guidewire into the colon. The colonoscope is slowly withdrawn through the descending and sigmoid colon and the colonic mucosa is examined. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44401		
Sample Size:	2305	**Resp N:** 45	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	25.00
Survey RVW:	3.40	4.44	**5.00**	6.46	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	25.00	**30.00**	40.00	68.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44401	**Recommended Physician Work RVU: 4.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**23.00**	**-13.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44401**	**Key Reference CPT Code:** 52342	**Source of Time** **RUC Time**

Median Pre-Service Time	32.00	60.00
Median Intra-Service Time	30.00	60.00
Median Immediate Post-service Time	10.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**72.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.73	3.47
Urgency of medical decision making	3.73	3.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.36	3.69
Physical effort required	4.07	3.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.22	3.67
Outcome depends on the skill and judgment of physician	4.20	3.73
Estimated risk of malpractice suit with poor outcome	4.16	3.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.44	3.24
Intra-Service intensity/complexity	4.20	3.67
Post-Service intensity/complexity	3.49	3.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44401 *Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 4.44 for 44401. This value is the survey's 25th percentile.

Pre-time Package 2b is appropriate for 44401, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44401. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (8/45), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44401, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44401 make it difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
	44401	C-Stoma, ablation+dilation+wire	4.44	0.119	**72**	32	**30**	10
1995	**52276**	Cystourethroscopy with direct vision internal urethrotomy	4.99	0.104	**95**	30	**35**	30
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44393, 44799. 100% of the volume of 44393 (180 Medicare volume) will be reported by 44401. One percent of the unlisted code (14 Mediare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 540

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 180 in 2012. (180*3 = ~ 540)

Specialty Gastroenterology	Frequency 324	Percentage 60.00 %
Specialty General surgery	Frequency 119	Percentage 22.03 %
Specialty Colorectal surgery	Frequency 54	Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 180
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 180 in 2012.

Specialty Gastroenterology	Frequency 108	Percentage 60.00 %
Specialty General surgery	Frequency 40	Percentage 22.22 %
Specialty Colorectal surgery	Frequency 18	Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44393

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44394 Tracking Number M7 Original Specialty Recommended RVU: **3.95**
Presented Recommended RVU: **4.13**
Global Period: 000 RUC Recommended RVU: **4.13**

CPT Descriptor: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. Polyps are identified and removed by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 69%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn to the ascending colon where a polyp on a stalk is identified. A snare is passed through the endoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn, and a retrieval device is inserted through the colonoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the colonoscope, which is withdrawn through the rectum. The colonoscope is re-inserted through the rectum to the area of the

lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until there is no residual. The colonoscope is slowly withdrawn through the transverse, descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44394		
Sample Size:	2305	**Resp N:** 60	**Response:** 2.6 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	11.00	30.00
Survey RVW:	1.20	4.20	**4.65**	5.90	11.10
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	25.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44394	**Recommended Physician Work RVU: 4.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**23.00**	**-13.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44394**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**67.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.88	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	3.63	3.63
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.38	3.88
Physical effort required	4.38	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.25
Outcome depends on the skill and judgment of physician	4.38	4.13
Estimated risk of malpractice suit with poor outcome	4.13	4.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.25	3.13
Intra-Service intensity/complexity	4.13	3.75
Post-Service intensity/complexity	3.63	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44394 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 4.13 for 44394. This value is less than the 25th percentile and the current RVW and is equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 1.31 (43217-43200; 43251-43235; 45338-45330) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate for 44394, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625
Many codes were chosen as a reference by the survey respondents for 44394. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often (8/60), however, this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
1993	**43205**	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	3.78	0.096	**70**	20	**30**	20
	44394	C-Stoma, snare	4.13	0.112	**67**	27	**30**	10
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	4.09	0.104	**80**	30	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)						
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44394

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4227
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 1,409 in 2012. (1,409*3 = ~ 4,227)

Specialty Gastroenterology Frequency 2959 Percentage 70.00 %

Specialty General surgery Frequency 634 Percentage 14.99 %

Specialty Colorectal surgery Frequency 423 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,409
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,409 in 2012.

Specialty Gastroenterology	Frequency 986	Percentage 69.97 %
Specialty General surgery	Frequency 211	Percentage 14.97 %
Specialty Colorectal surgery	Frequency 141	Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44394

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44402 Tracking Number M8 Original Specialty Recommended RVU: **4.78**
Presented Recommended RVU: **4.96**
Global Period: 000 RUC Recommended RVU: **4.96**

CPT Descriptor: Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with abdominal pain and imaging findings of an obstructing lesion in the mid-transverse colon. Colonoscopy through stoma with dilation of the colon and placement of a stent is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the transverse colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. An obstructing, concentric tumor is identified which prohibits passage of the standard colonoscope. The colonoscope is withdrawn and a thin caliber flexible colonoscope is inserted through the rectum and passed through the colonic tumor to the cecum. The appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn, and the ascending colon and

proximal transverse colon are examined. The tumor is measured and the distal and proximal margins of the tumor are marked for stent placement. The colonoscope is reinserted to 2 cm past the distal end of the tumor and a guidewire is inserted through the endoscope across the full length of the tumor. The colonoscope is withdrawn. Under fluoroscopic guidance, the expandable wire mesh stent and introducing device are advanced over the guidewire into the colon and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn and the thin caliber colonoscope is reinserted to confirm proper positioning of the stent. Balloon dilatation of the stent may be required. The colonoscope is slowly withdrawn through the distal transverse colon and descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)				
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES				
CPT Code:	44402				
Sample Size:	2394	**Resp N:**	40	**Response:** 1.6 %	
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	19.00
Survey RVW:	4.20	4.89	**5.80**	7.19	10.05
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	34.00	**43.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44402	**Recommended Physician Work RVU: 4.96**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44402**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	40.00	45.00
Median Intra-Service Time	43.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**98.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.50
Urgency of medical decision making	4.33	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.58
Physical effort required	4.33	4.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.58	4.50
Outcome depends on the skill and judgment of physician	4.75	4.67
Estimated risk of malpractice suit with poor outcome	4.42	4.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.92	3.83
Intra-Service intensity/complexity	4.67	4.25
Post-Service intensity/complexity	4.00	3.92

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44402 *Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)*

We recommend an RVW of 4.96 for 44402. This value is less than the 25th percentile and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.14 (43212-43200; 43266-43235; 4438X4-44380; 4534X7-45330) approved by the RUC for endoscopic stent placement including pre- and/or post-dilation and passage of guide wire.

Pre-time Package 2b is appropriate for 44402, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time and post-time packages and therefore is difficult to compare. Better comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
1995	**93505**	Endomyocardial biopsy	4.37	0.084	**100**	42	**38**	20
2007	**50385**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	4.44	0.070	**109**	49	**45**	15
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
	44402	C-Stoma, stent+dilation+wire	4.96	0.088	**98**	40	**43**	15
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44397, 44799. 100% of the volume of 44397 (15 Medicare volume) will be reported by 44402. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 45
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 15 in 2012. (15*3 = ~ 45)

Specialty Gastroenterology	Frequency 30	Percentage 66.66 %
Specialty General surgery	Frequency 6	Percentage 13.33 %
Specialty Colorectal surgery	Frequency 9	Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 15 in 2012.

Specialty Gastroenterology	Frequency 9	Percentage 60.00 %
Specialty General surgery	Frequency 2	Percentage 13.33 %
Specialty Colorectal surgery	Frequency 3	Percentage 20.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44397

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44403 Tracking Number M9 Original Specialty Recommended RVU: **5.63**
Presented Recommended RVU: **5.81**
Global Period: 000 RUC Recommended RVU: **5.81**

CPT Descriptor: Colonoscopy through stoma; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon to allow circumferential examination of the colonic mucosa. A lesion is identified in the sigmoid colon that cannot be removed by standard snare polypectomy technique. The colonoscope is withdrawn, a friction cap is fitted onto the end of the scope, and the colonoscope is inserted through the rectum into the colon to the site where endoscopic mucosal resection is to be performed. An injection needle is passed through the colonoscope, and a solution of a topical

contrast agent such as methylene blue, saline and epinephrine is injected submucosally to raise the lesion. The injection needle is withdrawn. The area of abnormality is suctioned into the friction fitted cap to create a pseudopolyp. A snare is passed through the colonoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. Snare removal is repeated until all visually identified portions of the lesion are resected. The snare is withdrawn and a retrieval device is inserted through the colonoscope to capture the lesion. The retrieval device with the lesion is withdrawn to the tip of the colonoscope, which is withdrawn through the stoma. The colonoscope is reinserted through the stoma to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare or other appropriate technique is applied until there is no residual, and bleeding, if any, is controlled. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44403		
Sample Size:	2305	**Resp N:** 44	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	140.00
Survey RVW:	2.90	4.75	**5.65**	7.51	11.10
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	34.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44403	**Recommended Physician Work RVU: 5.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 44403**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**
Median Pre-Service Time	32.00	45.00	

Median Intra-Service Time	45.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**92.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.38	4.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.13
Urgency of medical decision making	4.38	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.75	4.38
Physical effort required	4.38	3.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	3.88
Outcome depends on the skill and judgment of physician	4.75	4.13
Estimated risk of malpractice suit with poor outcome	4.25	3.63

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.75	3.63
Intra-Service intensity/complexity	4.88	4.00
Post-Service intensity/complexity	4.00	3.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44403 *Colonoscopy through stoma; with endoscopic mucosal resection*

We recommend an RVW of 5.81 for 44403. This value is less than the median RVW and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.99 (43211-43200; 43254-43235) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate for 44403, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631

Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time and post-time packages and therefore is difficult to compare. Better comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
	44403	C-Stoma, EMR	5.81	0.107	**92**	32	**45**	15
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or	5.75	0.096	**118**	53	**45**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		pyeloscopy; diagnostic						
2010	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5.85	0.093	**123**	48	**45**	30
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44392, 44799. 1% of services previously reported with code 44392 (6 Medicare volume) and 40% of unlisted code 44799 (706 Medicare volume) will be reported using new code 44403.

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 18
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 1% of services previously reported with code 44392 [(635 Medicare volume*1% = 6)*3 = 18] will be reported with 44403.

Specialty Gastroenterology	Frequency 8	Percentage 44.44 %
Specialty General surgery	Frequency 4	Percentage 22.22 %
Specialty Colorectal surgery	Frequency 2	Percentage 11.11 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 712
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 44392, 44799. 1% of services previously reported with code 44392 (6 Medicare volume) and 40% of unlisted code 44799 (706 Medicare volume) will be reported using new code 44403.

Specialty Gastroenterology	Frequency 3	Percentage 50.00 %
Specialty General surgery	Frequency 2	Percentage 33.33 %
Specialty Colorectal surgery	Frequency 1	Percentage 16.66 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44392

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44404 Tracking Number M10 Original Specialty Recommended RVU: **2.95**
Presented Recommended RVU: **3.13**
Global Period: 000 RUC Recommended RVU: **3.13**

CPT Descriptor: Colonoscopy through stoma; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with a history of abdominal perineal resection of a rectal cancer is found to have a colonic cancer that cannot be resected endoscopically. Colonoscopy through stoma with injection of India ink to tattoo the lesion is performed prior to surgical referral.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 64%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. A lesion is identified in the proximal transverse colon that is highly suspect as being a malignancy not suitable for endoscopic resection. A 23 gauge sclerotherapy needle is advanced through the instrument channel and multiple small boluses of India ink are injected into submucosa at sites around the lesion to facilitate surgical identification of the lesion. The scope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is

slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44404		
Sample Size:	2305	**Resp N:** 47	**Response:** 2.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	40.00
Survey RVW:	2.50	3.61	**4.20**	5.35	10.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	22.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44404	**Recommended Physician Work RVU: 3.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**20.00**	**-10.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
99233	000	3.86	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 29.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44404**	**Key Reference CPT Code: 31625**	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**66.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.43	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.50
Urgency of medical decision making	3.36	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.71	3.57
Physical effort required	3.64	3.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.57	3.57
Outcome depends on the skill and judgment of physician	3.64	3.57
Estimated risk of malpractice suit with poor outcome	3.64	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.07	3.00
Intra-Service intensity/complexity	3.79	3.50

Post-Service intensity/complexity	3.29	3.21

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44404 *Colonoscopy through stoma; with directed submucosal injection(s), any substance*

We recommend an RVW of 3.13 for 44404. This value is less than the 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.31 (43201-43200; 43236-43235; 45335-45330) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate for 44404, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625
Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre- and post-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44389; both codes have the same intra-service time, code 44404 survey data has 5 minutes more pre-service time and 31625 has 5 minutes more post time. Additional comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12016**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	2.68	0.077	**47**	11	**30**	6
2010	**57156**	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	2.69	0.056	**79**	29	**30**	20
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or	2.88	0.066	**70**	20	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		protected brushings						
	44404	C-Stoma, submucosal injection	3.13	0.080	**71**	26	**30**	15
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	**79**	34	**30**	15
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44404.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 44404.

Specialty Gastroenterology Frequency 28 Percentage 66.66 %

Specialty General surgery	Frequency 7	Percentage 16.66 %
Specialty Colorectal surgery	Frequency 4	Percentage 9.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 9	Percentage 64.28 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 1	Percentage 7.14 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44389

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44405 Tracking Number M11 Original Specialty Recommended RVU: **3.15**
Presented Recommended RVU: **3.33**
Global Period: 000 RUC Recommended RVU: **3.33**

CPT Descriptor: Colonoscopy through stoma; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with an anastomotic stricture. Therapeutic colonoscopy through stoma with dilation of the stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the descending colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. A stricture is identified which prohibits passage of the colonoscope. The colonoscope is positioned. A through-the-scope fixed wire balloon catheter is advanced through the colonoscope, positioned across the stricture, and inflated to a diameter of approximately 15 mm. The balloon catheter is deflated and the stricture is observed. If necessary, the balloon dilator is removed and subsequent balloon catheters of larger diameter are inserted through the colonoscope, positioned across the stricture, and inflated. The balloon catheter is then deflated, and the stricture is observed to confirm adequate dilation of the stricture. When dilation is adequate, the balloon catheter is

removed. Following dilation, the area is observed for bleeding. The colonoscope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44405		
Sample Size:	2305	**Resp N:** 40	**Response:** 1.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	30.00
Survey RVW:	3.38	4.55	**5.53**	6.24	8.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**38.00**	45.00	75.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44405	**Recommended Physician Work RVU: 3.33**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**38.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**12.00**	**23.00**	**-11.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 44405**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	32.00	60.00	

Median Intra-Service Time	38.00	60.00
Median Immediate Post-service Time	12.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**82.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.67
Urgency of medical decision making	3.78	3.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	3.78
Physical effort required	4.00	3.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.78
Outcome depends on the skill and judgment of physician	4.22	3.78
Estimated risk of malpractice suit with poor outcome	4.00	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.44	3.33
Intra-Service intensity/complexity	4.22	3.56
Post-Service intensity/complexity	3.44	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44405 *Colonoscopy through stoma; with transendoscopic balloon dilation*

We recommend an RVW of 3.33 for 44405. This value is less than the 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.51 (43220-43200; 43249-43235; 4438X1-44380) approved by the RUC for transendoscopic balloon dilation.

Pre-time Package 2b is appropriate for 44405, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44405. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (9/40), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. The lack of a direct comparative service to 44405, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44405 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
1993	**31237**	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.98	0.056	**73**	18	**40**	15
2011	**52007**	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	3.02	0.061	**82**	29	**33**	20
1993	**43458**	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	3.06	0.059	**86**	25	**31**	30
	44405	C-Stoma, dilation	3.33	0.064	**82**	32	**38**	12
2010	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	**59**	11	**40**	8

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2008	**49446**	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.31	0.055	**93**	38	**40**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44405

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 44405

Specialty Gastroenterology Frequency 28 Percentage 66.66 %

Specialty General surgery Frequency 6 Percentage 14.28 %

Specialty Colorectal surgery Frequency 6 Percentage 14.28 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 9	Percentage 64.28 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 2	Percentage 14.28 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44390

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44406 Tracking Number M12 Original Specialty Recommended RVU: **4.23**
Presented Recommended RVU: **4.41**
Global Period: 000 RUC Recommended RVU: **4.41**

CPT Descriptor: Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old patient with history of abdominal perineal resection of a rectal cancer presents with abdominal discomfort and weight loss. Diagnostic colonoscopy through stoma with endoscopic ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 73%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 43%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The

colon is deflated and the scope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the ostomy site and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	44406		
Sample Size:	1476	**Resp N:** 35	**Response:** 2.3 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	3.00	50.00
Survey RVW:	2.00	3.98	**4.50**	5.97	11.45
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	10.00	30.00	**40.00**	60.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44406	**Recommended Physician Work RVU: 4.41**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	56,197

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)	CPT Code: 44406	Key Reference CPT Code: 52342	Source of Time RUC Time
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	20.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**100.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.43	3.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.29	3.57
Urgency of medical decision making	4.00	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	3.86
Physical effort required	3.86	3.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.86
Outcome depends on the skill and judgment of physician	4.43	3.86
Estimated risk of malpractice suit with poor outcome	3.86	3.71

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.57	3.57
Intra-Service intensity/complexity	4.43	4.00

Post-Service intensity/complexity	4.14	3.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44406 *Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures*

We recommend an RVW of 4.41 for 44406. This value equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination.

Pre-time Package 2b is appropriate for 44406, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44406. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (7/35), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44406, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44406 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2000	**43231**	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	3.19	0.057	**80**	20	**40**	20
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44406	C-Stoma, EUS	4.41	0.078	**100**	40	**40**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
2010	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.54	0.094	**123**	53	**40**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of the unlisted code (14 Medicare volume) will be reported with the new code 44406.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume) * 3 = ~41

Specialty Gastroenterology Frequency 30 Percentage 73.17 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume)

Specialty Gatroenterology Frequency 10 Percentage 71.42 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44394

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44407 Tracking Number M13 Original Specialty Recommended RVU: **4.88**
Presented Recommended RVU: **5.06**
Global Period: 000 RUC Recommended RVU: **5.06**

CPT Descriptor: Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with history of abdominal perineal resection of a rectal cancer presents with abdominal discomfort and weight loss. Enlarged regional lymph nodes are found on imaging studies. Diagnostic colonoscopy through stoma with endoscopic ultrasound staging of the tumor and fine needle aspiration biopsy of the lymph nodes are performed to plan therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is inserted into the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and

sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. Photodocumentation is performed. The colon is deflated and the scope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the ostomy site and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the echoendoscope is removed.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	44407		
Sample Size:	1476	**Resp N:** 32	**Response:** 2.1 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	30.00
Survey RVW:	2.10	4.36	**5.25**	6.99	12.88
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	25.00	45.00	**60.00**	66.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44407	**Recommended Physician Work RVU: 5.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	CPT Code: 44407	Key Reference CPT Code: 52342	Source of Time RUC Time
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	60.00	60.00	
Median Immediate Post-service Time	20.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**120.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.38	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	3.75
Urgency of medical decision making	4.25	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.00
Physical effort required	4.13	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.25
Outcome depends on the skill and judgment of physician	4.50	4.38
Estimated risk of malpractice suit with poor outcome	4.00	3.63

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.63
Intra-Service intensity/complexity	4.75	4.13

Post-Service intensity/complexity	4.00	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44407 *Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures*

We recommend an RVW of 5.06 for 44407. This value is less than the median and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate for 44407, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44407. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (8/32), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**31647**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	4.40	0.054	**115**	25	**60**	30
2000	**43232**	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	4.47	0.060	**100**	20	**60**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**31661**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.50	0.056	**115**	25	**60**	30
2004	**31638**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	4.88	0.055	**140**	50	**60**	30
	44407	C-Stoma, EUS with FNA	5.06	0.063	**120**	40	**60**	20
1993	**93642**	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	4.88	0.059	**120**	30	**60**	30
1994	**52327**	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	5.18	0.058	**135**	45	**60**	30
2010	**57155**	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	5.40	0.064	**133**	43	**60**	30
2001	**52001**	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	5.44	0.065	**130**	50	**60**	20
2005	**50382**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5.50	0.070	**125**	50	**60**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of the unlisted code (14 Medicare volume) will be reported with the new code 44407.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume) * 3 = ~41

Specialty Gastroenterology Frequency 36 Percentage 87.80 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume)

Specialty Gastroenterology Frequency 12 Percentage 85.71 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44408 Tracking Number M14 Original Specialty Recommended RVU: **4.24**
Presented Recommended RVU: **4.24**
Global Period: 000 RUC Recommended RVU: **4.24**

CPT Descriptor: Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old patient with altered mental status and a permanent colostomy presents with abdominal distension and a megacolon on imaging studies. Colonoscopy through stoma with decompression of the colon and placement of tube is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is inserted into the ostomy site. The scope is advanced to the cecum using minimal air insufflation across grossly patulous regions of colon containing gas, stool and fluid, performing continuous suctioning of the colonic contents to decompress the colon. The appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon, and the colonic mucosa is examined, with continuous suctioning continued to decompress the colon. A 10 Fr tube is inserted

through the rectum into the colon. The tip of the tube is identified, the tube and colonoscope are positioned, a grasping device is inserted through the colonoscope, and the tube is grasped. The tube is advanced endoscopically into the transverse colon. The grasping device is released from the tube and the colonoscope is withdrawn maintaining the position of the tube. Photodocumentation is performed. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44408		
Sample Size:	2305	**Resp N:** 53	**Response:** 2.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**1.00**	3.00	15.00
Survey RVW:	3.40	4.24	**5.50**	6.55	9.99
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44408	**Recommended Physician Work RVU: 4.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	56,197

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44408**	**Key Reference CPT Code: 31631**	**Source of Time RUC Time**
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**95.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.13	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.13	4.13
Urgency of medical decision making	4.25	4.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	4.25
Physical effort required	4.25	4.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.13
Outcome depends on the skill and judgment of physician	4.38	4.38
Estimated risk of malpractice suit with poor outcome	4.13	3.88

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.75
Intra-Service intensity/complexity	4.13	4.38

Post-Service intensity/complexity	3.63	3.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44408 *Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed*

We recommend an RVW of 4.24 for 44408. This value is the 25th percentile survey RVW. The RUC has not established an increment for placement of decompression tube. The expert panel believes that the 25th percentile RVW of 4.24 is consistent with the physician work, complexity and intensity involved in the procedure and is anchored appropriately in comparison to the rest of the codes in the colonoscopy through stoma family.

Pre-time Package 2b is appropriate for 44408, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631

Many codes were chosen as a reference by the survey respondents for 44407. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often by the survey respondents (8/53), however this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44408, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44408 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy	3.82	0.072	**85**	25	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple						
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44408	C-Stoma, decompression	4.24	0.077	**95**	40	**40**	15
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44408

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 4439X8

Specialty Gastroenterology	Frequency 30	Percentage 71.42 %
Specialty General surgery	Frequency 6	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 4	Percentage 9.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 10	Percentage 71.42 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 1	Percentage 7.14 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44394

Date: January 29, 2014

To: RUC Pre-facilitation Committee

From: Joel V. Brill, MD, AGA RUC Advisor
Nicholas Nickl, MD, ASGE RUC Advisor
R. Bruce Cameron, MD, ACG RUC Advisor
Guy Orangio, MD, ASCRS RUC Advisor
Donald Selzer, MD, SAGES RUC Advisor
Charles Mabry, MD, ACS RUC Advisor

Re: Pre-facilitation Committee comments on Tab 8 (Colonoscopy through stoma)

The American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE), the American College of Surgeons (ACS), the American Society for Colon and Rectal Surgeons and the Society of American Gastrointestinal and Endoscopic Surgeons would like to provide additional information to address questions raised by the Pre-facilitation Committee in the pre-facilitation conference call on January 14, 2014 and in the committee's written comments on Tab 8, Colonoscopy through stoma.

History of Colonoscopy through stoma physician work RVUs

When 44388 was surveyed in 2000 as part of the second Five-year review the RUC established the following rationale for its decision to set the RVU at 3.70:

> The RUC recognized a rank order anomaly existed between codes 44388 through 44393. To correct this anomaly, the RUC compared reference code 45378 (Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)) (3.70 RVU) and decided to use the value as an anchor RVU for the other codes. Code 45378 was chosen because it had comparable intra-service and total time as code 44388. The survey results of 44388 had similar time and physician work intensity as 45378 and the RUC agreed that the survey median work RVU of 3.70 was appropriate.

Although the RUC survey data demonstrated that 45378 and 44388 had identical intra-service times, CMS disallowed the survey data because they did not believe it was accurate. Below is the the Federal Register excerpt regarding the agency's rationale for the decision to maintain the c-stoma RVUs:

> **[Federal Register: June 8, 2001 (Volume 66, Number 111)]**
> [Notices]
> [Page 31027-31084]
> Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule; Notice
>
> Codes 44388 (Colonoscopy through stoma; diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure)), 44389 (Colonoscopy through stoma; with biopsy, single or multiple), 44390 (Colonoscopy through stoma; with removal of foreign body), 44391 (Colonoscopy through stoma; with control of bleeding, any method) 44392 (Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery), and 44393 (Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique).
>
> These codes are in the same family of codes, and the RUC recommended increases in work RVUs for all these codes based on a misvaluation of the base code in this family of codes, code 44388. The RUC valued it similarly to code 45378. We disagree. We think this creates a clear rank-order anomaly between the value of this family and the value of the colonoscopy family of codes beginning with code 45378. Colonoscopy through

a stoma is clearly less work than colonoscopy of the complete colon and it has been valued as such since the inception of the physician fee schedule. We question the accuracy of the surveyed intraservice time for this service. Because of our nonacceptance of the increase in work RVUs for the base code in this family, we must also not accept the recommendations for all other increases in work RVUs for other codes in this family. Moreover, the recommendations create increments of work for “biopsy, single or multiple," “removal of foreign body," “control of bleeding, any method," “removal of tumors," and “ablation of tumors," which are inconsistent with the same increments for the colonoscopy family of codes beginning with code 45378. Accepting these RUC recommendations would create clear rank-order anomalies that do not currently exist. Therefore, we are proposing to maintain the current work RVUs for these procedures.

Impact of CMS Decision

CMS maintained the Harvard RVUs for c-stoma code 44388, but did not adjust the intra-service time thereby creating artificially low intensities for the entire c-stoma family (see Table A). The rationale in the 2001 Federal Register indicates that CMS wanted to maintain the RVU relationship between 45378 and 44388. The impact on IWPUT was not considered.

Table A below demonstrates that the current RVU recommendations based on the current survey time restore the original intensity prior to the reduction of RVUs by CMS.

Table A
Changes in IWPUT over time

		2000	2000	2000	2002	2002	2014	2014
CPT	Short Desc	RUC Rec RVW	RUC Rec IWPUT CS in Intra-time	RUC IWPUT If CS moved to Pre-time	CMS RVW	CMS IWPUT CS in Intra-time	Specialty Rec RVW	Specialty Rec IWPUT CS in Pre-time
44388	C-stoma	3.70	0.065	**0.071**	2.82	0.042	2.82	**0.080**
44389	C-stoma with biopsy	4.01	0.057	**0.061**	3.13	0.039	2.94	**0.071**
44390	C-stoma for foreign body	4.70	0.057	**0.065**	3.82	0.041	3.65	**0.073**
44391	C-stoma for bleeding	5.19	0.057	**0.064**	4.31	0.042	4.22	**0.076**
44392	C-stoma with polypectomy	4.69	0.063	**0.067**	3.81	0.047	3.45	**0.091**
44394	C-stoma with snare	5.30	0.097	**0.116**	4.42	0.080	3.95	**0.106**

Comparison of CMS decision on C-stoma intensities relative to other GI endoscopy Procedures

As a result of CMS’s decision to reject the RUC recommended RVUs for 44388, few codes in the GI endoscopy families have a lower intensity than the c-stoma codes. C-stoma is not screening in nature. It is performed on patients with existing pathology which caused the removal of a portion of the intestinal tract. The area examined may be shorter than a complete colonoscopy, but the examination is still at least as intense as the 45378 service.

Conclusion

The CMS decision to maintain the Harvard RVU for 44388 (2.82) and apply the RUC survey times created an artificially low IWPUT. It is therefore, inappropriate to compound the effect by adjusting the Harvard RVU to account for the reduction in minutes of the survey time compared to current time.

ISSUE: Colonoscopy through stoma

TAB: 8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31622	Bronchoscopy	24	0.069			2.78			65		10	5	5			30				15									
REF	31625	Bronchoscopy	10	0.087			3.36			70		10	5	10			30				15									
Aug00	44388	Colonoscopy throu		0.042			2.82			91		35					39				17									
	44388	5 min CS movemer		0.045			2.82			91		40					34				17									
Survey	44388	Colonoscopy	86	0.113	1.25	3.00	3.86	4.58	9.10	74		25	5	5	10	20	25	30	60		14	0	5	10	20	1000				
REC	44388			0.080			2.82			65	1b	19	2	5			25			8a	14						-9	-26%	0.00	0%

Rationale Current value

REF	31625	Bronchoscopy	19	0.087			3.36			70		10	5	10			30				15									
REF	45317	Proctosigmoi	7	0.064			2.00			55		15	5	5			20				10									
Aug95	44389	Colonoscopy throu		0.039			3.13			104		35					49				20									
	44389	5 min CS movemer		0.041			3.13			104		40					44				20									
Survey	44389	Colonoscopy	78	0.101	1.20	3.43	4.04	4.96	9.40	79		25	5	5	17	23	30	35	61		14	0	5	10	20	500				
REC	44389	biopsy		0.077			3.12			70	1b	19	2	5			30			8a	14						-14	-32%	-0.01	0%

Rationale 44388 RVU + biopsy RUC increment 0.30

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
Aug00	44390	Colonoscopy throu		0.041			3.82			126		50					54				22									
	44390	10 min CS moveme		0.045			3.82			126		60					44				22									
Survey	44390	Colonoscopy	46	0.107	0.90	4.21	4.90	5.54	7.00	90		30	5	5	18	30	35	40	60		15	0	0	1	3	80				
REC	44390	foreign body		0.078			3.82			87	2b	30	2	5			35			8b	15						-9	-20%	0.00	0%

Rationale 44388 RVU + Foreign body RUC increment 1.01 (reduced 0.01 to current value)

REF	31631	Bronchoscopy	10	0.064			4.36			120		20	10	15			45				30									
REF	45317	Proctosigmoi	8	0.064			2.00			55		15	5	5			20				10									
Aug00	44391	Colonoscopy throu		0.042			4.31			141		55					59				27									
	44391	10 min CS moveme		0.046			4.31			141		65					49				27									
Survey	44391	Colonoscopy	53	0.089	1.75	4.22	4.82	6.00	9.50	100		35	5	5	20	30	40	45	75		15	0	1	3	5	80				
REC	44391	control of bleeding		0.076			4.22			95	2b	33	2	5			40			8b	15						-9	-18%	-0.09	-2%

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
Rationale There is no RUC established increment for this procedure																														
REF	31625	Bronchoscopy	12	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	4	0.064			4.36			120		20	10	15			45				30									
Aug00	44392	Colonoscopy throu		0.047			3.81			111		35					54				22									
	44392	5 min CS movemer		0.049			3.81			111		40					49				22									
Survey	44392	Colonoscopy	50	0.114	2.80	3.87	4.35	5.86	9.92	75		25	5	5	15	24	30	32	90		10	0	2	5	10	100				
REC	44392	hot biopsy		0.097			3.63			66	1b	19	2	5			30			8a	10						-19	-39%	-0.18	-5%
Rationale 44388 RVU + hot biopsy RUC increment 0.81																														
REF	31625	Bronchoscopy	8	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	99223	Initial hospital	6	0.056			3.86			90		15					55				20									
Aug95	44394	Colonoscopy throu		0.071			4.42			88		14					50				24									
	44394	10 min CS moveme		0.084			4.42			88		24					40				24									
Survey	44394	Colonoscopy	60	0.128	1.20	4.20	4.65	5.90	11.10	70		20	5	5	18	25	30	40	90		10	0	2	5	11	30				
REC	44394	snare		0.112			4.13			67	2b	20	2	5			30			8b	10						-10	-25%	-0.29	-7%
Rationale 44388 RVU + snare RUC increment 1.31																														
REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31625	Bronchoscopy	6	0.087			3.36					10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36					20	10	15			45				30									
Aug00	44393	Colonoscopy throu		0.055			4.83			131		45					59				27									
Current	44799	Unlisted procedure		#DIV/0!																										
	44393	10 min CS moveme		0.061			4.83			131		55					49				27									
Survey	44401	Colonoscopy	45	0.135	3.40	4.44	5.00	6.46	10.00	75		25	5	5	18	25	30	40	68		10	0	1	3	5	25				
REC	44401	ablation with pre a		0.119			4.44			72	2b	25	2	5			30			8b	10									
Rationale Survey 25th percentile																														

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	12	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Aug00	44397	Colonoscopy throu		0.082			4.70			98		30					42.5				25									
Current	44799	Unlisted procedure		#DIV/0!																										
	44397	10 min CS moveme		0.100			4.70			98		40					33				25									
Survey	44402	Colonoscopy	40	0.105	4.20	4.89	5.80	7.19	10.05	103		35	5	5	20	34	43	60	90		15	0	0	1	2	19				
REC	44402	stent placement wi		0.088			4.96			98	2b	33	2	5			43			8b	15									

Rationale 44388 RVU + stent RUC increment 2.14

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Current				#DIV/0!						0																				
Survey	44403	Colonoscopy	44	0.102	2.90	4.75	5.65	7.51	11.10	95		25	5	5	20	34	45	60	90		15	0	0	2	4	140				
REC	44403	EMR		0.107			5.81			92	2b	25	2	5			45			8b	15									

Rationale 44388 RVU + EMR RUC increment 2.99

REF	31625	Bronchoscopy	14	0.087			3.36			70		10	5	10			30				15									
REF	99233	Initial hospital	6	0.056			3.86			90		15					55				20									
Current				#DIV/0!						0																				
Survey	44404	Colonoscopy	47	0.113	2.50	3.61	4.20	5.35	10.00	70		20	5	5	10	22	30	35	60		10	0	2	3	5	40				
REC	44404	submucosal injecti		0.080			3.13			66	1b	19	2	5			30			8a	10									

Rationale 44388 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethros	9	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	7	0.064			4.36			120		20	10	15			45				30									
Current				#DIV/0!						0																				
Survey	44405	Colonoscopy	40	0.120	3.38	4.55	5.53	6.24	8.90	85		25	5	5	20	30	38	45	75		12	0	1	2	5	30				
REC	44405	dilation		0.064			3.33			82	2b	25	2	5			38			8b	12									

Rationale 44388 RVU + dilation less than 30 mm RUC increment 0.51

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE					IS	%	RVW	%
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX	CHG	CHG	CHG	CHG
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestin	6	0.040			3.64			100		5					80				15									
Current				#DIV/0!						0																				
Survey	44406	Colonoscopy	35	0.074	2.00	3.98	4.50	5.97	11.45	113		40	5	8	10	30	40	60	60		20	0	0	0	3	50				
REC	44406	EUS		0.078			4.41			100	2b	33	2	5			40			8b	20									

Rationale 44388 RVU + EUS RUC increment 1.59

REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	5	0.064			4.36			120		20	10	15			45				30									
Current				#DIV/0!						0																				
Survey	44407	Colonoscopy	32	0.062	2.10	4.36	5.25	6.99	12.88	133		40	5	8	25	45	60	66	90		20	0	0	0	2	30				
REC	44407	EUS with FNA		0.063			5.06			120	2b	33	2	5			60			8b	20									

Rationale 44388 RVU + EUS with FNA RUC increment 2.24

REF	31631	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31267	Nasal/sinus en	5	0.082			5.45			110		30					50				30									
REF	31638	Bronchoscopy	5	0.055			4.88			140		20	15	15			60				30									
Current				#DIV/0!						0																				
Survey	44408	Colonoscopy	53	0.106	3.40	4.24	5.50	6.55	9.99	100		35	5	5	18	30	40	45	90		15	0	1	1	3	15				
REC	44408	decompression		0.077			4.24			95	2b	33	2	5			40			8b	15									

Rationale There is no RUC established increment for this procedure

ISSUE: Colonoscopy through stoma

TAB: 8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31622	Bronchoscopy	24	0.069			2.78			65		10	5	5			30				15									
REF	31625	Bronchoscopy	10	0.087			3.36			70		10	5	10			30				15									
Aug00	44388	Colonoscopy throug		0.042			2.82			91		35					39				17									
	44388	5 min CS movement		0.045			2.82			91		40					34				17									
GI SVY	44388	Colonoscopy	65	0.117	1.25	3.20	3.86	4.50	9.10	70		20	5	5	15	20	25	30	45		15	0	5	10	20	100				
SURG SVY	44388	Colonoscopy	21	0.095	2.48	3.00	3.80	4.71	7.00	75		25	5	5	10	18	30	30	60		10	1	5	10	30	1000				
CMB SVY	44388	Colonoscopy	86	0.113	1.25	3.00	3.86	4.58	9.10	74		25	5	5	10	20	25	30	60		14	0	5	10	20	1000				
REC	44388			0.080			2.82			65	1b	19	2	5			25			8a	14						-9	-26%	0.00	0%

Rationale Current value - 0.18 RVW reduction calculated for 45378 to account for the decrease in pre-service time (see SoR for 45378)

REF	31625	Bronchoscopy	19	0.087			3.36			70		10	5	10			30				15									
REF	45317	Proctosigmoi	7	0.064			2.00			55		15	5	5			20				10									
Aug95	44389	Colonoscopy throug		0.039			3.13			104		35					49				20									
	44389	5 min CS movement		0.041			3.13			104		40					44				20									
GI SVY	44389	Colonoscopy	57	0.113	1.20	3.40	4.00	4.70	9.40	72		20	5	5	17	24	27	35	61		15	0	5	10	20	100				
SURG SVY	44389	Colonoscopy	21	0.101	2.50	3.50	4.08	6.00	8.00	80		30	5	5	17	25	30	35	60		10	0	3	5	20	500				
CMB SVY	44389	Colonoscopy	78	0.101	1.20	3.43	4.04	4.96	9.40	79		25	5	5	17	23	30	35	61		14	0	5	10	20	500				
REC	44389	biopsy		0.077			3.12			70	1b	19	2	5			30			8a	14						-14	-32%	-0.01	0%

Rationale 44388 RVU + biopsy RUC increment 0.30

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
Aug00	44390	Colonoscopy throug		0.041			3.82			126		50					54				22									
	44390	10 min CS movemer		0.045			3.82			126		60					44				22									
GI SVY	44390	Colonoscopy	41	0.110	0.90	4.25	5.00	5.55	7.00	90		30	5	5	20	30	35	40	60		15	0	0	1	5	80				
SURG SVY	44390	Colonoscopy	5	0.117	4.00	4.00	4.50	5.50	6.75	78		28	5	5	18	30	30	50	60		10	0	0	0	1	2				
CMB SVY	44390	Colonoscopy	46	0.107	0.90	4.21	4.90	5.54	7.00	90		30	5	5	18	30	35	40	60		15	0	0	1	3	80				
REC	44390	foreign body		0.078			3.82			87	2b	30	2	5			35			8b	15						-9	-20%	0.00	0%

Rationale 44388 RVU + Foreign body RUC increment 1.01

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	10	0.064			4.36			120		20	10	15			45				30									
REF	45317	Proctosigmoi	8	0.064			2.00			55		15	5	5			20				10									
Aug00	44391	Colonoscopy throug		0.042			4.31			141		55					59				27									
	44391	10 min CS movemer		0.046			4.31			141		65					49				27									
GI SVY	44391	Colonoscopy	48	0.094	1.75	4.33	4.79	6.00	9.50	96		33	5	5	20	30	38	45	75		15	0	1	3	5	80				
SURG SVY	44391	Colonoscopy	5	0.074	2.95	4.20	5.00	6.29	7.00	115		30	5	10	25	40	50	60	60		20	0	0	0	1	11				
CMB SVY	44391	Colonoscopy	53	0.089	1.75	4.22	4.82	6.00	9.50	100		35	5	5	20	30	40	45	75		15	0	1	3	5	80				
REC	44391	control of bleeding		0.076			4.22			95	2b	33	2	5			40			8b	15						-9	-18%	-0.09	-2%

Rationale There is no RUC established increment for this procedure

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy	12	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	4	0.064			4.36			120		20	10	15			45				30									
Aug00	44392	Colonoscopy throug		0.047			3.81			111		35					54				22									
	44392	5 min CS movement		0.049			3.81			111		40					49				22									
GI SVY	44392	Colonoscopy	41	0.112	3.30	3.86	4.30	5.60	9.92	75		25	5	5	15	25	30	35	90		10	0	3	5	10	100				
SURG SVY	44392	Colonoscopy	9	0.202	2.80	4.00	5.75	6.25	8.00	60		20	5	5	17	20	25	30	50		5	0	0	3	5	20				
CMB SVY	44392	Colonoscopy	50	0.114	2.80	3.87	4.35	5.86	9.92	75		25	5	5	15	24	30	32	90		10	0	2	5	10	100				
REC	44392	hot biopsy		0.097			3.63			66	1b	19	2	5			30			8a	10						-19	-39%	-0.18	-5%

Rationale 44388 RVU + hot biopsy RUC increment 0.81

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy	8	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	99223	Initial hospital	6	0.056			3.86			90		15					55				20									
Aug95	44394	Colonoscopy throug		0.071			4.42			88		14					50				24									
	44394	10 min CS movemer		0.084			4.42			88		24					40				24									
GI SVY	44394	Colonoscopy	45	0.124	1.20	4.25	4.60	5.80	11.10	72		20	5	5	20	25	30	40	90		12	0	3	5	10	30				
SURG SVY	44394	Colonoscopy	15	0.127	3.70	4.20	4.71	6.53	9.00	73		25	5	5	18	22	30	43	60		8	0	1	5	10	25				
CMB SVY	44394	Colonoscopy	60	0.128	1.20	4.20	4.65	5.90	11.10	70		20	5	5	18	25	30	40	90		10	0	2	5	11	30				
REC	44394	snare		0.112			4.13			67	2b	20	2	5			30			8b	10						-10	-25%	-0.29	-7%

Rationale 44388 RVU + snare RUC increment 1.31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31625	Bronchoscopy	6	0.087			3.36					10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36					20	10	15			45				30									
Aug00	44393	Colonoscopy throug		0.055			4.83			131		45					59				27									
CURRENT	44799	Unlisted procedure,		#DIV/0!																										
	44393	10 min CS movemer		0.061			4.83			131		55					49				27									
GI SVY	44401	Colonoscopy	37	0.134	3.40	4.44	5.00	6.46	9.00	77		25	5	5	20	30	30	40	68		12	0	1	4	5	25				
SURG SVY	44401	Colonoscopy	8	0.161	4.00	4.44	5.23	6.81	10.00	64		22	4	5	18	24	28	45	60		5	0	0	2	4	9				
CMB SVY	44401	Colonoscopy	45	0.135	3.40	4.44	5.00	6.46	10.00	75		25	5	5	18	25	30	40	68		10	0	1	3	5	25				
REC	44401	ablation with pre an		0.119			4.44			72	2b	25	2	5			30			8b	10									

Rationale Survey 25th percentile

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	12	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Aug00	44397	Colonoscopy throug		0.082			4.70			98		30					42.5				25									
CURRENT	44799	Unlisted procedure,		#DIV/0!																										
	44397	10 min CS movemer		0.100			4.70			98		40					33				25									
GI SVY	44402	Colonoscopy	35	0.107	4.20	4.78	5.55	7.08	10.05	100		35	5	5	20	33	40	60	90		15	0	0	1	3	19				
SURG SVY	44402	Colonoscopy	5	0.102	5.00	7.15	7.17	8.00	8.75	110		25	5	5	30	45	60	60	60		15	0	0	0	2	4				
CMB SVY	44402	Colonoscopy	40	0.105	4.20	4.89	5.80	7.19	10.05	103		35	5	5	20	34	43	60	90		15	0	0	1	2	19				
REC	44402	stent placement wit		0.088			4.96			98	2b	33	2	5			43			8b	15									

Rationale 44388 RVU + stent RUC increment 2.14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
CURRENT				#DIV/0!						0																				
GI SVY	44403	Colonoscopy	38	0.105	2.90	4.75	5.58	7.00	11.10	93		25	5	5	20	30	43	55	90		15	0	0	2	5	140				
SURG SVY	44403	Colonoscopy	6	0.109	4.15	5.93	7.60	8.00	10.00	113		30	5	8	50	53	60	60	60		10	0	1	2	3	3				
CMB SVY	44403	Colonoscopy	44	0.102	2.90	4.75	5.65	7.51	11.10	95		25	5	5	20	34	45	60	90		15	0	0	2	4	140				
REC	44403	EMR		0.107			5.81			92	2b	25	2	5			45			8b	15									

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE					IS	%	RVW	%
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX	CHG	CHG	CHG	CHG
Rationale 44388 RVU + EMR RUC increment 2.99																														
REF	31625	Bronchoscopy	14	0.087			3.36			70		10	5	10			30				15									
REF	99233	Initial hospital	6	0.056			3.86			90		15					55				20									
CURRENT				#DIV/0!						0																				
GI SVY	44404	Colonoscopy	39	0.119	3.36	3.73	4.50	5.50	10.00	75		20	5	5	10	22	30	35	60		15	0	2	3	5	40				
SURG SVY	44404	Colonoscopy	8	0.113	2.50	3.10	4.04	4.20	6.00	70		23	4	5	17	21	28	35	45		10	0	5	5	8	20				
CMB SVY	44404	Colonoscopy	47	0.113	2.50	3.61	4.20	5.35	10.00	70		20	5	5	10	22	30	35	60		10	0	2	3	5	40				
REC	44404	submucosal injectio		0.080			3.13			66	1b	19	2	5			30			8a	10									
Rationale 44388 RVU + submucosal injection RUC increment 0.31																														
REF	52342	Cystourethros	9	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	7	0.064			4.36			120		20	10	15			45				30									
CURRENT				#DIV/0!						0																				
GI SVY	44405	Colonoscopy	35	0.129	3.38	4.50	5.50	6.08	8.90	82		25	5	5	20	29	35	45	75		12	0	1	2	5	30				
SURG SVY	44405	Colonoscopy	5	0.107	4.09	4.89	5.75	7.00	8.00	90		25	5	5	25	45	45	45	50		10	0	1	2	5	6				
CMB SVY	44405	Colonoscopy	40	0.120	3.38	4.55	5.53	6.24	8.90	85		25	5	5	20	30	38	45	75		12	0	1	2	5	30				
REC	44405	dilation		0.064			3.33			82	2b	25	2	5			38			8b	12									
Rationale 44388 RVU + dilation less than 30 mm RUC increment 0.51																														
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestin	6	0.040			3.64			100		5					80				15									
CURRENT				#DIV/0!						0																				
GI SVY	44406	Colonoscopy	35	0.074	2.00	3.98	4.50	5.97	11.45	113		40	5	8	10	30	40	60	60		20	0	0	0	3	50				
REC	44406	EUS		0.078			4.41			100	2b	33	2	5			40			8b	20									
Rationale 44388 RVU + EUS RUC increment 1.59																														
REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	5	0.064			4.36			120		20	10	15			45				30									
CURRENT				#DIV/0!						0																				
GI SVY	44407	Colonoscopy	32	0.062	2.10	4.36	5.25	6.99	12.88	133		40	5	8	25	45	60	66	90		20	0	0	0	2	30				

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REC	44407	EUS with FNA		0.063			5.06			120	2b	33	2	5			60			8b	20									
REF	31631	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31267	Nasal/sinus er	5	0.082			5.45			110		30					50				30									
REF	31638	Bronchoscopy	5	0.055			4.88			140		20	15	15			60				30									
CURRENT				#DIV/0!						0																				
GI SVY	44408	Colonoscopy	42	0.103	3.40	4.26	5.38	6.00	9.99	100		35	5	5	20	30	40	45	90		15	0	1	1	3	15				
SURG SVY	44408	Colonoscopy	11	0.113	3.65	4.43	6.00	7.33	8.15	90		25	5	5	18	33	45	48	60		10	0	1	2	3	10				
CMB SVY	44408	Colonoscopy	53	0.106	3.40	4.24	5.50	6.55	9.99	100		35	5	5	18	30	40	45	90		15	0	1	1	3	15				
REC	44408	decompression		0.077			4.24			95	2b	33	2	5			40			8b	15									

Rationale 44388 RVU + EUS with FNA RUC increment 2.24

Rationale There is no RUC established increment for this procedure

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
Tab 8 - Colonoscopy through stoma												
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	2.82	2.82	1b	26	25	8a	14	65	0.080	NA	Current value
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.13	3.12	1b	26	30	8a	14	70	0.071	0.30	44388 RVU + biopsy RUC increment 0.30
44390	Colonoscopy through stoma; with removal of foreign body	3.82	3.82	2b	37	35	8b	15	87	0.073	1.01	44388 RVU + Foreign body RUC increment 1.01
44391	Colonoscopy through stoma; with control of bleeding, any	4.31	4.22	2b	40	40	8b	15	95	0.076	1.40	There is no RUC established increment for this procedure
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar	3.81	3.63	1b	26	30	8a	10	66	0.091	0.81	44388 RVU + hot biopsy RUC increment 0.81
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.42	4.13	2b	27	30	8b	10	67	0.106	1.31	44388 RVU + snare RUC increment 1.31
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and	4.83	4.44	2b	32	30	8b	10	72	0.130	1.62	25th percentile
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when	4.7	4.96	2b	40	43	8b	15	98	0.084	2.14	44388 RVU + stent RUC increment 2.14
44403	Colonoscopy through stoma; with endoscopic mucosal	NA	5.81	2b	32	45	8b	15	92	0.103	2.99	44388 RVU + EMR RUC increment 2.99
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	NA	3.13	1b	26	30	8a	10	66	0.074	0.31	44388 RVU + submucosal injection RUC increment 0.31
44405	Colonoscopy through stoma; with transendoscopic balloon	NA	3.33	2b	32	38	8b	12	82	0.059	0.51	44388 RVU + dilation less than 30 mm RUC increment 0.51
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	NA	4.41	2b	40	40	8b	20	100	0.074	1.59	44388 RVU + EUS RUC increment 1.59
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or	NA	5.06	2b	40	60	8b	20	120	0.060	2.24	44388 RVU + EUS with FNA RUC increment 2.24
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.24	2b	40	40	8b	15	95	0.077	1.42	There is no RUC established increment for this procedure
Tab 9- Flexible sigmoidoscopy												
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.60	2.43	2b	38	30	8b	15	83	0.044	1.59	45330 RVU + EUS RUC increment 1.59
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle	4.05	3.08	2b	41	45	8b	20	106	0.040	2.24	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10- Colonoscopy												
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)	3.69	3.36	1b	27	25	8a	15	67	0.1056	NA	Current RVW 3.69 - 8 min pre-svc @ 0.0224 intensity (0.18) = 3.51 RVW
45379	Colonoscopy, flexible; with removal of foreign body	4.68	4.37	2b	33	35	8b	15	83	0.1005	1.01	45378 RVU + Foreign body RUC increment 1.01
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4.43	3.66	1b	27	28	8a	15	70	0.105	0.30	45378 RVU + biopsy RUC increment 0.30
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	4.19	3.67	1b	27	28	8a	15	70	0.1054	0.31	45378 RVU + submucosal injection RUC increment 0.31
45382	Colonoscopy, flexible; with control of bleeding, any method	5.68	4.76	2b	41	40	8b	15	96	0.1079	1.40	c-stoma bleeding increment (1.40)
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4.69	4.17	1b	27	28	8a	15	70	0.1232	0.81	45378 RVU + hot biopsy RUC increment 0.81
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	5.3	4.67	2b	33	30	8b	15	78	0.1272	1.31	45378 RVU + snare RUC increment 1.31
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	3.87	2b	38	35	8b	15	88	0.083	0.51	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	5.86	4.98	2b	33	35	8b	15	83	0.1325	1.62	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.9	5.5	2b	41	45	8b	17	103	0.0983	2.14	45378 RVU + stent RUC increment 2.14
45390	Colonoscopy, flexible; with endoscopic mucosal resection	NA	6.35	2b	33	45	8b	15	93	0.1221	2.99	45378 RVU + EMR RUC increment 2.99
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.78	2b	41	40	8b	15	96	0.1079	1.42	45378 RVU + c-stoma decompression RUC increment 1.42
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)	NA	4.3	2b	33	30	8b	15	78	0.1099	0.94	There is no RUC established increment for this procedure
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.09	4.95	2b	41	45	8b	20	106	0.0846	1.59	45378 RVU + EUS RUC increment 1.59
45392	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	6.54	5.6	2b	41	60	8b	20	121	0.0743	2.24	45378 RVU + EUS with FNA RUC increment 2.24

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15	
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16	
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40	

CPT Code:44388-44408
Specialty Society('s) ACG, AGA, ASGE, ACS, ASCRS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
4438X5	Colonoscopy through stoma; with transendoscopic balloon dilation
44406*	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407*	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

* LOI level I for ACG, AGA and ASGE only

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 44389, C-stoma with biopsy).

Current Time data	Survey Code Recommendation

CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44388	PEAC 2003	19	0	3	**44388**	**19**	**0**	**3**
44389	PEAC 2003	19	0	3	**44389**	**19**	**0**	**3**
44390	PEAC 2003	19	0	3	**44390**	**19**	**0**	**3**
44391	PEAC 2003	19	0	3	**44391**	**19**	**0**	**3**
44392	PEAC 2003	19	0	3	**44392**	**19**	**0**	**3**
44394	PEAC 2003	19	0	3	**44394**	**19**	**0**	**3**
44393	PEAC 2003	19	0	3	**44401**	**19**	**0**	**3**
44397	PEAC 2004	10	0	10	**44402**	**19**	**0**	**3**
44403	NEW	NA	NA	NA	**44403**	**19**	**0**	**3**
44404	NEW	NA	NA	NA	**44404**	**19**	**0**	**3**
44405	NEW	NA	NA	NA	**44405**	**19**	**0**	**3**
44406	NEW	NA	NA	NA	**44406**	**19**	**0**	**3**
44407	NEW	NA	NA	NA	**44407**	**19**	**0**	**3**
44408	NEW	NA	NA	NA	**44408**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:

Not applicable

Post-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes for a follow-up phone call to patient

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: January 2014

44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
4438X5	Colonoscopy through stoma; with transendoscopic balloon dilation
44406*	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407*	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

*LOI level I for ACG, AGA and ASGE only

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 44389, C-stoma with biopsy).

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44388	PEAC 2003	9	66	0	45330	RUC 2013	9	68	3	44388	9	83	3
44389	PEAC 2003	9	79	0	45331	RUC 2013	9	73	3	44389	9	88	3
44390	PEAC 2003	9	82	0	45332	RUC 2013	9	78	3	44390	9	93	3
44391	PEAC 2003	9	85	0	45334	RUC 2013	9	78	3	44391	9	98	3
44392	PEAC 2003	9	82	0	43250	RUC 2013	9	78	3	44392	9	88	3
44393	PEAC 2003	9	85	0	4534X6	RUC 2013	9	78	3	44401	9	88	3
44394	PEAC 2003	9	82	0	43251	RUC 2013	9	73	3	44394	9	88	3
44397	PEAC 2004	NA	NA	NA	4534X7	RUCC 2013	NA	NA	NA	44402	NA	NA	NA
44403	NEW	NA	NA	NA	43254	RUC 2013	NA	NA	NA	44403	NA	NA	NA
44404	NEW	NA	NA	NA	45335	RUC 2013	9	73	3	44404	9	88	3
44405	NEW	NA	NA	NA	45340	RUC 2013	9	78	3	44405	9	96	3
44406	NEW	NA	NA	NA	43237	RUC 2012	NA	NA	NA	44406	NA	NA	NA
44407	NEW	NA	NA	NA	43238	RUC 2012	NA	NA	NA	44407	NA	NA	NA
44408	NEW	NA	NA	NA	45337	RUC 2013	NA	NA	NA	44408	NA	NA	NA

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting. The practice expense inputs being presented correspond directly to the practice

expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	AMA Specialty Society Recommendation		O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45334)		PEAC 2002		Crosswalk Code From RUC 01/2013		Recommendation (x-walk 43250)		PEAC 2002		Cros C fror 10
2	*Please note: If a supply has a purchase price of			44388		45330		44388		44389		45331		44389		44390		45332		44390		44391		45334		44391		44392		43250		44392		44394		4
3	Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI	CMS Code	Staff Type	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Sigmo flexi rem tumor(s or othe
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0	37.0	0.0	57.0	0.0	71.0	0.0	37.0	0.0	47.0	0.0	67.0	0.0	32.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	66.0	19.0	80.0	22.0	95.0	22.0	79.0	22.0	85.0	22.0	100.0	22.0	91.0	22.0	90.0	22.0	105.0	22.0	85.0	22.0	90.0	22.0	110.0	22.0	94.0	22.0	90.0	22.0	100.0	22.0	91.0	22.0	85.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	16.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0	37.0	0.0	57.0	0.0	71.0	0.0	37.0	0.0	47.0	0.0	67.0	0.0	32.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	57.0	0.0	68.0	0.0	83.0	0.0	70.0	0.0	73.0	0.0	88.0	0.0	82.0	0.0	78.0	0.0	93.0	0.0	76.0	0.0	78.0	0.0	98.0	0.0	82.0	0.0	78.0	0.0	88.0	0.0	82.0	0.0	73.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0
12	PRE-SERVICE																																			
13	Start: Following visit when decision for surgery or procedure made																																			
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3	
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3		5		5		5		5		5		5		5		5		5		5		5		5		5		5		5	
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*																																			
20	End: When patient enters office/facility for surgery/procedure																																			
21	SERVICE PERIOD																																			
22	Start: When patient enters office/facility for surgery/procedure:																																			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3		3		3		3				3		3		3		3		3		3		3
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5		3		5		5				5		5		5		5		5		5		5
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		5		3		3		5		3		3		3		3		3		3		3		3		3		3
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		5		2		2		2		2		2		2		2
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	1		5		5				5		5				5		5		3		5		5				5		5		1		5
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																																	
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3						3												6						6		
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2
32	Intra-service																																			
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	39		10		25		49		15		30		54		20		35		59		20		40		54		20		30		50		15
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	12		10		25		18		15		30		32		20		35		25		20		40		26		20		30		25		15
35	Post-Service																																			
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15		15		15		15		15		15		15		15		15		15		15		15
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	2						2																		15						15		
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	20		3		3		22		3		3		25		3		3		3		3		3		13		3		3		13		3
39	Clean Scope	L037D	RN/LPN/MTA			30		30		3		30		30				30		30		30		30		30				30		30				30
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																																	
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2						2												2						2		
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a
47	End: Patient leaves office																																			
48	POST-SERVICE Period																																			
49	Start: Patient leaves office/facility																																			
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3		3	3	3	3	3		3	3	3	3	3		3	3	3	3	3	3	3	3	3	3		3	3
59	End: with last office visit before end of global period																																			
60	MEDICAL SUPPLIES**																																			
61	*SCRUB, DRESS, DRAPE*																																			
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
63	gown, patient	SB026	item																																	
64	gown, staff, impervious	SB027	item	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2
65	cap, surgical	SB001	item	2		3		3		2		3		3		1		3		3		2		3		3		2		3		3		2		3
66	mask, surgical, with face shield	SB034	item	2		3		3		2		3		3		2		3		3		2		3		3		2		3		3		2		3
67	shoe covers, surgical	SB039	pair	2		3		3		2		3		3		2		3		3		2		3		3		2		3		3		2		3
68	scrub brush (impregnated)	SM023	item	2		1		1		2		1		1		2		1		1		2		1		1		1		3		1		2		1
69	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
70	basin, emesis	SJ010	item	1						1						1						1						1		1				1		
71	denture cup	SJ016	item																									1								
72	swab-pad, alchohol	SJ053	item	1						1												2						2						2		
73	*MODERATE SEDATION*																																			
74	pack, moderate sedation	SA044	pack	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
75	nasal cannula	SD100	item	1						1						1						1						1						1		
76	bite block	SD006	item																											1						
77	*PROCEDURE INSTRUMENTS / SUPPLIES*																																			
78	endoscope anti-fog solution	SM014	ml	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
79	endoscopic cytology brush	SD067	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
80	endoscopic biopsy forceps	SD066	item									1		1																1		1				
81	endoscopic polypectomy snare	SD068	item													1		1		1														1		1
82	endoscopic clip	SD282	item																					1		1										
83	guidewire, STIFF	SD090	item																																	
84	endoscopic balloon, dilation	SD019	item																																	
85	cautery, monopolar, blade, extended shaft	SF015	item							1																		1								
86	needle, micropigmentation (tattoo)	SC079	item																																	
87	skin marking ink (tattoo)	SK073	ml																																	
88	needle, variceal injection	SC044	item																																	
89	syringe 5-6ml	SC057	item																																	
90	cautery, patient ground pad with cord	SF021	item																					1		1				1		1				1
91	cautery, bipolar cord	SF012	item																					1		1				1		1				1
92	cautery, bipolar, probe, endoscopy	SD284	item																					1		1										
93	catheter, RF ablation, endoscopic	NEW	kit																																	
94	canister, suction	SD009	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
95	tubing, suction, non-latex (6ft uou)	SD132	item	1		1		1		1		1		1		1		1		1		1		1		1				1		1		1		1
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item	1						1						1						1						1						1		
97	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1		1		1		1		1		1				1		1		1
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																											1						
99	water, distilled	SK087	oz	6		5		5				5		5				5		5				5		5				5		5				5
100	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1				1		1				1		1				1		1				1
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1
102	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1		1				1		1				1		1				1
103	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3						3						3						3		
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4		4		4		4		4		4		4		4		4		4
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1						1						1						1						1						1		
106	iv tubing (extension)	SC019	item	1						1						1						1						1						1		
107	*SCOPE CLEANING*																																			
108	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1				1		1				1		1				1		1				1
109	gloves, non-sterile	SB022	pair	2						1						1												1						1		
110	cleaning brush, endoscope	SM010	item	1												1						1						1						1		
111	enzymatic detergent	SM015	oz	1						1						1						1						1						1		
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6						6						6						6						6.4						6.4		
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1						1						1						1						1		
114	EQUIPMENT	CODE																																		
115	videoscope, gastroscopy	ES034																												64						
116	videoscope, sigmoidoscopy	NEW				54						59						64						64												59
117	videoscope, colonoscopy	ES033		60				69		73				74		78				79		83				84		78				74		78		
118	stretcher	EF018				68		83				73		88				78		93				78		98				78		88				73
119	stretcher, endoscopy	EF020		60						60						60						60						60						60		
120	table, power	EF031		60		24		0		73		29		0		78		34		0		83		34		0		78		34		0		78		29
121	video system, endoscopy (processor, digital capture,	ES031		60		24		39		73		29		44		78		34		49		83		34		54				34		44		78		29
122	light source, xenon	EQ167																																		
123	light, surgical	EF014		60						73						78												78						78		
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		101		47		87		111		52		92		116		57		97		83		57		102		116				92		116		52
125	IV infusion pump	EQ032		101		47		87		111		52		92		116		57		97		121		57		102		116		57		92		116		52
126	suction machine (Gomco)	EQ235		60		24		39		73		29		44		78		34		49		83		34		54		78		34		44		78		29
127	table, instrument, mobile	EF027		101		24		87		111		29		92		116		34		97		121		34		102		116		34		92		116		29
128	cart, endoscopy imaging equipment	ES003																										78						78		
129	radiofrequency generator, endoscopy	NEW																																		
130	electrosurgical generator, gastrocautery	EQ113								73						78						83		34		54		78		34		44		78		29
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30		40		30		30		40		30		30		40		30		30		40		30

	A AMA Specialty Society Recommendation	B	C	AK	AL	AM
1				sswalk Code n RUC /2013	Recommendation (x-walk 43251)	
2	*Please note: If a supply has a purchase price of			3251	44394	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	idoscopy, ble; with oval of), polyp(s), r lesion(s)	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**47.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**22.0**	**100.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**47.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**88.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**					
13	**Start: Following visit when decision for surgery or procedure made**					
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*					
20	**End: When patient enters office/facility for surgery/procedure**					
21	**SERVICE PERIOD**					
22	**Start: When patient enters office/facility for surgery/procedure:**					
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA			
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA			
31	Sedate/apply anesthesia	L051A	RN		2	
32	**Intra-service**					
33	Assist physician/moderate sedation (% of physician time)	L051A	RN		**30**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA		**30**	
35	**Post-Service**					
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA			
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		**3**	
39	Clean Scope	L037D	RN/LPN/MTA		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA			
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA			
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**	
47	**End: Patient leaves office**					
48	**POST-SERVICE Period**					
49	**Start: Patient leaves office/facility**					
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**
59	**End: with last office visit before end of global period**					
60	**MEDICAL SUPPLIES****					
61	***SCRUB, DRESS, DRAPE***					
62	pack, minimum multi-specialty visit	SA048	pack		**1**	
63	gown, patient	SB026	item			
64	gown, staff, impervious	SB027	item		**2**	
65	cap, surgical	SB001	item		**3**	
66	mask, surgical, with face shield	SB034	item		**3**	
67	shoe covers, surgical	SB039	pair		**3**	
68	scrub brush (impregnated)	SM023	item		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**	
70	basin, emesis	SJ010	item			
71	denture cup	SJ016	item			
72	swab-pad, alchohol	SJ053	item			
73	***MODERATE SEDATION***					
74	pack, moderate sedation	SA044	pack		**1**	
75	nasal cannula	SD100	item			
76	bite block	SD006	item			
77	***PROCEDURE INSTRUMENTS / SUPPLIES***					
78	endoscope anti-fog solution	SM014	ml		**1**	
79	endoscopic cytology brush	SD067	item		**1**	
80	endoscopic biopsy forceps	SD066	item			
81	endoscopic polypectomy snare	SD068	item		**1**	
82	endoscopic clip	SD282	item			
83	guidewire, STIFF	SD090	item			
84	endoscopic balloon, dilation	SD019	item			
85	cautery, monopolar, blade, extended shaft	SF015	item			
86	needle, micropigmentation (tattoo)	SC079	item			
87	skin marking ink (tattoo)	SK073	ml			
88	needle, variceal injection	SC044	item			
89	syringe 5-6ml	SC057	item			
90	cautery, patient ground pad with cord	SF021	item		**1**	
91	cautery, bipolar cord	SF012	item		**1**	
92	cautery, bipolar, probe, endoscopy	SD284	item			
93	catheter, RF ablation, endoscopic	NEW	kit			
94	canister, suction	SD009	item		**1**	
95	tubing, suction, non-latex (6ft uou)	SD132	item		**1**	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item			
97	syringe 50-60ml	SC056	item		**1**	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			
99	water, distilled	SK087	oz		**5**	
100	gauze, non-sterile 4in x 4in	SG051	item		**1**	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item		**1**	
102	paper, photo printing (8.5 x 11)	SK058	item		**1**	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item			
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item		**4**	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item			
106	iv tubing (extension)	SC019	item			
107	***SCOPE CLEANING***					
108	pack, cleaning and disinfecting, endoscope	SA042	pack		**1**	
109	gloves, non-sterile	SB022	pair			
110	cleaning brush, endoscope	SM010	item			
111	enzymatic detergent	SM015	oz			
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz			
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item			
114	**EQUIPMENT**	**CODE**				
115	videoscope, gastroscopy	ES034				
116	videoscope, sigmoidoscopy	NEW				
117	videoscope, colonoscopy	ES033			**74**	
118	stretcher	EF018			**88**	
119	stretcher, endoscopy	EF020				
120	table, power	EF031			**0**	
121	video system, endoscopy (processor, digital capture,	ES031			**44**	
122	light source, xenon	EQ167				
123	light, surgical	EF014				
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011			**92**	
125	IV infusion pump	EQ032			**92**	
126	suction machine (Gomco)	EQ235			**44**	
127	table, instrument, mobile	EF027			**92**	
128	cart, endoscopy imaging equipment	ES003				
129	radiofrequency generator, endoscopy	NEW				
130	electrosurgical generator, gastrocautery	EQ113			**44**	
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005			**30**	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any		Colonoscopy through stoma; with directed submucosal injection(s), any	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**47.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**85.0**	**22.0**	**100.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**47.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**73.0**	**0.0**	**88.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**		**5**		**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN	2		2										2		2	
32	**Intra-service**																		
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**										**15**		**30**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**										**15**		**30**	
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**										**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**										**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)							**n/a**		**n/a**									
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)							**n/a**		**n/a**									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)							**n/a**		**n/a**									
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****																		
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**										**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**		**2**										**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**										**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**										**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**										**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**										**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**										**1**		**1**	
70	basin, emesis	SJ010	item																
71	denture cup	SJ016	item																
72	swab-pad, alchohol	SJ053	item																
73	***MODERATE SEDATION***																		
74	pack, moderate sedation	SA044	pack	**1**		**1**										**1**		**1**	
75	nasal cannula	SD100	item																
76	bite block	SD006	item																
77	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
78	endoscope anti-fog solution	SM014	ml	**1**		**1**										**1**		**1**	
79	endoscopic cytology brush	SD067	item	**1**		**1**													
80	endoscopic biopsy forceps	SD066	item																
81	endoscopic polypectomy snare	SD068	item																
82	endoscopic clip	SD282	item																
83	guidewire, STIFF	SD090	item	**1**		**1**													
84	endoscopic balloon, dilation	SD019	item	**1**		**1**													
85	cautery, monopolar, blade, extended shaft	SF015	item																
86	needle, micropigmentation (tattoo)	SC079	item													**1**		**1**	
87	skin marking ink (tattoo)	SK073	ml													**2**		**2**	
88	needle, variceal injection	SC044	item													**1**		**1**	
89	syringe 5-6ml	SC057	item													**3**		**3**	
90	cautery, patient ground pad with cord	SF021	item																
91	cautery, bipolar cord	SF012	item																
92	cautery, bipolar, probe, endoscopy	SD284	item																
93	catheter, RF ablation, endoscopic	NEW	kit	**1**		**1**													
94	canister, suction	SD009	item	**1**		**1**										**1**		**1**	
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**										**1**		**1**	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item																
97	syringe 50-60ml	SC056	item	**1**		**1**										**1**		**1**	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
99	water, distilled	SK087	oz	**5**		**5**										**5**		**5**	
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**										**1**		**1**	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**													
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**										**1**		**1**	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item																
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**										**4**		**4**	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item																
106	iv tubing (extension)	SC019	item																
107	***SCOPE CLEANING***																		
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**										**1**		**1**	
109	gloves, non-sterile	SB022	pair																
110	cleaning brush, endoscope	SM010	item																
111	enzymatic detergent	SM015	oz																
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
114	**EQUIPMENT**	**CODE**																	
115	videoscope, gastroscopy	ES034																	
116	videoscope, sigmoidoscopy	**NEW**		**64**												**59**			
117	videoscope, colonoscopy	ES033				**74**												**74**	
118	stretcher	EF018		**78**		**88**										**73**		**88**	
119	stretcher, endoscopy	EF020																	
120	table, power	EF031		**34**		**0**										**29**		**44**	
121	video system, endoscopy (processor, digital capture,	ES031		**34**		**44**										**29**		**44**	
122	light source, xenon	EQ167																	
123	light, surgical	EF014																	
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**92**										**52**		**92**	
125	IV infusion pump	EQ032		**57**		**92**										**52**		**92**	
126	suction machine (Gomco)	EQ235		**34**		**44**										**29**		**44**	
127	table, instrument, mobile	EF027		**34**		**92**										**29**		**92**	
128	cart, endoscopy imaging equipment	ES003																	
129	radiofrequency generator, endoscopy	**NEW**		**34**		**44**													
130	electrosurgical generator, gastrocautery	EQ113		**34**		**44**													
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**										**30**		**30**	

	A	AMA Specialty Society Recommendation		BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**108.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**96.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN	2		2					
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**38**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**38**					
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**n/a**			**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)						**n/a**			**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)						**n/a**			**n/a**	**n/a**
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES****										
61	***SCRUB, DRESS, DRAPE***										
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
63	gown, patient	SB026	item								
64	gown, staff, impervious	SB027	item	**2**		**2**					
65	cap, surgical	SB001	item	**3**		**3**					
66	mask, surgical, with face shield	SB034	item	**3**		**3**					
67	shoe covers, surgical	SB039	pair	**3**		**3**					
68	scrub brush (impregnated)	SM023	item	**1**		**1**					
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**					
70	basin, emesis	SJ010	item								
71	denture cup	SJ016	item								
72	swab-pad, alchohol	SJ053	item								
73	***MODERATE SEDATION***										
74	pack, moderate sedation	SA044	pack	**1**		**1**					
75	nasal cannula	SD100	item								
76	bite block	SD006	item								
77	***PROCEDURE INSTRUMENTS / SUPPLIES***										
78	endoscope anti-fog solution	SM014	ml	**1**		**1**					
79	endoscopic cytology brush	SD067	item								
80	endoscopic biopsy forceps	SD066	item								
81	endoscopic polypectomy snare	SD068	item								
82	endoscopic clip	SD282	item								
83	guidewire, STIFF	SD090	item								
84	endoscopic balloon, dilation	SD019	item	**1**		**1**					
85	cautery, monopolar, blade, extended shaft	SF015	item								
86	needle, micropigmentation (tattoo)	SC079	item								
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item	**1**		**1**					
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**					
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item	**1**		**1**					
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz	**5**		**5**					
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**					
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**					
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**					
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**					
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**					
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	NEW		**57**							
117	videoscope, colonoscopy	ES033				**82**					
118	stretcher	EF018		**57**		**57**					
119	stretcher, endoscopy	EF020									
120	table, power	EF031		**22**		**40**					
121	video system, endoscopy (processor, digital capture,	ES031		**22**		**40**					
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**32**		**100**					
125	IV infusion pump	EQ032		**32**		**100**					
126	suction machine (Gomco)	EQ235		**22**		**40**					
127	table, instrument, mobile	EF027		**22**		**100**					
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	NEW									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**					

	A	BAMA Specialty Society Recommendation		BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**	**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**	**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA								
24	Obtain vital signs	L037D	RN/LPN/MTA								
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA								
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA								
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA								
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN								
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN								
34	Assist physician in performing procedure	L037D	RN/LPN/MTA								
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN								
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA								
39	Clean Scope	L037D	RN/LPN/MTA								
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**n/a**		**n/a**	**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)						**n/a**		**n/a**	**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)						**n/a**		**n/a**	**n/a**	
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES****										
61	***SCRUB, DRESS, DRAPE***										
62	pack, minimum multi-specialty visit	SA048	pack								
63	gown, patient	SB026	item								
64	gown, staff, impervious	SB027	item								
65	cap, surgical	SB001	item								
66	mask, surgical, with face shield	SB034	item								
67	shoe covers, surgical	SB039	pair								
68	scrub brush (impregnated)	SM023	item								
69	drape, non-sterile, sheet 40in x 60in	SB006	item								
70	basin, emesis	SJ010	item								
71	denture cup	SJ016	item								
72	swab-pad, alchohol	SJ053	item								
73	***MODERATE SEDATION***										
74	pack, moderate sedation	SA044	pack								
75	nasal cannula	SD100	item								
76	bite block	SD006	item								
77	***PROCEDURE INSTRUMENTS / SUPPLIES***										
78	endoscope anti-fog solution	SM014	ml								
79	endoscopic cytology brush	SD067	item								
80	endoscopic biopsy forceps	SD066	item								
81	endoscopic polypectomy snare	SD068	item								
82	endoscopic clip	SD282	item								
83	guidewire, STIFF	SD090	item								
84	endoscopic balloon, dilation	SD019	item								
85	cautery, monopolar, blade, extended shaft	SF015	item								
86	needle, micropigmentation (tattoo)	SC079	item								
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item								
95	tubing, suction, non-latex (6ft uou)	SD132	item								
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item								
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz								
100	gauze, non-sterile 4in x 4in	SG051	item								
101	cup, biopsy-specimen non-sterile 4oz	SL035	item								
102	paper, photo printing (8.5 x 11)	SK058	item								
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item								
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack								
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	NEW									
117	videoscope, colonoscopy	ES033									
118	stretcher	EF018									
119	stretcher, endoscopy	EF020									
120	table, power	EF031									
121	video system, endoscopy (processor, digital capture,	ES031									
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011									
125	IV infusion pump	EQ032									
126	suction machine (Gomco)	EQ235									
127	table, instrument, mobile	EF027									
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	NEW									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005									

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45334)		PEAC 2002		Crosswalk Code From RUC 01/2013		Recommendation (x-walk 43250)		PEAC 2002		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 43251)	
2	*Please note: If a supply has a purchase price of			44388		45330		44388		44389		45331		44389		44390		45332		44390		44391		45334		44391		44392		43250		44392		44394		43251		44394	
3	Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI	CMS Code	Staff Type	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0	37.0	0.0	57.0	0.0	71.0	0.0	37.0	0.0	47.0	0.0	67.0	0.0	32.0	0.0	47.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	66.0	19.0	80.0	22.0	95.0	22.0	79.0	22.0	85.0	22.0	100.0	22.0	91.0	22.0	90.0	22.0	105.0	22.0	85.0	22.0	90.0	22.0	110.0	22.0	94.0	22.0	90.0	22.0	100.0	22.0	91.0	22.0	85.0	22.0	100.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	16.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0	37.0	0.0	57.0	0.0	71.0	0.0	37.0	0.0	47.0	0.0	67.0	0.0	32.0	0.0	47.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	57.0	0.0	68.0	0.0	83.0	0.0	70.0	0.0	73.0	0.0	88.0	0.0	82.0	0.0	78.0	0.0	93.0	0.0	76.0	0.0	78.0	0.0	98.0	0.0	82.0	0.0	78.0	0.0	88.0	0.0	82.0	0.0	73.0	0.0	88.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE																																						
13	Start: Following visit when decision for surgery or procedure made																																						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3		5		5		5		5		5		5		5		5		5		5		5		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*																																						
20	End: When patient enters office/facility for surgery/procedure																																						
21	SERVICE PERIOD																																						
22	Start: When patient enters office/facility for surgery/procedure:																																						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3		3		3		3				3		3		3		3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5		3		5		5				5		5		5		5		5		5		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		5		3		3		5		3		3		3		3		3		3		3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		5		2		2		2		2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	1		5		5				5		5				5		5		3		5		5				5		5		1		5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																																				
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3						3												6						6					
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2	
32	Intra-service																																						
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	39		10		25		49		15		30		54		20		35		59		20		40		54		20		30		50		15		30	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	12		10		25		18		15		30		32		20		35		25		20		40		26		20		30		25		15		30	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45334)		PEAC 2002		Crosswalk Code From RUC 01/2013		Recommendation (x-walk 43250)		PEAC 2002		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 43251)	
2	*Please note: If a supply has a purchase price of			44388		45330		44388		44389		45331		44389		44390		45332		44390		44391		45334		44391		44392		43250		44392		44394		43251		44394	
3	Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI	CMS Code	Staff Type	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
35	Post-Service																																						
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15		15		15		15		15		15		15		15		15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	2						2																		15						15					
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	20		3		3		22		3		3		25		3		3		3		3		3		13		3		3		13		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30		3		30		30				30		30		30		30		30				30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																																				
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2						2												2						2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a						n/a												n/a				n/a		n/a		n/a		n/a	
47	End: Patient leaves office																																						
48	POST-SERVICE Period																																						
49	Start: Patient leaves office/facility																																						
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3		3	3	3	3	3		3	3	3	3	3		3	3	3	3	3	3	3	3	3	3		3	3	3	3	3
59	End: with last office visit before end of global period																																						
60	MEDICAL SUPPLIES**																																						
61	*SCRUB, DRESS, DRAPE*																																						
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
63	gown, patient	SB026	item																																				
64	gown, staff, impervious	SB027	item	2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2		2	
65	cap, surgical	SB001	item	2		3		3		2		3		3		1		3		3		2		3		3		2		3		3		2		3		3	
66	mask, surgical, with face shield	SB034	item	2		3		3		2		3		3		2		3		3		2		3		3		2		3		3		2		3		3	
67	shoe covers, surgical	SB039	pair	2		3		3		2		3		3		2		3		3		2		3		3		2		3		3		2		3		3	
68	scrub brush (impregnated)	SM023	item	2		1		1		2		1		1		2		1		1		2		1		1		1		3		1		2		1		1	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
70	basin, emesis	SJ010	item	1						1						1						1						1		1				1					
71	denture cup	SJ016	item																											1									
72	swab-pad, alchohol	SJ053	item	1						1												2						2						2					
73	*MODERATE SEDATION*																																						
74	pack, moderate sedation	SA044	pack	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
75	nasal cannula	SD100	item	1						1						1						1						1						1					
76	bite block	SD006	item																											1									
77	*PROCEDURE INSTRUMENTS / SUPPLIES*																																						
78	endoscope anti-fog solution	SM014	ml	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
79	endoscopic cytology brush	SD067	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
80	endoscopic biopsy forceps	SD066	item									1		1																1		1							
81	endoscopic polypectomy snare	SD068	item													1		1		1														1		1		1	
82	endoscopic clip	SD282	item																					1		1													
83	guidewire, STIFF	SD090	item																																				
84	endoscopic balloon, dilation	SD019	item																																				
85	cautery, monopolar, blade, extended shaft	SF015	item							1																		1											
86	needle, micropigmentation (tattoo)	SC079	item																																				
87	skin marking ink (tattoo)	SK073	ml																																				
88	needle, variceal injection	SC044	item																																				
89	syringe 5-6ml	SC057	item																																				
90	cautery, patient ground pad with cord	SF021	item																					1		1				1		1				1		1	
91	cautery, bipolar cord	SF012	item																					1		1				1		1				1		1	
92	cautery, bipolar, probe, endoscopy	SD284	item																					1		1													
93	catheter, RF ablation, endoscopic	NEW	kit																																				
94	canister, suction	SD009	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
95	tubing, suction, non-latex (6ft uou)	SD132	item	1		1		1		1		1		1		1		1		1		1		1		1				1		1		1		1		1	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item	1						1						1						1						1		1				1					
97	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1		1		1		1		1		1				1		1		1		1	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																											1									
99	water, distilled	SK087	oz	6		5		5				5		5				5		5				5		5				5		5				5		5	
100	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1				1		1				1		1				1		1				1		1	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1	
102	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1		1				1		1				1		1				1		1	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3						3						3						3					
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4		4		4		4		4		4		4		4		4		4		4	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1						1						1						1						1						1					
106	iv tubing (extension)	SC019	item	1						1						1						1						1						1					
107	*SCOPE CLEANING*																																						
108	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1				1		1				1		1				1		1				1		1	
109	gloves, non-sterile	SB022	pair	2						1						1												1						1					
110	cleaning brush, endoscope	SM010	item	1												1						1						1						1					
111	enzymatic detergent	SM015	oz	1						1						1						1						1						1					
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6						6						6						6						6.4						6.4					
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1						1						1						1						1					
114	EQUIPMENT	CODE																																					
115	videoscope, gastroscopy	ES034																												64									
116	videoscope, sigmoidoscopy	NEW				54						59						64																		59			
117	videoscope, colonoscopy	ES033		60				69		73				74		78				79		83				84		78				74		78				74	
118	stretcher	EF018				68		83				73		88				78		93				78		98				78		88				73		88	
119	stretcher, endoscopy	EF020		60						60						60						60						60						60					
120	table, power	EF031		60		24		39		73		29		44		78		34		49		83		34		54		78		34		44		78		29		44	
121	video system, endoscopy (processor, digital capture,	ES031		60		24		39		73		29		44		78		34		49		83		34		54				34		44		78		29		44	
122	light source, xenon	EQ167																																					
123	light, surgical	EF014		60						73						78												78						78					
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		101		47		57		111		52		62		116		57		67		83		57		72		116				62		116		52		62	
125	IV infusion pump	EQ032		101		47		57		111		52		62		116		57		67		121		57		72		116		57		62		116		52		62	
126	suction machine (Gomco)	EQ235		60		24		39		73		29		44		78		34		49		83		34		54		78		34		44		78		29		44	
127	table, instrument, mobile	EF027		101		24		57		111		29		62		116		34		67		121		34		72		116		34		62		116		29		62	
128	cart, endoscopy imaging equipment	ES003																										78						78					
129	radiofrequency generator, endoscopy	NEW																																					
130	electrosurgical generator, gastrocautery	EQ113								73						78						83		34		54		78		34		44		78		29		44	
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30		40		30		30		40		30		30		40		30		30		40		30		30	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre- and		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	TOTAL CLINICAL LABOR TIME	L051A	RN	37.0	0.0	47.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.0	0.0	47.0	0.0
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**85.0**	**22.0**	**100.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	37.0	0.0	47.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.0	0.0	47.0	0.0
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**73.0**	**0.0**	**88.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**		**5**		**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN	2		2										2		2	
32	**Intra-service**																		
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**										**15**		**30**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**										**15**		**30**	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre- and		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**										**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**										**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)							**n/a**		**n/a**									
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)							**n/a**		**n/a**									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)							**n/a**		**n/a**									
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****																		
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**										**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**		**2**										**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**										**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**										**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**										**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**										**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**										**1**		**1**	
70	basin, emesis	SJ010	item																
71	denture cup	SJ016	item																
72	swab-pad, alchohol	SJ053	item																
73	***MODERATE SEDATION***																		
74	pack, moderate sedation	SA044	pack	**1**		**1**										**1**		**1**	
75	nasal cannula	SD100	item																
76	bite block	SD006	item																
77	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
78	endoscope anti-fog solution	SM014	ml	**1**		**1**										**1**		**1**	
79	endoscopic cytology brush	SD067	item	**1**		**1**													
80	endoscopic biopsy forceps	SD066	item																
81	endoscopic polypectomy snare	SD068	item																
82	endoscopic clip	SD282	item																
83	guidewire, STIFF	SD090	item	**1**		**1**													
84	endoscopic balloon, dilation	SD019	item	**1**		**1**													
85	cautery, monopolar, blade, extended shaft	SF015	item																
86	needle, micropigmentation (tattoo)	SC079	item													**1**		**1**	
87	skin marking ink (tattoo)	SK073	ml													**2**		**2**	
88	needle, variceal injection	SC044	item													**1**		**1**	
89	syringe 5-6ml	SC057	item													**3**		**3**	
90	cautery, patient ground pad with cord	SF021	item																
91	cautery, bipolar cord	SF012	item																
92	cautery, bipolar, probe, endoscopy	SD284	item																
93	catheter, RF ablation, endoscopic	NEW	kit	**1**		**1**													
94	canister, suction	SD009	item	**1**		**1**										**1**		**1**	
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**										**1**		**1**	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item																
97	syringe 50-60ml	SC056	item	**1**		**1**										**1**		**1**	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
99	water, distilled	SK087	oz	**5**		**5**										**5**		**5**	
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**										**1**		**1**	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**													
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**										**1**		**1**	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item																
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**										**4**		**4**	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item																
106	iv tubing (extension)	SC019	item																
107	***SCOPE CLEANING***																		
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**										**1**		**1**	
109	gloves, non-sterile	SB022	pair																
110	cleaning brush, endoscope	SM010	item																
111	enzymatic detergent	SM015	oz																
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
114	**EQUIPMENT**	**CODE**																	
115	videoscope, gastroscopy	ES034																	
116	videoscope, sigmoidoscopy	NEW		**64**												**59**			
117	videoscope, colonoscopy	ES033				**74**												**74**	
118	stretcher	EF018		**78**		**88**										**73**		**88**	
119	stretcher, endoscopy	EF020																	
120	table, power	EF031		**34**		**44**										**29**		**44**	
121	video system, endoscopy (processor, digital capture,	ES031		**34**		**44**										**29**		**44**	
122	light source, xenon	EQ167																	
123	light, surgical	EF014																	
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**62**										**52**		**62**	
125	IV infusion pump	EQ032		**57**		**62**										**52**		**62**	
126	suction machine (Gomco)	EQ235		**34**		**44**										**29**		**44**	
127	table, instrument, mobile	EF027		**34**		**62**										**29**		**62**	
128	cart, endoscopy imaging equipment	ES003																	
129	radiofrequency generator, endoscopy	NEW		**34**		**44**													
130	electrosurgical generator, gastrocautery	EQ113		**34**		**44**													
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**										**30**		**30**	

	A	AMA Specialty Society Recommendation		BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**108.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**96.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN	2		2					
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**38**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**38**					

	A	AMA Specialty Society Recommendation		BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**n/a**			**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)						**n/a**			**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)						**n/a**			**n/a**	**n/a**
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES****										
61	***SCRUB, DRESS, DRAPE***										
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
63	gown, patient	SB026	item								
64	gown, staff, impervious	SB027	item	**2**		**2**					
65	cap, surgical	SB001	item	**3**		**3**					
66	mask, surgical, with face shield	SB034	item	**3**		**3**					
67	shoe covers, surgical	SB039	pair	**3**		**3**					
68	scrub brush (impregnated)	SM023	item	**1**		**1**					
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**					
70	basin, emesis	SJ010	item								
71	denture cup	SJ016	item								
72	swab-pad, alchohol	SJ053	item								
73	***MODERATE SEDATION***										
74	pack, moderate sedation	SA044	pack	**1**		**1**					
75	nasal cannula	SD100	item								
76	bite block	SD006	item								
77	***PROCEDURE INSTRUMENTS / SUPPLIES***										
78	endoscope anti-fog solution	SM014	ml	**1**		**1**					
79	endoscopic cytology brush	SD067	item								
80	endoscopic biopsy forceps	SD066	item								
81	endoscopic polypectomy snare	SD068	item								
82	endoscopic clip	SD282	item								
83	guidewire, STIFF	SD090	item								
84	endoscopic balloon, dilation	SD019	item	**1**		**1**					
85	cautery, monopolar, blade, extended shaft	SF015	item								
86	needle, micropigmentation (tattoo)	SC079	item								
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item	**1**		**1**					
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**					
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item	**1**		**1**					
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz	**5**		**5**					
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**					
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**					
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**					
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**					
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**					
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	NEW		**57**							
117	videoscope, colonoscopy	ES033				**82**					
118	stretcher	EF018		**57**		**57**					
119	stretcher, endoscopy	EF020									
120	table, power	EF031		**22**		**40**					
121	video system, endoscopy (processor, digital capture,	ES031		**22**		**40**					
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**32**		**50**					
125	IV infusion pump	EQ032		**32**		**50**					
126	suction machine (Gomco)	EQ235		**22**		**40**					
127	table, instrument, mobile	EF027		**22**		**40**					
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	NEW									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**					

	A	BAMA Specialty Society Recommendation		BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**	**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**	**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA								
24	Obtain vital signs	L037D	RN/LPN/MTA								
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA								
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA								
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA								
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN								
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN								
34	Assist physician in performing procedure	L037D	RN/LPN/MTA								

	A	BAMA Specialty Society Recommendation		BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**		**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA		Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN								
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA								
39	Clean Scope	L037D	RN/LPN/MTA								
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)							**n/a**		**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)							**n/a**		**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)							**n/a**		**n/a**	**n/a**
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES****										
61	***SCRUB, DRESS, DRAPE***										
62	pack, minimum multi-specialty visit	SA048	pack								
63	gown, patient	SB026	item								
64	gown, staff, impervious	SB027	item								
65	cap, surgical	SB001	item								
66	mask, surgical, with face shield	SB034	item								
67	shoe covers, surgical	SB039	pair								
68	scrub brush (impregnated)	SM023	item								
69	drape, non-sterile, sheet 40in x 60in	SB006	item								
70	basin, emesis	SJ010	item								
71	denture cup	SJ016	item								
72	swab-pad, alchohol	SJ053	item								
73	***MODERATE SEDATION***										
74	pack, moderate sedation	SA044	pack								
75	nasal cannula	SD100	item								
76	bite block	SD006	item								
77	***PROCEDURE INSTRUMENTS / SUPPLIES***										
78	endoscope anti-fog solution	SM014	ml								
79	endoscopic cytology brush	SD067	item								
80	endoscopic biopsy forceps	SD066	item								
81	endoscopic polypectomy snare	SD068	item								
82	endoscopic clip	SD282	item								
83	guidewire, STIFF	SD090	item								
84	endoscopic balloon, dilation	SD019	item								
85	cautery, monopolar, blade, extended shaft	SF015	item								
86	needle, micropigmentation (tattoo)	SC079	item								
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item								
95	tubing, suction, non-latex (6ft uou)	SD132	item								
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item								
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz								
100	gauze, non-sterile 4in x 4in	SG051	item								
101	cup, biopsy-specimen non-sterile 4oz	SL035	item								
102	paper, photo printing (8.5 x 11)	SK058	item								
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item								
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack								
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	**NEW**									
117	videoscope, colonoscopy	ES033									
118	stretcher	EF018									
119	stretcher, endoscopy	EF020									
120	table, power	EF031									
121	video system, endoscopy (processor, digital capture,	ES031									
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011									
125	IV infusion pump	EQ032									
126	suction machine (Gomco)	EQ235									
127	table, instrument, mobile	EF027									
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	**NEW**									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005									

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013/January 2014/April 2014

Flexible Sigmoidoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. (Note, a few of the flexible sigmoidoscopy services were reviewed in January 2014 and April 2014 as well.) Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

45330 Sigmoidoscopy, flexible; diagnostic, collection of specimen(s) by brushing or washing when performed
The RUC reviewed the survey results of 103 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 21 minutes, intra-service time of 10 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1A Facility straightforward patient and procedure without sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

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The RUC reviewed the estimated work values and agreed with the specialty societies that 45330 is currently overvalued, with a work RVU of 0.96. Since the survey respondents overestimated the physician work, the RUC reviewed CPT code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU= 0.84) and agreed that since both these services have identical intra-service time and similar work intensity, they should be valued identically. The RUC agreed that a work RVU of 0.84, a direct crosswalk to code 12001, appropriately valued 45330 to similar services across the RBRVS.

To justify a work RVU of 0.84, the RUC compared the surveyed code to MPC codes 45300 *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing* (work RVU= 0.80, intra time= 10 minutes) and 43760 *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance* (work RVU= 0.90, intra time= 10 minutes) and noted that both these services are similar services with highly analogous times. Therefore, a recommended value of 0.84 appropriately values 45330 in between these MPC services. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 0.84 places diagnostic flexible sigmoidoscopy appropriately below diagnostic ileoscopy (RUC recommended work RVU= 0.97) and diagnostic esophagoscopy (RUC recommended work RVU= 1.59) in terms of comparative physician work. **The RUC recommends a work RVU of 0.84 for CPT code 45330.**

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple
The RUC reviewed the survey results of 100 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 21 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1A Facility straightforward patient and procedure without sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45331. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained in this flexible sigmoidoscopy biopsy code. Therefore, the established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.14 for CPT code 45331. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.14, the RUC compared the surveyed code to CPT codes 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU= 1.10) and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access* (work RVU= 1.20) and agreed that since both codes have identical intra-service time to 45331, 15 minutes, and similar total time, the recommended value appropriately values the surveyed code between these two reference codes. Finally, the RUC

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reviewed MPC code 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU= 1.01) in comparison to 45331and noted that while both services have 15 minutes of intra-service time, the surveyed code has more total time than this reference code, 46 minutes compared to 36 minutes, and is thus appropriately valued more. **The RUC recommends a work RVU of 1.14 for CPT code 45331.**

45332 Sigmoidoscopy, flexible; with removal of foreign body(s)
The RUC reviewed the survey results of 64 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because FB removal involves removal of a stent, or devices of various sizes and shapes, in a patient with a narrowing or obstruction of the lumen of the bowel typically resulting from a neoplasm, ischemia, radiation, inflammatory bowel disease, or severe angulation of the bowel.

The RUC first considered three compelling evidence arguments to consider a change in the current work RVU of 1.79 for this service: Change in site-of-service, change in technology and change in types of foreign bodies. There has been a change in the site-of-service for this procedure as 25 years ago, removal of rectal foreign bodies that often required removal under General Anesthesia in the operating room using a rigid proctoscope are now removed in the outpatient setting using a flexible sigmoidoscope. Additionally, new technology for retrieval of rectal foreign bodies is now in use since the prior valuation, including retrieval nets and foreign body balloons. Finally, there are now medical devices requiring removal which did not exist at the prior valuation, including fully coated removable self-expanding metal stents and prostate massage devices for treatment of lower urinary tract symptoms such as benign prostatic hyperplasia, chronic prostatitis/chronic pelvic pain syndrome or bladder conditions such as interstitial cystitis. The variety of rectal foreign bodies inserted by patients are larger, more complex, and more numerous since the prior valuation of this code. The RUC agreed with the specialty societies that there is compelling evidence to consider a change in the current work value for 45332.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45332. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy removal of foreign body code, 43215 (RUC recommended work RVU= 2.60) should be maintained in this flexible sigmoidoscopy hot biopsy code. Therefore, the established increment for the physician work related to removal of a foreign body, 1.01 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.85 for CPT code 45332. The RUC agreed with the specialty that the physician work related solely to foreign body removal is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.85, the RUC compared the surveyed code to CPT codes 32554 *Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance* (work RVU= 1.82) and 45317 *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)* (work RVU= 2.00) and agreed that since both services have identical intra-service time, 20 minutes, and comparable physician work, the recommended work RVU of 1.85 appropriately values 45332 in between these two reference services. The RUC also reviewed MPC code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73, intra time= 20 minutes) and agreed that this reference code should be valued slightly less than the surveyed code due to less total time, 59 minutes and 63 minutes). **The RUC recommends a work RVU of 1.85 for CPT code 45332.**

45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
The RUC reviewed the survey results of 59 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45333. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy hot biopsy code, 43216 (RUC recommended work RVU= 2.40) should be maintained in this flexible sigmoidoscopy hot biopsy code. Therefore, the established increment for the physician work related to the hot biopsy, 0.81 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.65 for CPT code 45333. The RUC agreed with the specialty that the physician work related solely to hot biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.65, the RUC compared the surveyed to CPT code 64448 *Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.63, total time= 55 minutes) and agreed that since both services have identical intra-service time, 15 minutes, and analogous total time, the two services should be valued similarly. The RUC also reviewed two MPC codes 57452 *Colposcopy of the cervix including upper/adjacent vagina* (work RVU= 1.50) and 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90) and agreed that since both codes have identical intra-service time, and similar total time, compared to 45333, the recommended work value of 1.65 appropriately values this surveyed code between these two reference codes. **The RUC recommends a work RVU of 1.65 for CPT code 45333.**

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45334 Sigmoidoscopy, flexible; with control of bleeding, any method
The RUC reviewed the survey results of 71 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient, who may have significant comorbidity, coagulation defects and/or hemodynamic instability, has active gastrointestinal bleeding typically resulting from diverticula, neoplasia, ischemia, radiation, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialty societies that the current work RVU of 2.73 overstates the physician work involved in 45334. Since there is no previously established increment for control of bleeding, the RUC reviewed the survey's 25th percentile and determined that a work RVU of 2.10 accurately values this service relative to similar codes in the endoscopic family. To justify a work RVU of 2.10, the RUC compared the surveyed code to CPT codes 49084 *Peritoneal lavage, including imaging guidance, when performed* (work RVU= 2.00) and 57421 *Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix* (work RVU= 2.20) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45334, the recommended work value of 2.10 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU= 2.70, total time= 60 minutes) and agreed that while the two services have identical intra time and analogous total time, the MPC code should be valued higher than 45334 due to greater physician and intensity to perform the service. **The RUC recommends a work RVU of 2.10 for CPT code 45334.**

45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
The RUC reviewed the survey results of 63 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45335. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy submucosal injection code, 43201 (RUC recommended work RVU= 1.90) should be maintained in this flexible sigmoidoscopy submucosal injection code. Therefore, the established increment for the physician work related to the submucosal injection, 0.31 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.15 for CPT code 45335. The RUC agreed with the

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specialty that the physician work related solely to submucosal injection is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.15, the RUC compared the surveyed CPT code 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU= 1.01) and MPC code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73) and agreed that since these codes all have identical intra-service time, 15 minutes, and provide appropriate reference codes, from across the RBRVS, to bracket the recommended work RVU of 1.15 for 45335. The RUC also reviewed CPT code 57500 *Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)* (work RVU= 1.20, intra time= 15 minutes) and noted that even though the reference code has less pre- and post-service time than 45335, it should still be valued slightly higher due to greater intensity and complexity in the physician work. **The RUC recommends a work RVU of 1.15 for CPT code 45335.**

45337 Sigmoidoscopy, flexible; with decompression of volvulus, any method
The RUC reviewed the survey results of 63 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient, who may have debility, comorbidity, altered mental status, and/or neurologic deterioration, has a severe megacolon typically resulting from neoplasia, ischemia, strictures, or intestinal motility dysfunction.

The RUC reviewed the estimated work values and agreed with the specialty societies that the current work RVU of 2.36 overstates the physician work involved in 45337. Since there is no established increment for this procedure, the RUC reviewed the survey's 25th percentile and determined that a work RVU of 2.20 accurately values this service relative to similar codes in the endoscopic family. To justify a work RVU of 2.20, the RUC compared the surveyed code to CPT codes 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00) and 64517 *Injection, anesthetic agent; superior hypogastric plexus* (work RVU= 2.20) and agreed that since both codes have identical intra-service time, 25 minutes, and similar total time, compared to 45337, the recommended work value of 2.20 appropriately values this surveyed code between these two reference codes. The RUC also reviewed CPT code 45321 *Proctosigmoidoscopy, rigid; with decompression of volvulus* (work RVU= 1.75, intra time= 20 minutes) and noted that while the physician work is comparable, the reference code is appropriately valued less than 45337 because it has 5 minutes less intra-service time. **The RUC recommends a work RVU of 2.20 for CPT code 45337.**

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45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
The RUC reviewed the survey results of 67 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has polypoid lesions typically resulting from a neoplasia, pre-neoplasia, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45338. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy snare code, 43217 (RUC recommended work RVU= 2.90) should be maintained in this flexible sigmoidoscopy snare code. Therefore, the established increment for the physician work related to the snare, 1.31 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.15 for CPT code 45338. The RUC agreed with the specialty that the physician work related solely to the snare is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.15, the RUC compared the surveyed code to CPT codes 69801*Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal* (work RVU= 2.06) and 92960 *Cardioversion, elective, electrical conversion of arrhythmia; external* (work RVU= 2.25) and agreed that since both codes have identical intra-service time, 15 minutes, and similar total time, compared to 45338, the recommended work value of 2.15 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 2.23, total time= 42 minutes) and noted that while this reference code has less pre- and post-service time compared to 45338, this reference code is appropriately valued higher because the service requires greater intensity and complexity to perform. **The RUC recommends a work RVU of 2.15 for CPT code 45338.**

45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
The RUC reviewed the survey results of 49 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has lesions typically resulting from neoplasia, pre-neoplasia, inflammatory bowel disease, or radiation.

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The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45346. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD ablation code, 43270 (RUC recommended work RVU= 4.39) should be maintained in this flexible sigmoidoscopy ablation code. Therefore, the established increment for the physician work related to the ablation, 2.13 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.97 for CPT code 45346. The RUC agreed with the specialty that the physician work related solely to ablation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.97, the RUC compared the surveyed code to CPT codes 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86) and 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open* (work RVU= 3.29) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45346, the recommended work value of 2.97 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU= 2.70, total time= 60 minutes) and agreed that while the two services have identical intra time and analogous total time, the surveyed code should be valued slightly higher than this MPC code due to greater physician and intensity to perform the service. **The RUC recommends a work RVU of 2.97 for CPT code 45346.**

45340 Sigmoidoscopy, flexible; with transendoscopic balloon dilation
The RUC reviewed the survey results of 58 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has an intermittent bowel obstruction typically resulting from a neoplasm, ischemia, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45340. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy balloon dilation less than 30 mm code, 43220 (RUC recommended work RVU= 2.10) should be maintained in this flexible sigmoidoscopy balloon dilation code. Therefore, the established increment for the physician work related to balloon dilation, 0.51 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.35 for CPT code 45340. The RUC agreed with the specialty that the physician work related solely to balloon dilation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.35, the RUC compared the surveyed code to CPT codes 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report* (work RVU= 1.28) and 32560 *Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)* (work RVU= 1.54) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45340, the recommended work value of 1.35 appropriately values this surveyed code between these two reference codes. Finally, the RUC reviewed MPC code 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU= 1.14) and agreed that that since this code has less intra-service time, 15 minutes, compared to 45340, the recommended value of 1.35 accurately values this surveyed code higher than this MPC code. **The RUC recommends a work RVU of 1.35 for CPT code 45340.**

45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination
The RUC reviewed the survey results of 36 gastroenterologists and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the typical patient has previously found squamous cell carcinoma of the anus and flexible sigmoidoscopy with EUS is needed to stage the lesion.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45341. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD EUS code, 43237 (RUC recommended work RVU= 3.85) should be maintained in this flexible sigmoidoscopy equivalent code. Therefore, the established increment for the physician work related to EUS, 1.59 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.43 for CPT code 45341. The RUC agreed with the specialty that the physician work related solely to EUS is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.43, the RUC compared the surveyed code to CPT code 52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service* (work RVU= 2.37) and agreed that since both codes have identical intra-service time, 30 minutes, and analogous total time, both services should be valued nearly identically. In addition, the RUC reviewed CPT code to MPC code 11043 *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less* (work RVU= 2.70) and noted that since the reference code has slightly more total time and more physician work intensity, code 11043 is appropriately valued greater than 45341. **The RUC recommends a work RVU of 2.43 for CPT code 45341.**

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45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
The RUC reviewed the survey results of 36 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the typical patient has previously found squamous cell carcinoma of the anus and flexible sigmoidoscopy with EUS and FNA is needed to stage the lesion.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45342. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD EUS with FNA code, 43238 (RUC recommended work RVU= 4.50) should be maintained in this flexible sigmoidoscopy equivalent code. Therefore, the established increment for the physician work related to EUS with FNA, 2.24 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 3.08 for CPT code 45342. The RUC agreed with the specialty that the physician work related solely to EUS with FNA is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 3.08, the RUC compared the surveyed code to CPT code 59001 *Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)* (work RVU= 3.00) and agreed that with identical intra-service time, 45 minutes, and similar work intensity, both codes should be valued similarly. In addition, the RUC reviewed CPT code 36595 *Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access* (work RVU= 3.59) and noted that while both codes have the same intra-service time, the reference code is more intense and justifies a higher work value than 45342. **The RUC recommends a work RVU of 3.08 for CPT code 45342.**

45347 Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
The RUC reviewed the survey results of 57 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the reason for placement of a stent is that the patient has a narrowing or obstruction of the lumen of the bowel resulting from a neoplasm.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45347. The RUC noted that the identical increment between the

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esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD endoscopic stent placement code, 43266 (RUC recommended work RVU= 4.40) should be maintained in this flexible sigmoidoscopy endoscopic stent placement code. Therefore, the established increment for the physician work related to endoscopic stent placement, 2.14 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.98 for CPT code 45347. The RUC agreed with the specialty that the physician work related solely to placement of an endoscopic stent is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.98, the RUC compared the surveyed code to CPT code 37214 *Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method* (work RVU= 2.74) and noted that while the reference code has greater intra-service time, 38 minutes compared to 35 minutes, the physician work involved in 45347 is more intense and complex than in the reference code. Therefore, the surveyed code is accurately valued higher than this reference code. The RUC also reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that with higher intra-service time, 40 minutes, the reference code is accurately valued higher than 45347. **The RUC recommends a work RVU of 2.98 for CPT code 45347.**

45349 *Sigmoidoscopy, flexible; with endoscopic mucosal resection*
The RUC reviewed the survey results of 43 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the standard package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45349. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD endoscopic mucosal resection code, 43254 (RUC recommended work RVU= 5.25) should be maintained in this flexible sigmoidoscopy endoscopic mucosal resection code. Therefore, the established increment for the physician work related to endoscopic mucosal resection, 2.99 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 3.83 for CPT code 45349. The RUC agreed with the specialties that the physician work related solely to placement of an endoscopic mucosal resection is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 3.83, the RUC compared the surveyed code to CPT codes 43246 *Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube* (work RVU= 3.66) and 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)* (work RVU= 4.00) and agreed that since both these reference services have identical intra-service time to the surveyed code, 30 minutes, they provide appropriate brackets around the recommended value for 45349. **The RUC recommends a work RVU of 3.83 for CPT code 45349.**

45350 ***Sigmoidoscopy, flexible; with band ligation (eg, hemorrhoids)***
The RUC reviewed the survey results of 33 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 20 minutes and post-service time of 13 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the standard package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45350. The RUC noted that the identical increment between the colonoscopy base code, 45378 (RUC recommended work RVU= 3.36) and the colonoscopy banding code, 45398 (RUC recommended work RVU= 4.30) should be maintained in this flexible sigmoidoscopy banding code. Therefore, the established increment for the physician work related to banding, 0.94 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.78 for CPT code 45350. The RUC agreed with the specialties that the physician work related solely to banding is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.78, the RUC compared the surveyed code to CPT codes 45321 *Proctosigmoidoscopy, rigid; with decompression of volvulus* (work RVU= 1.75) and 64416 *Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81) and agreed that since both these reference services have identical intra-service time to the surveyed code, 20 minutes, they provide appropriate brackets around the recommended value for 45350. **The RUC recommends a work RVU of 1.78 for CPT code 45350.**

G0104 ***Colorectal cancer screening; flexible sigmoidoscopy***
HCPCS code G0104 was created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment. CMS and other third-party payors have maintained throughout the history of these codes that there is no difference in physician work between these codes are their corresponding CPT codes. The RUC agreed with the specialty societies that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer

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(ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same flexible sigmoidoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. **Therefore, the RUC recommends a work RVU of 0.84 for G0104, a direct crosswalk to CPT code 45330.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the flexible sigmoidoscopy services and noted that these services mostly crosswalk from the EGD codes approved last year. In general, the total clinical staff times were either slightly lower or just about the same as the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the EGD codes approved in the previous year. Finally, the Subcommittee noted that several supplies and equipment were newly submitted to CMS for pricing just last year. Since new codes were not available prior to the meeting, they are listed as new and will be revised when CMS releases the codes. There is one new equipment item specifically related to these types of procedures (videoscope, sigmoidoscopy) and one item related to only CPT code 43270 (radiofrequency generator, endoscopy). Appropriate invoices are attached. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Extant Databases:
The RUC is aware that several databases currently exist that collect physician time and other patient quality-related information for endoscopy services. The specialty societies were queried about the availability of these databases to be used to inform the RUC during this extensive review of all endoscopy procedures. The specialties explained that these databases currently do not have a standard definition of intra-service work and are not publically available at this time.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Do Not Use to Validate:
The specialties requested, and the RUC agreed, that CPT code 45338 should have a note in the RUC database that states this code should not be used to validate for physician work. The specialties stated that an intra-service time of 15 minutes underrepresents the physician work involved in the snare technique, especially compared to other endoscopic snare codes.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.~~ ***Definitions*** ***Proctosigmoidoscopy*** is the examination of the rectum and may include examination of a portion of the sigmoid colon. ***Sigmoidoscopy*** *is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.* ***Colonoscopy*** is the examination of the entire colon, from the rectum to the cecum, and may include ~~the~~ examination of the terminal ileum or small intestine proximal to an anastomosis. ***Colonoscopy through stoma*** is the examination of the colon, from the colostomy stoma to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis. When performing a~~n endoscopy~~ diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope ~~beyond~~to the ~~splenic flexure,~~cecum or colon-small intestine anastomosis due to unforeseen circumstances, report ~~the~~ 45378 (colonoscopy) or 44388 (colonoscopy ~~code~~through stoma) with modifier ~~53~~53 and provide appropriate documentation. If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 45388, 45384, 45398, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation. Report flexible sigmoidoscopy (45330-45347) for endoscopic examination during which the endoscope is not advanced beyond the splenic flexure.				

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Report flexible sigmoidoscopy (45330-45347) for endoscopic examination of a patient who has undergone resection of the colon proximal to the sigmoid (eg, subtotal colectomy) and has an ileo-sigmoid or ileo-rectal anastomosis. Report pouch endoscopy codes (44385, 44386) for endoscopic examination of a patient who has undergone resection of colon with ileo-anal anastomosis (eg, J pouch).

Report colonoscopy (45378-45398) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection).

For colonoscopy through stoma, see 44388-44408.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261-74263.

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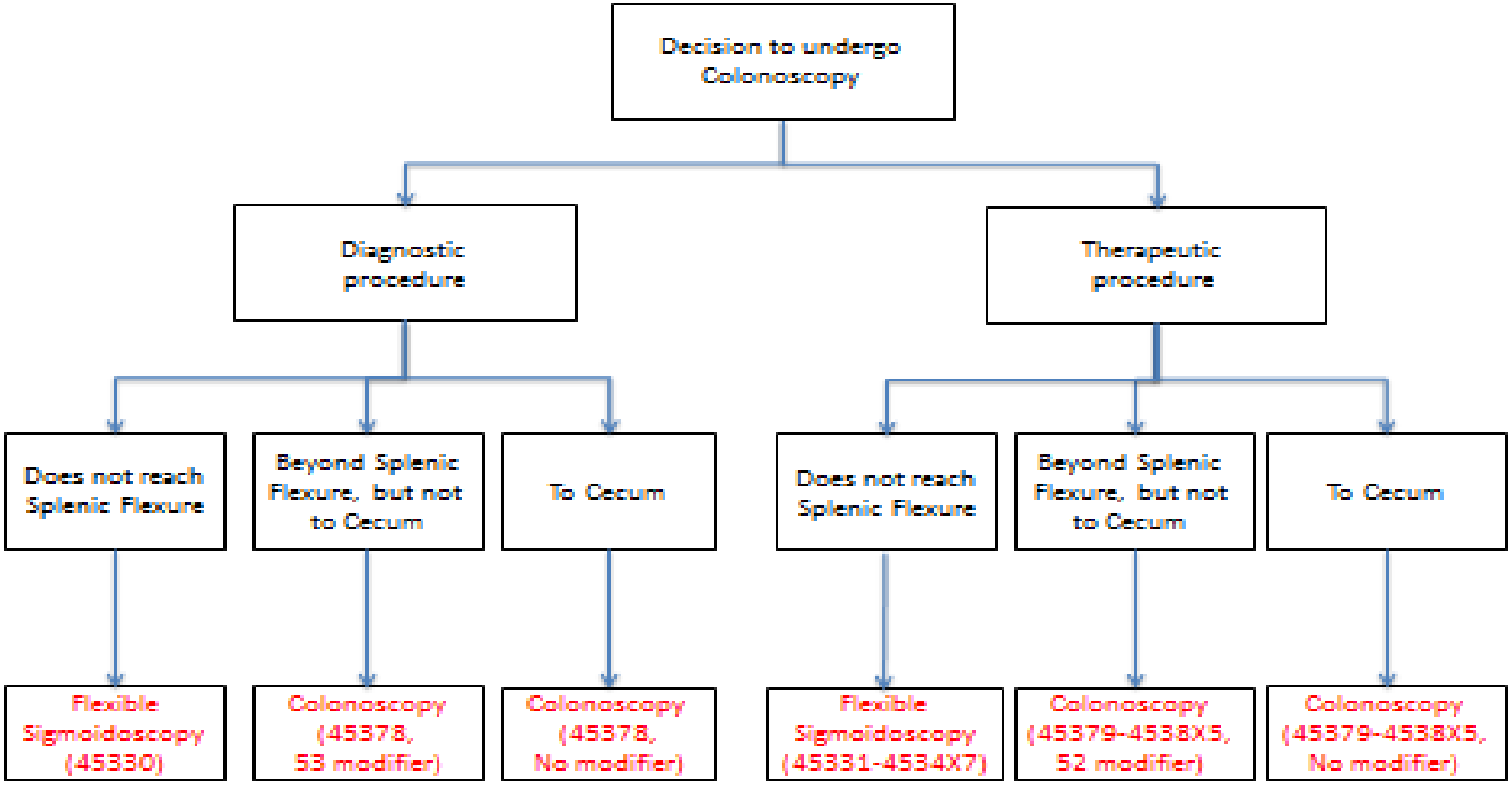

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▲45330	C1	Sigmoidoscopy, flexible; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 45330 in conjunction with 45331-45342, 45349, 45350, 45346, 45347)	000	0.84
45331	C2	with biopsy, single or multiple (Do not report 45331 in conjunction with 45349 for the same lesion)	000	1.14
⊙45332	C3	with removal of foreign body(s) (Do not report 45332 in conjunction with 45330) (If imaging guidance is performed, use 76000)	000	1.85
⊙45333	C4	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 45333 in conjunction with 45330)	000	1.65
▲⊙45334	C5	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)~~ (Do not report 45334 in conjunction with 45335, 45350 for the same lesion) (Do not report 45334 in conjunction with 45330)	000	2.10
⊙45335	C6	with directed submucosal injection(s), any substance (Do not report 45335 in conjunction with 45334, 45349 for the same lesion) (Do not report 45335 in conjunction with 45330)	000	1.15

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⊙45337	C7	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of ~~volvulus~~decompression tube, ~~any method~~when performed (Do not report 45337 in conjunction with 45330) (Do not report 45337 more than once per session)	000	2.20
⊙45338	C8	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 45338 in conjunction with 45349 for the same lesion) (Do not report 45338 in conjunction with 45330) (For endoscopic mucosal resection, use 45349)	000	2.15
D⊙ 45339		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (45339 has been deleted. To report, use 45346)	000	N/A
●⊙45346	C9	with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45346 in conjunction with 45330) (Do not report 45346 in conjunction with 45340 for the same lesion)	000	2.97

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▲⊙45340	C10	with transendoscopic balloon dilation ~~by balloon, 1 or more strictures~~ (Do not report 45340 in conjunction with ~~45345~~45330, 45346, 45347) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 45340 with modifier 59 for each additional stricture dilated)	000	1.35
⊙45341	C11	with endoscopic ultrasound examination (Do not report 45341 in conjunction with 45330, 45342, 76872, 76975) (Do not report 45341 more than once per session)	000	2.43
⊙45342	C12	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) (Do not ~~report 45341,~~ report 45342 in conjunction with 45330, 45341, 76872, 76942, 76975) (Do not report 45342 more than once per session) ~~(For interpretation of specimen, see 88172-88173)~~ ~~(For transrectal ultrasound utilizing rigid probe device, use 76872)~~	000	3.08
D⊙45345		~~with transendoscopic stent placement (includes predilation)~~ (45345 has been deleted. To report, use 45347)	000	N/A

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●⊙45347	C13	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45347 in conjunction with 45330, 45340) (If imaging guidance is performed, use 74360)	000	2.98
⊙●45349	C14	with endoscopic mucosal resection (Do not report 45349 in conjunction with 45330, 45331, 45335, 45338, 45350 for the same lesion) (Do not report 4534X3 in conjunction with 45330)	000	3.83
⊙●45350	C15	with band ligation *(*eg, hemorrhoids) (Do not report 45350 in conjunction with 45334 for the same lesion) (Do not report 45350 in conjunction with 45330, 45349, 46221) (To report control of active bleeding with band ligation, use 45334)	000	1.78
G0104	C16	Colorectal cancer screening; flexible sigmoidoscopy	000	0.84

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October 25, 2013

Barbara Levy, MD
Chair, AMA / Specialty Society Relative Value Update Committee
515 N. State St.
Chicago, IL 60657

Dear Dr. Levy,

The undersigned RUC Advisors will not be conducting RUC surveys for HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 that were added as family codes in the New and Revised LOI. Our rationale for this decision is provided below.

G0104, G0105, G0106, G0120, and G0121

The G-codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication.[1] Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment.

CMS G-Code	Cat I CPT Code
G0104	45330
G0105, G0121	45378
G0106, G0120	74280

CMS and other third party payors have agreed that there is no difference in work (ie, same provider and facility payment for 15 years). The only rationale for maintaining the G-codes is for easy software monitoring of frequency limits that correspond to payment rules for preventative services – not because the procedures are different. The G-codes are redundant to CPT codes and would be unnecessary given current computer software capabilities if payors updated their software and allowed reporting of CPT Category I codes paired with screening ICD-9 diagnosis codes to monitor for frequency limits.

Our recent submission of a code change proposal for the family of colonoscopy codes clearly defines colonoscopy. The typical (national) patient vignette for code 45378 is a patient undergoing a screening colonoscopy. Our societies strongly believe that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. It is illogical to believe that the work for 45378 would be different than G0105 or G0121.

[1] http://www.gpo.gov/fdsys/pkg/FR-1997-10-31/pdf/97-28973.pdf (pp. 59079-59082)

45355

CPT code 45355 (Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple) is a low volume procedure. The surgical societies will submit a request for deletion to CPT.

In summary, we believe that it is appropriate for CMS to continue to crosswalk the physician work, practice expense details, and payment of the CPT codes to their corresponding G codes and will request deletion of 45355. If you have any questions, please contact Leslie Narramore (Lnarramore@gastro.org) or Jan Nagle (JLMdata@aol.com).

Sincerely,

R. Bruce Cameron, MD
ACG RUC Advisor

Joel Brill, MD
AGA RUC Advisor

Nicholas Nickl, MD
ASGE RUC Advisor

Christopher Senkowski, MD
ACS RUC Advisor

Guy Orangio, MD
ASCRS RUC Advisor

Donald Selzer, MD
SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45330 Tracking Number C1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.84**
Global Period: 000 RUC Recommended RVU: **0.84**

CPT Descriptor: Sigmoidoscopy, flexible; diagnostic, collection of specimen(s) by brushing or washing when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old patient presents with diarrhea without evidence of bleeding. Laboratory evaluation of stool was unrevealing for the presence of infectious pathogens. Diagnostic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and collection of specimens by brushings is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 34%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. An exam with cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic equipment is positioned to provide access for the procedure. A "time out" is performed. Topical anesthetic is applied when indicated.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Pathology and cytology forms are completed if pertinent; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the

recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, SAGES, ASCRS, ACS		
CPT Code:	45330		
Sample Size:	3208	**Resp N:** 103	**Response:** 3.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	200.00
Survey RVW:	0.75	1.00	**1.50**	2.00	3.55
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	3.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	45330	**Recommended Physician Work RVU: 0.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45300	000	0.80	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20553	000	0.75	**RUC Time**	187,089

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
45300	000	0.80	**RUC Time**	36,953

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 43 **% of respondents:** 41.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45330**	**Key Reference CPT Code:** 45300	**Source of Time** **RUC Time**
Median Pre-Service Time	21.00	7.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**41.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.09	2.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.74	2.67
Urgency of medical decision making	2.44	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.93	2.60
Physical effort required	2.60	2.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.49	2.45
Outcome depends on the skill and judgment of physician	2.91	2.79
Estimated risk of malpractice suit with poor outcome	2.86	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.35	2.21
Intra-Service intensity/complexity	2.81	2.37
Post-Service intensity/complexity	2.42	2.30

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45330 *Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed*

We recommend crosswalking the RVW for 45330 (rigid proctosigmoidoscopy, diagnostic) to 45300. This value is less than the current and the 25th percentile RVW for 45300. The work and time for performing diagnostic flexible sigmoidoscopy is similar to diagnostic rigid proctosigmoidoscopy. The survey data support this crosswalk.

Pre-time Package 1a is appropriate as moderate sedation is not inherent to the procedure and 45330 is not listed in CPT Appendix G. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45300
Key Reference code 45300, *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The pre, intra, and post-work for 45300 and 45330 are similar, with the exception of the endoscope that is utilized.

Comparison To Other RUC-Reviewed Codes with 10 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	0.048	22	7	10	5
2012	**69200**	Removal foreign body from external auditory canal; without general anesthesia	0.77	0.048	23	10	10	3
2007	**45300**	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0.80	0.042	27	7	10	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
Survey	**45330**	Diagnostic sigmoidoscopy, flex	0.84	0.022	41	21	10	10
2011	**69220**	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	0.83	0.065	18	6	10	2
2010	**12001**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	0.059	22	7	10	5
2011	**51705**	Change of cystostomy tube; simple	0.90	0.041	32	12	10	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45330

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty Colorectal surgery — How often? Sometimes

Specialty General surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 200000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,853 in 2011. (66,853*3 = ~ 200,000)

Specialty Gastroenterology — Frequency 112000 — Percentage 56.00 %

Specialty Colorectal surgery — Frequency 46000 — Percentage 23.00 %

Specialty General surgery — Frequency 28000 — Percentage 14.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 66,853 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,853 in 2011

Specialty Gastroenterology	Frequency 37438	Percentage 56.00 %
Specialty Colorectal surgery	Frequency 15376	Percentage 22.99 %
Specialty General surgery	Frequency 9359	Percentage 13.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45330

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45331 Tracking Number C2 Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.14**
Global Period: 000 RUC Recommended RVU: **1.14**

CPT Descriptor: Sigmoidoscopy, flexible; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient presents with chronic diarrhea. Laboratory evaluation of stool was unrevealing. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon and multiple biopsies of abnormal tissue is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 64%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. An exam with cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic equipment is positioned to provide access for the procedure. A "time out" is performed. Topical anesthetic is applied when indicated.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary.The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be biopsied is identified and assessed. Endoscopically directed biopsies are taken of abnormal tissue. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties.

Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45331		
Sample Size:	3210	**Resp N:** 100	**Response:** 3.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	40.00	200.00
Survey RVW:	1.00	1.38	**1.75**	2.35	4.56
Pre-Service Evaluation Time:			**19.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	10.00	**15.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	45331	**Recommended Physician Work RVU: 1.14**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	88,665

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	142,525

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 46 **% of respondents:** 46.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45331**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	21.00	25.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.07	2.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.85	2.82
Urgency of medical decision making	2.74	2.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	2.80
Physical effort required	2.89	2.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.74	2.67
Outcome depends on the skill and judgment of physician	3.04	2.93
Estimated risk of malpractice suit with poor outcome	2.87	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.65	2.54
Intra-Service intensity/complexity	3.04	2.61
Post-Service intensity/complexity	2.70	2.59

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45331 *Sigmoidoscopy, flexible; with biopsy, single or multiple*

We recommend an RVW of 1.10 for 45331. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base code 45330 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260) approved by the RUC for endoscopic biopsies.

Pre-time Package 1a is appropriate as moderate sedation is not inherent to the procedure and 45331 is not listed in CPT Appendix G. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45305 from 2007 is comparable to the current survey data for 45331 and the intensity and complexity data indicate that 45305 and 45331 are also similar.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1.00	0.034	37	12	15	10
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (separate procedure); 1 lesion	1.10	0.043	35	10	15	10
survey	**45331**	Sigmoidoscopy and biopsy	1.14	0.032	46	21	15	10
2010	**12002**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or	1.14	0.059	27	7	15	5

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		extremities (including hands and feet); 2.6 cm to 7.5 cm						
2003	**36584**	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	1.20	0.060	29	9	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45331

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 114000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 37,968 in 2011. (37,968*3 = ~ 114,000)

Specialty Gastroenterology Frequency 93000 Percentage 81.57 %

Specialty General surgery Frequency 7000 Percentage 6.14 %

Specialty Colorectal surgery Frequency 6000 Percentage 5.26 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 37,968 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 37,968 in 2011.

Specialty Gastroenterology Frequency 30754 Percentage 80.99 %

Specialty General surgery Frequency 2278 Percentage 5.99 %

Specialty Colorectal surgery Frequency 1898 Percentage 4.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45331

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45332 Tracking Number C3 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.85**
Global Period: 000 RUC Recommended RVU: **1.85**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old patient presents after inserting an object into the rectum that cannot be manually removed. Therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of the foreign body is performed..

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the foreign body using air insufflation as necessary.The foreign body to be removed is identified and assessed. Using a retrieval device advanced through the biopsy channel of the sigmoidoscope, the foreign body is grasped, and pulled to the tip of the sigmoidoscope. The sigmoidoscope and foreign body are withdrawn. The sigmoidoscope is reinserted to the region of the splenic flexure and slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45332		
Sample Size:	3212	**Resp N:** 64	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	200.00
Survey RVW:	1.20	2.00	**2.50**	3.25	6.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	20.00	**20.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45332	**Recommended Physician Work RVU: 1.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 29.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45332**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.53	3.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.37	3.11
Urgency of medical decision making	4.11	3.68
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	3.58
Physical effort required	3.95	3.32
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.16	3.63
Outcome depends on the skill and judgment of physician	4.11	3.58
Estimated risk of malpractice suit with poor outcome	3.74	3.32

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.47	3.21
Intra-Service intensity/complexity	4.16	3.58
Post-Service intensity/complexity	3.53	3.26

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45332 *Sigmoidoscopy, flexible; with removal of foreign body*

We recommend an RVW of 1.81 for 45332. This value is 0.02 RVWs greater than the current RVW and reflects the recommendation for the flexible sigmoidoscopy base code 45330 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260) approved by the RUC for endoscopic removal of foreign bodies. Using the RUC's approved method for valuing a code – value the increment - as compelling evidence, we note that the recommended RVW of 1.81 is only slightly greater than the current value and preserves the established increment of 1.01 for endoscopic removal of foreign body.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 from 2007 is comparable to the current survey data for 45332 and the intensity and complexity data indicate that 45317 and 45332 are also similar.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**55876**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	1.73	0.043	59	29	20	10
2007	**45315**	Proctosigmoidoscopy, rigid; with removal of	1.80	0.054	55	25	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique						
2008	**64416**	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	1.81	0.049	60	25	20	15
survey	**45332**	Sigmoidoscopy and foreign body removal	1.85	0.046	63	33	20	10
2012	**32554**	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	0.054	56	21	20	15
2003	**36569**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	1.82	0.055	55	25	20	10
2002	**57456**	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	1.85	0.065	45	15	20	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45332

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 800

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 267 in 2011. (267*3 = ~ 800)

Specialty Gastroenterology	Frequency 550	Percentage 68.75 %
Specialty General surgery	Frequency 130	Percentage 16.25 %
Specialty Colorectal surgery	Frequency 80	Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 267
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 267 in 2011.

Specialty Gastroenterology	Frequency 184	Percentage 68.91 %
Specialty General surgery	Frequency 43	Percentage 16.10 %
Specialty Colorectal surgery	Frequency 27	Percentage 10.11 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45332

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45333 Tracking Number C4 Original Specialty Recommended RVU: **1.61**
Presented Recommended RVU: **1.65**
Global Period: 000 RUC Recommended RVU: **1.65**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with a history of subtotal colectomy for colon cancer presents with diarrhea. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of a polyp with hot biopsy forceps is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 65%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 40%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be removed is identified and assessed. The identified lesion is removed with hot biopsy forceps until there is no residual. The area is assessed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Cytology and pathology forms are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45333		
Sample Size:	3212	**Resp N:** 59	**Response:** 1.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**7.00**	20.00	200.00
Survey RVW:	1.20	1.75	**2.00**	3.28	4.80
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	11.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45333	**Recommended Physician Work RVU: 1.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,566

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	852,187

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45333**	**Key Reference CPT Code:** 31625	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	15.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**52.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.00
Urgency of medical decision making	3.00	2.92
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.54	3.15
Physical effort required	3.23	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.31
Outcome depends on the skill and judgment of physician	3.62	3.23
Estimated risk of malpractice suit with poor outcome	3.46	3.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.85	3.08
Intra-Service intensity/complexity	3.46	3.15
Post-Service intensity/complexity	2.77	2.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45333 *Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 1.61 for 45333. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.81 (43216-43200; 43250-43235) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 31625

Many codes were chosen as a reference by the survey respondents for 45333. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often by the survey respondents (13/59), however this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**64447**	Injection, anesthetic agent; femoral nerve, single	1.50	0.061	44	19	15	10
2009	**64493**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image	1.52	0.066	42	17	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		guidance (fluoroscopy or CT), lumbar or sacral; single level						
2010	**62284**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	1.54	0.058	49	24	15	10
Survey	**45333**	Sigmoidoscopy and hot biopsy polypectomy	1.61	0.057	52	27	15	10
2008	**64448**	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	1.63	0.054	55	25	15	15
2009	**53855**	Insertion of a temporary prostatic urethral stent, including urethral measurement	1.64	0.084	32	7	15	10
2009	**64490**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1.82	0.086	42	17	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45333

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty General surgery — How often? Sometimes

Specialty Colorectal surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,908 in 2011. (1,908*3 = ~ 5,700)

Specialty Gastroenterology	Frequency 3200	Percentage 56.14 %
Specialty General surgery	Frequency 1100	Percentage 19.29 %
Specialty Colorectal surgery	Frequency 800	Percentage 14.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,908
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,908 in 2011.

Specialty Gastroenterology	Frequency 1088	Percentage 57.02 %
Specialty General surgery	Frequency 382	Percentage 20.02 %
Specialty Colorectal surgery	Frequency 267	Percentage 13.99 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45333

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45334 Tracking Number C5 Original Specialty Recommended RVU: **2.10**
Presented Recommended RVU: **2.10**
Global Period: 000 RUC Recommended RVU: **2.10**

CPT Descriptor: Sigmoidoscopy, flexible; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73–year-old patient with a history of cancer who has previously received radiation therapy to the pelvic region presents with hematochezia. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon, and control of bleeding from a rectal ulcer, is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 71%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 42%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Intra-service: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The bleeding lesion is identified and assessed. A bipolar cautery probe is inserted through the endoscope and positioned on the bleeding lesion; therapy is applied to control the bleeding. When indicated, epinephrine is injected submucosally and/or endoclips are placed. Once the bleeding is controlled, the area is assessed and observed for further bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45334		
Sample Size:	3212	**Resp N:** 71	**Response:** 2.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**8.00**	20.00	200.00
Survey RVW:	1.50	2.10	**2.50**	3.63	6.75
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**20.00**	30.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45334	**Recommended Physician Work RVU: 2.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 37 **% of respondents:** 52.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 45334**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.46	3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.46	3.27
Urgency of medical decision making	4.00	3.78
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.08	3.51
Physical effort required	3.57	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.84	3.54
Outcome depends on the skill and judgment of physician	4.05	3.73
Estimated risk of malpractice suit with poor outcome	3.59	3.41

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.32	3.19
Intra-Service intensity/complexity	3.95	3.54
Post-Service intensity/complexity	3.38	3.19

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45334 *Sigmoidoscopy, flexible; with control of bleeding, any method*

We recommend an RVW of 2.10 for 45334. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established. The RUC accepted the survey 25th percentile RVW for 43227 and 43255 resulting in increments over the base codes of 1.67 and 1.94 RVW reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The recommended increment of 1.30 for 45334 over the flexible sigmoidoscopy base code (45330) is consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (ie, less work) and to the rest of the codes in the flexible sigmoidoscopy family.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The current survey data indicate that 45334 is more intense and complex than 45317 in all 11 measures, which supports the slight difference in RVW.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45317**	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2.00	0.064	55	25	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**49084**	Peritoneal lavage, including imaging guidance, when performed	2.00	0.061	58	23	20	15
2002	**56821**	Colposcopy of the vulva; with biopsy(s)	2.05	0.075	45	15	20	10
survey	**45334**	Sigmoidoscopy and control of bleeding	2.10	0.060	63	33	20	10
1997	**59871**	Removal of cerclage suture under anesthesia (other than local)	2.13	0.058	63	28	20	15
2002	**57421**	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	2.20	0.082	45	15	20	10
2012	**32555**	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	0.076	57	22	20	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty Colorectal surgery — How often? Rarely

Specialty General surgery — How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 3,294 in 2011. (3,294*3 = ~ 10,000)

Specialty Gastroenterology — Frequency 8200 — Percentage 82.00 %

Specialty Colorectal surgery — Frequency 600 — Percentage 6.00 %

Specialty General surgery Frequency 400 Percentage 4.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,294
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 3,294 in 2011.

Specialty Gastroenterology Frequency 2734 Percentage 82.99 %

Specialty Colorectal surgery Frequency 198 Percentage 6.01 %

Specialty General surgery Frequency 132 Percentage 4.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45334

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45335 Tracking Number C6 Original Specialty Recommended RVU: **1.11**
Presented Recommended RVU: **1.15**
Global Period: 000 RUC Recommended RVU: **1.15**

CPT Descriptor: Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old patient previously underwent colonoscopy and removal of a sessile polyp from the sigmoid colon that was confirmed by pathology as an invasive adenocarcinoma. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon, with injection of sterile India ink into the scar, is performed to allow identification of the neoplastic site for subsequent surgical removal.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 65%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary.The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be injected is identified and assessed. Endoscopically directed submucosal injections are performed at the targeted lesion. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45335		
Sample Size:	3212	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**8.00**	18.00	250.00
Survey RVW:	1.30	1.73	**2.00**	2.97	4.25
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45335	**Recommended Physician Work RVU: 1.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	88,665

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	142,525

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 38.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45335**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	15.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**52.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.25	3.08
Urgency of medical decision making	3.25	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.75	3.46
Physical effort required	3.29	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.42	3.29
Outcome depends on the skill and judgment of physician	3.63	3.54
Estimated risk of malpractice suit with poor outcome	3.42	3.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	3.08
Intra-Service intensity/complexity	3.50	3.42
Post-Service intensity/complexity	3.21	3.08

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45335 *Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance*

We recommend an RVW of 1.11 for 45335. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.31 (43201-43200; 43236-43235) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The significant difference in intensity and slight difference in intra-time between 45317 (control bleeding) and 45335 (injection) are reflected in the difference in RVWs. The table below provides additional comparison codes that have similar time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1.00	0.034	37	12	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (separate procedure); 1 lesion	1.10	0.043	35	10	15	10
survey	**45335**	Sigmoidoscopy and submucosal inj	1.15	0.024	52	27	15	10
2010	**12002**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	0.059	27	7	15	5
2003	**36584**	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	1.20	0.060	29	9	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45335

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 7400

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,455 in 2011. (2,455*3 = ~ 7,400)

Specialty Gastroenterology	Frequency 5000	Percentage 67.56 %
Specialty Colorectal surgery	Frequency 1200	Percentage 16.21 %
Specialty General surgery	Frequency 900	Percentage 12.16 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,455
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,455 in 2011.

Specialty Gastroenterology	Frequency 1645	Percentage 67.00 %
Specialty Colorectal surgery	Frequency 393	Percentage 16.00 %
Specialty General surgery	Frequency 295	Percentage 12.01 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45335

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45337 Tracking Number C7 Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **2.20**

CPT Descriptor: Sigmoidoscopy, flexible; with decompression of volvulus, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 80-year-old patient with a past history of pelvic surgery presents with abdominal distension, obstipation, and pain. Imaging studies reveal the presence of a sigmoid volvulus. The patient is not a candidate for surgical intervention. The patient undergoes therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and decompression of the volvulus.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 66%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 41%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated, inserted into the rectum using air insufflation as necessary.. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened and advanced to the splenic flexure. A guidewire is inserted through the biopsy channel into the colon. The sigmoidoscope is withdrawn maintaining the position of the guidewire while decompressing the colon with suction during withdrawal and allowing circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. A decompression tube is advanced over the guidewire after the sigmoidoscope is withdrawn and secured to a drainage bag.

CPT Code: 45337

Description of Post-Service Work: Assess the patient's condition, including post-procedure vital signs. Monitor patient during reversal of anesthesia. Discuss post-procedure recovery care with anesthesia and nursing staff. Order and review post-procedure radiographs. Discuss procedure and outcome with family. Complete post-procedure specimen verification, documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45337		
Sample Size:	3212	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	50.00
Survey RVW:	0.90	2.20	**3.25**	4.25	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	20.00	**25.00**	30.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45337	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45300	000	0.80	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90945	000	1.56	**RUC Time**	136,276

CPT Descriptor 1 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	83,969

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 17.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45337**	**Key Reference CPT Code:** 45300	**Source of Time** **RUC Time**
Median Pre-Service Time	38.00	7.00	
Median Intra-Service Time	25.00	10.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.82	2.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.00
Urgency of medical decision making	4.45	2.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.27	2.82
Physical effort required	4.09	2.82
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.64	3.00
Outcome depends on the skill and judgment of physician	4.45	2.91
Estimated risk of malpractice suit with poor outcome	4.36	3.09

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.91	2.73
Intra-Service intensity/complexity	4.09	2.91
Post-Service intensity/complexity	3.55	2.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45337 *Sigmoidoscopy, flexible; with decompression of volvulus, any method*

We recommend an RVW of 2.20 for 45337. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 45300
Although code 45300, *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure),* was chosen more than any other code in the reference list, it was only chosen by 17% of the respondents. Several other references were chosen almost equally. The lack of a direct comparative service to 45337, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. For example, for those respondents who chose 45300, the estimated RVW was 2x or 3x the RVW of 45300. The significant difference in both time and work between 45300 and 45337 make this reference code difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51725**	Simple cystometrogram (CMG) (eg, spinal manometer)	1.51	0.029	60	20	25	15
2010	**12015**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous	1.98	0.069	37	7	25	5

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		membranes; 7.6 cm to 12.5 cm						
2010	**49083**	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	2.00	0.052	60	25	25	10
survey	**45337**	Sigmoidoscopy and decompression of volvulus	2.20	0.048	73	33	25	15
2003	**64517**	Injection, anesthetic agent; superior hypogastric plexus	2.20	0.049	75	30	25	20
2005	**52204**	Cystourethroscopy, with biopsy(s)	2.59	0.080	54	17	25	12
2010	**52332**	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2.82	0.088	56	21	25	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45337

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database 1,005 in 2011. (1,005*3 = ~ 3,000)

Specialty Gastroenterology Frequency 2000 Percentage 66.66 %

Specialty General surgery	Frequency 600	Percentage 20.00 %
Specialty Colorectal surgery	Frequency 200	Percentage 6.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,005
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,005 in 2011.

Specialty Gastroenterology	Frequency 673	Percentage 66.96 %
Specialty General surgery	Frequency 211	Percentage 20.99 %
Specialty Colorectal surgery	Frequency 60	Percentage 5.97 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45337

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45338 Tracking Number C8 Original Specialty Recommended RVU: **2.11**
Presented Recommended RVU: **2.15**
Global Period: 000 RUC Recommended RVU: **2.15**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old patient previously underwent colonoscopy and partial removal of a sessile polyp from the sigmoid colon that was confirmed by pathology as an adenomatous polyp without signs of invasive malignancy. The patient undergoes therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of the polyp by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 72%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 44%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be removed is identified and assessed. A snare is passed through the sigmoidoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn and a retrieval device is inserted through the endoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the sigmoidoscope. The endoscope with the device and polyp are withdrawn. The lesion is placed in a biopsy container. The sigmoidoscope is reinserted through the anus to the area of the

lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until there is no residual. The area is observed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Pathology and cytology requisition forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45338		
Sample Size:	3212	**Resp N:** 67	**Response:** 2.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	200.00
Survey RVW:	1.40	2.00	**2.75**	3.65	5.53
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**15.00**	25.00	70.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45338	**Recommended Physician Work RVU: 2.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	852,187

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	2.23	**RUC Time**	920,672

CPT Descriptor 2 Cystourethroscopy (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45338**	**Key Reference CPT Code:** 31625	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	15.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**58.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.41	3.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.29	3.29
Urgency of medical decision making	3.18	3.06
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.18	3.59
Physical effort required	3.65	3.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.35
Outcome depends on the skill and judgment of physician	4.24	3.47
Estimated risk of malpractice suit with poor outcome	3.65	3.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.24	3.24
Intra-Service intensity/complexity	3.94	3.47
Post-Service intensity/complexity	3.18	3.12

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45338 *Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 2.11 45338. This value is less than the current RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 1.31 (43217-43200; 43251-43235) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 31625

Many codes were chosen as a reference by the survey respondents for 45338. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often by the survey respondents (17/67), however this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2006	**54150**	Circumcision, using clamp or other device with regional dorsal penile or ring block	1.90	0.087	45	25	15	5
2005	**15040**	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	2.00	0.076	60	35	15	10
2010	**69801**	Labyrinthotomy, with perfusion of	2.06	0.100	43	18	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		vestibuloactive drug(s); transcanal						
survey	**45338**	Sigmoidoscopy and snare polypectomy	2.15	0.081	58	33	15	10
2005	**52000**	Cystourethroscopy (separate procedure)	2.23	0.113	42	17	15	10
2011	**92960**	Cardioversion, elective, electrical conversion of arrhythmia; external	2.25	0.101	51	21	15	15
2005	**31579**	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	2.26	0.106	45	15	15	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45338

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 13500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 4,502 in 2011. (4.502*3 = ~ 13,500)

Specialty Gastroenterology Frequency 9700 Percentage 71.85 %

Specialty Colorectal surgery Frequency 1300 Percentage 9.62 %

Specialty General surgery Frequency 1600 Percentage 11.85 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,502
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 4,502 in 2011.

Specialty Gastroenterology	Frequency 3241	Percentage 71.99 %
Specialty Colorectal surgery	Frequency 450	Percentage 9.99 %
Specialty General surgery	Frequency 540	Percentage 11.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45338

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45346 Tracking Number C9 Original Specialty Recommended RVU: **2.93**
Presented Recommended RVU: **2.97**
Global Period: 000 RUC Recommended RVU: **2.97**

CPT Descriptor: Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient previously underwent a screening colonoscopy and removal of a large flat polyp in the distal sigmoid colon that was confirmed by pathology as a serrated adenoma. The patient undergoes therapeutic flexible sigmoidoscopy for ablation of the remaining polyp tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 41%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be ablated is identified and assessed. The ablation catheter is advanced and positioned at the lesion using sigmoidoscopic guidance. The lesion is repeatedly ablated until there is no residual. The area is observed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	45346		
Sample Size:	2006	**Resp N:** 49	**Response:** 2.4 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	150.00
Survey RVW:	1.50	2.80	**3.35**	4.70	6.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45346	**Recommended Physician Work RVU: 2.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15002	000	3.65	**RUC Time**	16,473

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 30.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45346**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.53	3.13
Urgency of medical decision making	3.40	3.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	3.47
Physical effort required	3.67	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.93	3.33
Outcome depends on the skill and judgment of physician	4.00	3.40
Estimated risk of malpractice suit with poor outcome	3.87	3.27

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.53	3.07
Intra-Service intensity/complexity	4.13	3.47
Post-Service intensity/complexity	3.40	3.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45346 *Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 2.93 for 45346. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.13 (4320X5-43200; 4326X9-43235; 4327X8-43260) approved by the RUC for endoscopic ablation of lesion including pre- and/or post-dilation and passage of guidewire.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data indicate that 45346 is more intense and complex for all 11 measures.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2008	**51102**	Aspiration of bladder; with insertion of suprapubic catheter	2.70	0.094	60	25	20	15
2010	**52281**	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	0.112	46	16	20	10
2007	**49452**	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image	2.86	0.102	60	30	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		documentation and report						
survey	**45346**	Sigmoidoscopy and ablation	2.97	0.102	63	33	20	10
2012	**32551**	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	0.101	83	43	20	20
2011	**15273**	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	3.50	0.093	100	60	20	20
2000	**16035**	Escharotomy; initial incision	3.74	0.131	70	30	20	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45339

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,714 in 2011. (1,714*3 = ~ 5,100)

Specialty Gastroenterology Frequency 3900 Percentage 76.47 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,714
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,714 in 2011.

Specialty Gastroenterology Frequency 1303 Percentage 76.02 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45339

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45340 Tracking Number C10 Original Specialty Recommended RVU: **1.89**
Presented Recommended RVU: **1.35**
Global Period: 000 RUC Recommended RVU: **1.35**

CPT Descriptor: Sigmoidoscopy, flexible; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with a history of a previous low anterior resection for cancer now presents with abdominal discomfort. Imaging studies reveal a stricture at the anastomotic site. Therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and dilation of the stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 47%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the lesion to be dilated using air insufflation as necessary. The lesion to be dilated is identified and assessed. The dilating balloon is advanced and positioned at the lesion using sigmoidoscopic guidance. The balloon is inflated to its recommended pressure and held for approximately sixty seconds. Repeated incremental dilations are performed until the lesion is satisfactorily dilated. The area is observed for bleeding. The sigmoidoscope is advanced to the splenic flexure. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. Post procedure radiographs are reviewed. The patient is assessed for complications of the procedure and suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, dietary restrictions, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45340		
Sample Size:	3212	**Resp N:** 58	**Response:** 1.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	6.00	75.00
Survey RVW:	1.50	2.50	**3.45**	4.43	6.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45340	**Recommended Physician Work RVU: 1.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45340**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**68.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.60	3.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.53	3.13
Urgency of medical decision making	3.47	3.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.47
Physical effort required	3.53	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.20	3.60
Outcome depends on the skill and judgment of physician	4.07	3.60
Estimated risk of malpractice suit with poor outcome	4.00	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.47	3.07
Intra-Service intensity/complexity	3.93	3.47
Post-Service intensity/complexity	3.40	3.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45340 *Sigmoidoscopy, flexible; with transendoscopic balloon dilation*

We recommend an RVW of 1.89 for 45340. This value is the survey 25th percentile RVW. Although there is an established increment for EGD with transendoscopic balloon dilation, a balloon dilation using a flexible sigmoidoscopy is an inherently more technically complex and riskier procedure due to factors including more limited visibility because of compromised prep, angulations within the sigmoid, and the higher risk of perforation of colonic strictures. The recommended increment of 1.09 for 45334 over the flexible sigmoidoscopy base code (45330) is consistent with the physician work, complexity and intensity involved in comparison to 43249-43235 (0.51 increment) and to rest of the codes in the flexible sigmoidoscopy family.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 is comparable to the current survey data for 45340 and the slight difference in RVW accounts for the increased intensity of 45317 (control bleeding).

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2012	**32554**	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	0.054	56	21	20	15
2003	**36569**	Insertion of peripherally inserted central venous catheter (PICC), without	1.82	0.055	55	25	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		subcutaneous port or pump; age 5 years or older						
2002	**57456**	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	1.85	0.065	45	15	20	10
survey	**45340**	Sigmoidoscopy and balloon dilation	1.35	0.044	68	33	20	15
2011	**47000**	Biopsy of liver, needle; percutaneous	1.90	0.054	60	25	20	15
2003	**36568**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	1.92	0.055	60	30	20	10
2002	**57455**	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	1.99	0.072	45	15	20	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45340

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty General surgery — How often? Sometimes

Specialty Colorectal surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,078 in 2011. (1,078*3 = ~ 3,200)

Specialty Gastroenterology	Frequency 2100	Percentage 65.62 %
Specialty General surgery	Frequency 600	Percentage 18.75 %
Specialty Colorectal surgery	Frequency 400	Percentage 12.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,078
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,078 in 2011.

Specialty Gastroenterology	Frequency 701	Percentage 65.02 %
Specialty General surgery	Frequency 194	Percentage 17.99 %
Specialty Colorectal surgery	Frequency 129	Percentage 11.96 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45340

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45341 Tracking Number C11 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: 000 RUC Recommended RVU: **2.43**

CPT Descriptor: Sigmoidoscopy, flexible; with endoscopic ultrasound examination

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient previously underwent a colonoscopy for hematochezia and was found to have squamous cell carcinoma of the anus. Flexible sigmoidoscopy with endoscopic ultrasound is performed to stage the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated inserted into the rectum and advanced to the splenic flexure. A lesion is identified. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45341		
Sample Size:	1476	**Resp N:** 36	**Response:** 2.4 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	43.00	100.00
Survey RVW:	1.57	3.45	**4.00**	4.82	7.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45341	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52005	000	2.37	**RUC Time**	44,865

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11043	000	2.70	**RUC Time**	202,552

CPT Descriptor 2 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45341**	**Key Reference CPT Code: 31638**	**Source of Time RUC Time**
Median Pre-Service Time	38.00	50.00	
Median Intra-Service Time	30.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**83.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	4.00
Urgency of medical decision making	4.50	4.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.00
Physical effort required	3.33	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	4.17
Outcome depends on the skill and judgment of physician	4.50	4.17
Estimated risk of malpractice suit with poor outcome	3.83	3.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.50
Intra-Service intensity/complexity	3.83	3.83

Post-Service intensity/complexity	4.17	3.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. The RUC agreed to allow the specialties to survey endoscopic ultrasound codes 45341 and 45342 with the colonoscopy and colonoscopy through stoma endoscopic ultrasound codes 45391, 45392, 44406, and 44407 consistent with how the upper GI endoscopy endoscopic ultrasound codes were surveyed together and presented at the April 2013 RUC Meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic ultrasound codes in other families: esophagoscopy codes (43231, 43232), EGD codes (43237, 43238, 43240, 43253, 43259) that were approved by the RUC at the April 2013 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy and EGD previously approved.

Discussion and Recommendation

45341 – *Sigmoidoscopy, flexible; with endoscopic ultrasound examination*

We recommend an RVW of 2.43 for 45341. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 31638, 91110
Many codes were chosen as a reference by the survey respondents for 45341. Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was chosen equally as often (6/36) as 91110, *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report*. Code 31638 was surveyed and presented to the RUC in 2004 and code 91110 was surveyed and presented in 2003, both prior to the discussion of pre-time packages and are therefore difficult to compare to 45341. The lack of a direct comparative service to 45341, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2000	19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	2.00	0.042	**63**	18	**30**	15
2010	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	2.37	0.045	**79**	29	**30**	20
2010	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	2.39	0.067	**47**	11	**30**	6
	45341	Flex sig with EUS	2.43	0.044	**83**	38	**30**	15
2010	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	2.69	0.056	**79**	29	**30**	20
2010	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	0.051	**86**	41	**30**	15
2009	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15
2003	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
2008	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	**79**	34	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45341

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10383
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 3,461 in 2012. (3.461*3 = ~ 10,383)

Specialty Gastroenterology Frequency 8618 Percentage 83.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,461
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 3,461 in 2012.

Specialty Gastroenterology Frequency 2873 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45341

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45342 Tracking Number C12 Original Specialty Recommended RVU: **3.08**
Presented Recommended RVU: **3.08**
Global Period: 000 RUC Recommended RVU: **3.08**

CPT Descriptor: Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient previously underwent a colonoscopy for hematochezia and was found to have squamous cell carcinoma of the anus. Flexible sigmoidoscopy with endoscopic ultrasound and fine needle biopsy of peri-rectal nodes is performed to stage the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated inserted into the rectum and advanced to the splenic flexure. A lesion is identified. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the

lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the colon is deflated and the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45342		
Sample Size:	1476	**Resp N:** 36	**Response:** 2.4 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	20.00	100.00
Survey RVW:	2.20	4.28	**4.90**	5.94	8.75
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	38.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45342	**Recommended Physician Work RVU: 3.08**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
59001	000	3.00	**RUC Time**	5

CPT Descriptor 1 Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32553	000	3.80	**RUC Time**	1,759

CPT Descriptor 2 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45342**	**Key Reference CPT Code:** 31625	**Source of Time** RUC Time

Median Pre-Service Time	41.00	25.00
Median Intra-Service Time	45.00	30.00
Median Immediate Post-service Time	20.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**106.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	4.00	3.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.33
Physical effort required	4.17	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	4.50
Outcome depends on the skill and judgment of physician	4.50	4.33
Estimated risk of malpractice suit with poor outcome	4.00	4.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.33	4.00
Intra-Service intensity/complexity	4.50	4.17
Post-Service intensity/complexity	4.17	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. The RUC agreed to allow the specialties to survey endoscopic ultrasound codes 45341 and 45342 with the colonoscopy and colonoscopy through stoma endoscopic ultrasound codes 45391, 45392, 44406, and 44407 consistent with how the upper GI endoscopy endoscopic ultrasound codes were surveyed together and presented at the April 2013 RUC Meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic ultrasound codes in other families: esophagoscopy codes (43231, 43232), EGD codes (43237, 43238, 43240, 43253, 43259) that were approved by the RUC at the April 2013 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy and EGD previously approved.

Discussion and Recommendation

45342 – *Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)*

Discussion and Recommendation

We recommend an RVW of 3.08 for 45342. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 31631, 31625, 45317

Many codes were chosen as a reference by the survey respondents for 45342. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen equally as often (6/36) as 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* and 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)*. Code 31631 was surveyed and presented to the RUC in 2004, code 31625 was surveyed and presented in 2003 and code 45317 was surveyed and presented in 2007, all prior to the discussion of pre-time packages and are therefore difficult comparisons to 45342. The lack of a direct comparative service to 45342, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	38242	Allogeneic lymphocyte infusions	2.11	0.017	**105**	30	**45**	30
2012	38243	Hematopoietic progenitor cell (HPC); HPC boost	2.13	0.017	**105**	30	**45**	30
2001	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	3.00	0.037	**105**	40	**45**	20
	45342	Flex sig EUS with FNA	3.08	0.040	**106**	38	**45**	20
2003	36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	3.59	0.057	**90**	30	**45**	15
2009	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	3.80	0.064	**90**	25	**45**	20
2010	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	4.00	0.068	**90**	25	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1005
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 335 in 2012. (335*3 = ~ 1,005)

Specialty Gastroenterology Frequency 905 Percentage 90.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 335
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 335 in 2012.

Specialty Gastroenterology Frequency 302 Percentage 90.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45342

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45347 Tracking Number C13 Original Specialty Recommended RVU: **2.94**
Presented Recommended RVU: **2.98**
Global Period: 000 RUC Recommended RVU: **2.98**

CPT Descriptor: Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old patient presents with abdominal pain and distension. Imaging studies are consistent with a distal obstruction of the large bowel due to a mass lesion. The patient is not a candidate for surgical intervention. The patient is referred for a therapeutic flexible sigmoidoscopy with evaluation of the rectum and sigmoid colon and placement of a stent in the sigmoid colon for palliation.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the lesion to be stented using air insufflation as necessary. The lesion to be stented is identified and assessed. When necessary, a balloon dilating catheter is positioned through the tumor using sigmoidoscopic and fluoroscopic guidance and inflated to allow passage of the sigmoidoscope through the tumor, confirming its extent. The sigmoidoscope is withdrawn, allowing measurement of the tumor and marking the distal and proximal margins for stent placement. A guidewire is inserted through the sigmoidoscope. Using fluoroscopic and sigmoidoscopic guidance, the expandable wire stent is advanced over the

guidewire and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn. Contrast is injected through the sigmoidoscope to assess placement and patency. As needed, deployment of balloon dilating catheter is utilized to expand the stent to sufficient lumen size. The area is observed to confirm absence of active bleeding. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: Assess the patient's condition, including post-procedure vital signs. Monitor patient during reversal of anesthesia. Discuss post-procedure recovery care with anesthesia and nursing staff. Order and review post-procedure radiographs. Discuss procedure and outcome with family. Complete post-procedure specimen verification, documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Write orders for discharged from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Write orders and discuss ongoing care with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	45347		
Sample Size:	2007	**Resp N:** 57	**Response:** 2.8 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	100.00
Survey RVW:	2.00	3.80	**4.80**	5.25	8.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	25.00	**35.00**	45.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45347	**Recommended Physician Work RVU: 2.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	78,830

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	38,792

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 45.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45347**	**Key Reference CPT Code:** 31638	**Source of Time** **RUC Time**
Median Pre-Service Time	41.00	50.00	
Median Intra-Service Time	35.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**91.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.81
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.31	3.92
Urgency of medical decision making	4.50	4.15
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.81	4.42
Physical effort required	4.46	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.69	4.38
Outcome depends on the skill and judgment of physician	4.77	4.50
Estimated risk of malpractice suit with poor outcome	4.38	4.12

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.19	3.85
Intra-Service intensity/complexity	4.77	4.23
Post-Service intensity/complexity	3.96	3.73

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45347 *Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 2.94 for 45347. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.14 (4320X4-43200; 4326X8-43235) approved by the RUC for placement of endoscopic stent, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Code 31638 has 25 minutes more intra-service time than 45347 and is correctly ranked higher. The table below provides comparison references with similar intra-time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with 35-40 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**51729**	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure	2.51	0.043	75	20	40	15

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		profile), any technique						
2012	**37214**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	2.74	0.036	102	41	38	23
2010	**12007**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	2.90	0.071	54	11	35	8
survey	**45347**	Sigmoidoscopy and stent placement	2.98	0.055	83	33	35	15
Apr10	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	59	11	40	8
1998	**31643**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	3.49	0.061	95	30	35	30
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	90	30	40	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45345

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 468 in 2011. (468*3 = ~ 1,400)

Specialty Gastroenterology Frequency 1150 Percentage 82.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 468
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 468 in 2011.

Specialty Gastroenterology Frequency 388 Percentage 82.90 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45345

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45349 Tracking Number C13 Original Specialty Recommended RVU: **3.83**

Presented Recommended RVU: **3.83**
Global Period: 000 RUC Recommended RVU: **3.83**

CPT Descriptor: Sigmoidoscopy, flexible; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49 year-old patient with abdominal discomfort is referred for flexible sigmoidoscopy. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. The flexible sigmoidoscope is lubricated inserted into the rectum and advanced to the sigmoid colon. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A sessile polyp is identified in the sigmoid colon, and endoscopic mucosal resection is performed involving submucosal injection of solution of saline methylene blue and epinephrine to raise the lesion, a specific cap and snare is utilized to create a pseudopolyp of the nodule, and resection by snare cautery technique. Hemostasis is accomplished with electrocautery, clips, or other devices as appropriate. Mucosal defects are closed with endoscopically placed clips. The lesion is retrieved with a retrieval device and placed in a specimen container. The endoscope is reinserted to the point of mucosal resection and the area is observed

for bleeding and assessed for perforation. Photodocumentation is obtained. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	45349		
Sample Size:	2459	**Resp N:** 43	**Response:** 1.7 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	300.00
Survey RVW:	1.25	3.00	**4.00**	4.50	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	22.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45349	**Recommended Physician Work RVU: 3.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,747

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 32.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 45349**	**Key Reference CPT Code: 45317**	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	30.00	20.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**78.00**	**55.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.86	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.64	3.21
Urgency of medical decision making	3.86	3.64
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.71	4.00
Physical effort required	4.14	3.64
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	4.64	3.79
Outcome depends on the skill and judgment of physician	4.79	4.14
Estimated risk of malpractice suit with poor outcome	4.64	3.86

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	2.86
Intra-Service intensity/complexity	4.64	3.86

Post-Service intensity/complexity	3.50	3.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. New codes 45349 and 45350 were approved by the Panel at the October 2013 meeting. These codes were inadvertently omitted from the group of GI endoscopy codes approved at the October 2013 meeting that were surveyed and presented at the April 2013 RUC meeting. The ACG, AGA and ASGE surveyed 45349 and 45350 for presentation at the April 2014 RUC meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic mucosal resection codes in other families: esophagoscopy (43211), EGD (43254), colonoscopy through stoma (44403) and colonoscopy (45390) that were approved by the RUC at the October 2012, January 2013 and January 2014 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, colonoscopy through stoma and colonscopy families that were previously approved.

Discussion and Recommendation

45349 – *Sigmoidoscopy, flexible; with endoscopic mucosal resection*

We recommend an RVW of 3.83 for 45349. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.99 (43211-43200; 43254-43235; 44403-44388; 45378-45390) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Reference Service 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The time data indicate that 45349 has 10 minutes more intra-service time and 23 more total time than 45317. The data also indicate that code 45349 is greater in intensity/complexity in 11 of 11 measures. The table below provides comparison references with similar intra-service times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra-Service Time

RUC	CPT	Long Desc	RVU	IWPUT	Total	Pre	Intra	Post

Apr03	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	70	25	30	15
Jan12	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	79	29	30	20
Apr13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.66	0.083	86	41	30	15
	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.83	0.094	78	33	30	15
Apr07	20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	90	30	30	30
Apr03	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	80	30	30	20
Apr04	32550	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	90	40	30	20
Jan13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.37	0.103	91	41	30	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45338, 45335, 44799. Ten percent of 45338 (4,508 2012 Medicare volume), 5% of 45335 (2,628 2012 Medicare volume) and 5% of the unlisted code (1,765 Medicare volume) would be reported with new code 4538X3.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2011
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 45338 [451] + 5% of 45335 [131] + 5% of 44799 [88])*3 = ~2,011

Specialty Gastroenterology Frequency 1700 Percentage 84.53 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 670
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 45338 [451] + 5% of 45335 [131] + 5% of 44799 [88]) = ~670

Specialty Gastroenterology Frequency 575 Percentage 85.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45338

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45350 Tracking Number C14 Original Specialty Recommended RVU: **1.78**

Presented Recommended RVU: **1.78**
Global Period: 000 RUC Recommended RVU: **1.78**

CPT Descriptor: Sigmoidoscopy, flexible; with band ligation (eg, hemorrhoids)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old with frequent hematochezia is evaluated with flexible sigmoidoscopy. Banding of hemorrhoids is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 42%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. The flexible sigmoidoscope is lubricated inserted into the rectum and advanced to the sigmoid colon. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. Hemorrhoids with stigmata of recent bleeding are identified. The sigmoidoscope is withdrawn, and the multiband device installed on the endoscope. The sigmoidoscope is reinserted through the rectum, retroflexed, angulated, and advanced to the suspected bleeding site. With suction applied to the hemorrhoid, a band is deployed, and the site is inspected. Additional bands are then applied proximally on the same hemorrhoid and onto the other most prominent hemorrhoids. Photodocumentation is obtained. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	45350				
Sample Size:	2461	**Resp N:**	33	**Response:** 1.3 %	
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	15.00	200.00
Survey RVW:	1.35	2.44	**3.03**	3.85	4.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**13.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45350	**Recommended Physician Work RVU: 1.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**13.00**	**25.00**	**-12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	17,170

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,985

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 42.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45350**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	13.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**60.00**	**55.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.22	3.41
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.03	3.16
Urgency of medical decision making	3.31	3.09
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.25
Physical effort required	3.56	3.09
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.31
Outcome depends on the skill and judgment of physician	3.94	3.47
Estimated risk of malpractice suit with poor outcome	3.66	3.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.16	2.84
Intra-Service intensity/complexity	3.72	3.41

Post-Service intensity/complexity	3.25	2.84

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. New codes 45349 and 45350 were approved by the Panel at the October 2013 meeting. These codes were inadvertently omitted from the group of GI endoscopy codes approved at the October 2013 meeting that were surveyed and presented at the April 2013 RUC meeting. The ACG, AGA and ASGE surveyed 45349 and 45350 for presentation at the April 2014 RUC meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the banding code in the colonoscopy family (45398) that was approved by the RUC at the January 2014 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar to the analogous incremental value above the base codes for the colonscopy family that was previously approved.

Discussion and Recommendation

45350 – *Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)*

We recommend an RVW of 1.78 for 45350. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.94 (45398-45378) approved by the RUC for banding in the colonoscopy family.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Reference Service 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 from 2007 is comparable to the current survey data for 45350 and the intensity and complexity data indicate that 45317 and 45350 are also similar.

Comparison To Other RUC-Reviewed Codes with Similar Intra-Service Time

RUC	CPT	Long Desc	RVU	IWPUT	Total	Pre	Intra	Post	MPC

Feb04	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1.59	0.045	51	15	20	16	
Feb06	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	1.73	0.043	59	29	20	10	Yes
Feb07	45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	1.75	0.057	50	20	20	10	
	45350	Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)	1.78	0.048	60	27	20	13	
Feb07	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.80	0.054	55	25	20	10	
Apr08	64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	1.81	0.049	60	25	20	15	
Oct10	47000	Biopsy of liver, needle; percutaneous	1.90	0.054	60	25	20	15	
Feb07	45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2.00	0.064	55	25	20	10	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. Five percent of unlisted code 44799 (1,765 Medicare volume) will be reported using new code 4534X4

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 265
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Five percent of unlisted code 44799 (88 Medicare volume) *3 = ~265

Specialty Gastroenterology Frequency 220 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 88 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Five percent of unlisted code 44799 (88 Medicare volume) = ~88

Specialty Gastroenterology Frequency 75 Percentage 85.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45334

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
REF	45300	Proctosigmoidoscopy,	43	0.042			0.80			27		2	5				10			10									
Sept-11	45330	Sigmoidoscopy, flexible; dia		0.039			0.96			37		5	5	5			12			10									
SVY	45330	Sigmoidoscopy, flexib	103	0.079	0.75	1.00	1.50	2.00	3.55	45		15	5	5	3	10	10	15	30	10	0	10	25	50	200				
REC	45330	Flex sig, diagnostic		0.022			0.84			41	1a	13	3	5			10			10						-2	-17%	-0.12	-13%
Rationale		crosswalk to 12001																											
REF	45305	Proctosigmoidoscopy,	46	0.054			1.25			45		15	5	5			10			10									
Oct-10	45331	Sigmoidoscopy, flexible; wit		0.066			1.15			35		5	5	5			10			10									
SVY	45331	Sigmoidoscopy, flexib	100	0.063	1.00	1.38	1.75	2.35	4.56	54		19	5	5	4	10	15	15	30	10	0	10	20	40	200				
REC	45331	biopsy		0.034			1.14			46	1a	13	3	5			15			10						5	50%	-0.01	-1%
Rationale		established increment (0.30)																											
REF	45317	Proctosigmoidoscopy,	19	0.064			2.00			55		15	5	5			20			10									
HARVARD	45332	Sigmoidoscopy, flexible; wit		0.045			1.79			54		13					26			15									
		10 min moderate sedation m		0.059			1.79			54		23					16			15									
SVY	45332	Sigmoidoscopy, flexib	64	0.078	1.20	2.00	2.50	3.25	6.50	65		25	5	5	10	20	20	30	75	10	0	1	2	4	200				
REC	45332	foreign body removal		0.048			1.85			63	2b	25	3	5			20			10						4	25%	0.06	3%
Rationale		established increment (1.01)																											
REF	31625	Bronchoscopy, rigid o	13	0.087			3.36			70		10	5	10			30			15									
HARVARD	45333	Sigmoidoscopy, flexible; wit		0.044			1.79			54		12					27			15									
		10 min moderate sedation m		0.057			1.79			54		22					17			15									
SVY	45333	Sigmoidoscopy, flexib	59	0.081	1.20	1.75	2.00	3.28	4.80	53		20	3	5	4	11	15	20	60	10	0	3	7	20	200				
REC	45333	hot biopsy polypectomy		0.060			1.65			52	1b	19	3	5			15			10						-2	-12%	-0.14	-8%
Rationale		established increment (0.81)																											
REF	45317	Proctosigmoidoscopy,	37	0.064			2.00			55		15	5	5			20			10									
HARVARD	45334	Sigmoidoscopy, flexible; wit		0.059			2.73			83		17		15			30			21									
		10 min moderate sedation m		0.045			2.73			102		27		15			20			21									
SVY	45334	Sigmoidoscopy, flexib	71	0.078	1.50	2.10	2.50	3.63	6.75	65		25	5	5	6	15	20	30	45	10	0	5	8	20	200				
REC	45334	control of bleeding		0.060			2.10			63	2b	25	3	5			20			10						0	0%	-0.63	-23%
Rationale		lower of current or 25th percentile. There is no established increment for this procedure																											
REF	45317	Proctosigmoidoscopy,	24	0.064			2.00			55		15	5	5			20			10									
Apr-02	45335	Sigmoidoscopy, flexible; wit		0.047			1.46			40		7					23			10									
		10 min moderate sedation m		0.066			1.46			40		17					13			10									
SVY	45335	Sigmoidoscopy, flexib	63	0.078	1.30	1.73	2.00	2.97	4.25	55		20	5	5	5	10	15	20	40	10	0	4	8	18	250				
REC	45335	submucosal injection		0.026			1.15			52	1b	19	3	5			15			10						2	15%	-0.31	-21%
Rationale		established increment (0.31)																											
REF	45300	Proctosigmoidoscopy,	11	0.042			0.80			27		2	5				10			10									
HARVARD	45337	Sigmoidoscopy, flexible; wit		0.043			2.36			94		17		25			30			22									
		10 min moderate sedation m		0.053			2.36			94		27		25			20			22									
SVY	45337	Sigmoidoscopy, flexib	63	0.084	0.90	2.20	3.25	4.25	8.00	80		30	5	5	4	20	25	30	90	15	0	2	3	5	50				
REC	45337	decompression of volvulus		0.043			2.20			78	2b	30	3	5			25			15						5	25%	-0.16	-7%
Rationale		lower of current or 25th percentile. There is no established increment for this procedure																											

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
REF	31625	Bronchoscopy, rigid o	17	0.087			3.36			70		10	5	10			30			15									
HARVARD	45338	Sigmoidoscopy, flexible; wit		0.069			2.34			55		12					19			5									
		10 min moderate sedation m		0.193			2.34			36		22					9			5									
SVY	45338	Sigmoidoscopy, flexib	67	0.121	1.40	2.00	2.75	3.65	5.53	60		25	5	5	6	15	15	25	70	10	0	5	10	25	200				
REC	45338	snare polypectomy		0.084			2.15			58	2b	25	3	5			15			10						6	67%	-0.19	-8%
Rationale	established increment (1.31) *Code 45338 is not to be used for comparison purposes																												
REF	45317	Proctosigmoidoscopy,	15	0.064			2.00			55		15	5	5			20			10									
SVY	45346	Sigmoidoscopy, flexib	49	0.121	1.50	2.80	3.35	4.70	6.25	65		25	5	5	6	15	20	30	60	10	0	3	5	10	150				
REC	45346	ablation (including pre and pos		0.104			2.97			63	2b	25	3	5			20			10									
Rationale	established increment (2.13)																												
REF	45317	Proctosigmoidoscopy,	15	0.064			2.00			55		15	5	5			20			10									
Apr-02	45340	Sigmoidoscopy, flexible; wit		0.046			1.89			58		17					25			16									
		10 min moderate sedation m		0.062			1.89			58		27					15			16									
SVY	45340	Sigmoidoscopy, flexib	58	0.120	1.50	2.50	3.45	4.43	6.00	70		25	5	5	10	15	20	30	70	15	0	2	5	6	75				
REC	45340	balloon dilation		0.017			1.35			68	2b	25	3	5			20			15						5	33%	-0.54	-29%
Rationale	established increment (0.51)																												
REF	31638	Bronchoscopy, rigid o	6	0.055			4.88			140		20	15	15			60			30									
REF	91110	Gastrointestinal tract i	6	0.040			3.64			100		5					80			15									
Apr00	45341	Sigmoidoscopy, flexible; wit		0.068			2.60			55		10					30			15									
	45341	10 min CS movement					2.60			55		20					20			15									
SVY	45341	Sigmoidoscopy, flexib	36	0.106	1.57	3.45	4.00	4.82	7.00	70	2b	30	5	5	15	20	30	40	60	15	0	5	20	43	100				
REC	45341	EUS		0.055			2.43			68		30	3	5			30			15									
Rationale	45330 RVU (0.84)+ EUS RUC increment 1.59																												
REF	31631	Bronchoscopy, rigid o	6	0.079			4.36			90		20	10	15			45			30									
REF	31625	Bronchoscopy, rigid o	6	0.098			3.36			55		10	5	10			30			15									
REF	45317	Proctosigmoidoscopy,	6	0.076			2.00			45		15	5	5			20			10									
Apr00	45342	Sigmoidoscopy, flexible; wit		0.074			4.05			65		15					50			13									
	45342	10 min CS movement					4.05			65		25					40			13									
SVY	45342	Sigmoidoscopy, flexib	36	0.088	2.20	4.28	4.90	5.94	8.75	90	2b	35	5	5	20	38	45	60	90	20	0	2	6	20	100				
REC	45342	EUS with FNA		0.050			3.08			86		33	3	5			45			20									
Rationale	45330 RVU (0.84) + EUS with FNA RUC increment 2.24																												
REF	31638	Proctosigmoidoscopy,	26	0.055			4.88			140		20	15	15			60			30									
SVY	45347	Sigmoidoscopy, flexib	57	0.101	2.00	3.80	4.80	5.25	8.00	95		35	5	5	15	25	35	45	120	15	0	0	2	4	100				
REC	45347	stent placement (including pre		0.051			2.98			91	2b	33	3	5			35			15									
Rationale	established increment (2.14).																												
REF	45317	Proctosigmoidoscopy,	14	0.064			2.00			55	NA	15	5	5			20			NA									
CURRENT	NA			#DIV/0!						0																			
SVY	45349	Sigmoidoscopy, flexib	43	0.098	1.25	3.00	4.00	4.50	####	80		25	5	5	10	22	30	40	90										
REC	45349	EMR		0.094			3.83			78	2b	25	3	5			30			8b									

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
Rationale	45330 RVU + EMR RUC increment 2.99																												
REF	45317	Proctosigmoidoscopy,	14	0.064			2.00			55	NA	15	5	5			20			NA									
CURRENT	NA			#DIV/0!						0																			
SVY	45350	Sigmoidoscopy, flexib	32	0.101	1.35	2.44	3.03	3.85	4.50	68		25	5	5	10	15	20	25	60										
Exper	45350	Sigmoidoscopy, flexib	22	0.112	1.40	2.50	3.35	4.00	4.50	73		28	5	5	10	15	20	25	60										
No Exper	45350	Sigmoidoscopy, flexib	10	0.089	1.35	2.13	2.73	3.04	4.00	65		25	5	5	10	20	20	24	30										
REC	45350	Banding		0.048			1.78			60	1b	19	3	5			20			8a									
Rationale	45330 RVU + banding RUC increment 0.94																												

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
Tab 8 - Colonoscopy through stoma												
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate	2.82	2.82	1b	26	25	8a	14	65	0.080	NA	Current value
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.13	3.12	1b	26	30	8a	14	70	0.071	0.30	44388 RVU + biopsy RUC increment 0.30
44390	Colonoscopy through stoma; with removal of foreign body	3.82	3.82	2b	37	35	8b	15	87	0.073	1.01	44388 RVU + Foreign body RUC increment 1.01
44391	Colonoscopy through stoma; with control of bleeding, any	4.31	4.22	2b	40	40	8b	15	95	0.076	1.40	There is no RUC established increment for this procedure
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3.81	3.63	1b	26	30	8a	10	66	0.091	0.81	44388 RVU + hot biopsy RUC increment 0.81
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.42	4.13	2b	27	30	8b	10	67	0.106	1.31	44388 RVU + snare RUC increment 1.31
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire	4.83	4.44	2b	32	30	8b	10	72	0.130	1.62	25th percentile
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when	4.7	4.96	2b	40	43	8b	15	98	0.084	2.14	44388 RVU + stent RUC increment 2.14
44403	Colonoscopy through stoma; with endoscopic mucosal	NA	5.81	2b	32	45	8b	15	92	0.103	2.99	44388 RVU + EMR RUC increment 2.99
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	NA	3.13	1b	26	30	8a	10	66	0.074	0.31	44388 RVU + submucosal injection RUC increment 0.31
44405	Colonoscopy through stoma; with transendoscopic balloon	NA	3.33	2b	32	38	8b	12	82	0.059	0.51	44388 RVU + dilation less than 30 mm RUC increment 0.51
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	NA	4.41	2b	40	40	8b	20	100	0.074	1.59	44388 RVU + EUS RUC increment 1.59
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and	NA	5.06	2b	40	60	8b	20	120	0.060	2.24	44388 RVU + EUS with FNA RUC increment 2.24
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.24	2b	40	40	8b	15	95	0.077	1.42	There is no RUC established increment for this procedure
Tab 9- Flexible sigmoidoscopy												
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.60	2.43	2b	38	30	8b	15	83	0.044	1.59	45330 RVU + EUS RUC increment 1.59
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	4.05	3.08	2b	41	45	8b	20	106	0.040	2.24	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10- Colonoscopy												
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)	3.69	3.36	1b	27	25	8a	15	67	0.10563	NA	Current RVW 3.69 - 8 min pre-svc @ 0.0224 intensity (0.18) = 3.51 RVW
45379	Colonoscopy, flexible; with removal of foreign body	4.68	4.37	2b	33	35	8b	15	83	0.10047	1.01	45378 RVU + Foreign body RUC increment 1.01
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4.43	3.66	1b	27	28	8a	15	70	0.10503	0.30	45378 RVU + biopsy RUC increment 0.30
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	4.19	3.67	1b	27	28	8a	15	70	0.10538	0.31	45378 RVU + submucosal injection RUC increment 0.31
45382	Colonoscopy, flexible; with control of bleeding, any method	5.68	4.76	2b	41	40	8b	15	96	0.10793	1.40	c-stoma bleeding increment (1.40)
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4.69	4.17	1b	27	28	8a	15	70	0.12324	0.81	45378 RVU + hot biopsy RUC increment 0.81
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	5.3	4.67	2b	33	30	8b	15	78	0.12721	1.31	45378 RVU + snare RUC increment 1.31
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	3.87	2b	38	35	8b	15	88	0.08298	0.51	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	5.86	4.98	2b	33	35	8b	15	83	0.13247	1.62	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.9	5.5	2b	41	45	8b	17	103	0.09827	2.14	45378 RVU + stent RUC increment 2.14

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
45390	Colonoscopy, flexible; with endoscopic mucosal resection	NA	6.35	2b	33	45	8b	15	93	0.12214	2.99	45378 RVU + EMR RUC increment 2.99
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.78	2b	41	40	8b	15	96	0.10793	1.42	45378 RVU + c-stoma decompression RUC increment 1.42
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)	NA	4.3	2b	33	30	8b	15	78	0.10988	0.94	There is no RUC established increment for this procedure
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.09	4.95	2b	41	45	8b	20	106	0.08456	1.59	45378 RVU + EUS RUC increment 1.59
45392	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	6.54	5.6	2b	41	60	8b	20	121	0.07425	2.24	45378 RVU + EUS with FNA RUC increment 2.24

Established increments by family

Tab 8 - Colonoscopy through stoma Proposed Increments						
C-stoma	Description	Proposed RUC RVU	RUC Incrrement above base c-stoma (44388)		CMS 2014 increment above base c-stoma (44388)	Ileoscopy Code Rationale
44389	biopsy	3.12	0.30		NA	44388 RVU + biopsy RUC increment 0.30
44404	submucosal injection	3.13	0.31		NA	44388 RVU + submucosal injection RUC increment 0.31
44405	transendoscopic balloon dilation	3.33	0.51		NA	44388 RVU + dilation less than 30 mm RUC increment 0.51
44392	hot biopsy removal	3.63	0.81		NA	44388 RVU + hot biopsy RUC increment 0.81
44390	foreign body removal	3.83	1.01		NA	44388 RVU + Foreign body RUC increment 1.01
44394	snare removal	4.13	1.31		NA	44388 RVU + snare RUC increment 1.31
44391	control of bleeding	4.22	1.40		NA	There is no RUC established increment for this procedure
44406	EUS	4.41	1.59		NA	44388 RVU + EUS RUC increment 1.59
44408	decompression	4.24	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
44401	ablation (includes pre- and post-dilation and guide wire passage)	4.44	1.62		NA	25th percentile
44402	endoscopic stent (includes pre- and post-dilation)	4.96	2.14		NA	44388 RVU + stent RUC increment 2.14
44407	EUS with FNA	5.06	2.24		NA	44388 RVU + EUS with FNA RUC increment 2.24
44403	EMR	5.81	2.99		NA	44388 RVU + EMR RUC increment 2.99
Tab 9 - Flexible Sigmoidoscopy EUS Proposed Increments						
Flex sig EUS	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)	Ileoscopy Code Rationale
45341	EUS	2.43	1.59		NA	45330 RVU + EUS RUC increment 1.59
45342	EUS with FNA	3.08	2.24		NA	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10 - Colonoscopy through stoma Proposed Increments						
Colonoscopy	Description	Proposed RUC RVU	Increment above base colonoscopy Code (45378)		CMS 2014 increment above base colonoscopy (45378)	Ileoscopy Code Rationale
45379	foreign body removal	4.37	1.01		NA	45378 RVU + Foreign body RUC increment 1.01
45380	biopsy	3.66	0.30		NA	45378 RVU + biopsy RUC increment 0.30
45381	submucosal injection	3.67	0.31		NA	45378 RVU + submucosal injection RUC increment 0.31
45382	control of bleeding	4.76	1.40		NA	c-stoma bleeding increment (1.40)
45384	hot biopsy removal	4.17	0.81		NA	45378 RVU + hot biopsy RUC increment 0.81
45385	snare removal	4.67	1.31		NA	45378 RVU + snare RUC increment 1.31
45386	transendoscopic balloon dilation	3.87	0.51		NA	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	ablation (includes pre- and post-dilation and gui	4.98	1.62		NA	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	stent placement (includes pre- and post-dilation	5.50	2.14		NA	45378 RVU + stent RUC increment 2.14
45390	EMR	6.35	2.99		NA	45378 RVU + EMR RUC increment 2.99
45393	decompression	4.78	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
45398	banding	4.30	0.94		NA	There is no RUC established increment for this procedure
45391	EUS	4.95	1.59		NA	45378 RVU + EUS RUC increment 1.59
45392	EUS with FNA	5.60	2.24		NA	45378 RVU + EUS with FNA RUC increment 2.24
Tab 4 - Ileoscopy RUC Approved Increments (October 2013)						
Ileoscopy Code	Description	Proposed RUC RVU	Increment above base ileoscopy Code (44380)		CMS 2014 increment above base ileoscopy (44380)	Ileoscopy Code Rationale
44382	biopsy	1.27	0.30		NA	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51		NA	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14		NA	44380 (0.97) + increment of 43266-43235 (2.14)

Tab 5 - Pouchoscopy RUC Approved Increments (October 2013)						
Pouchoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base pouchoscopy Code (44385)**		**CMS 2014 increment above base pouch (44385)**	**Pouchoscopy Code Rationale**
44386	biopsy	1.60	0.30		NA	44385 (1.30) + increment of 43202-43200 (0.30)

Tab 6 - Flexible Sigmoidoscopy RUC Approved Increments (October 2013)						
Flex Sig Code	**Description**	**Proposed RUC RVU**	**Increment above base flex sig Code (45330)**		**CMS 2014 increment above base flex sig (45330)**	**Pouchoscopy Code Rationale**
45331	biopsy	1.14	0.30		NA	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01		NA	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81		NA	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30		NA	25th percentile
45335	submucosal injection	1.15	0.31		NA	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4		NA	25th percentile
45338	snare polypectomy	2.15	1.31		NA	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09		NA	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13		NA	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14		NA	45330 (0.84) + increment of 43266-43235 (2.14)

ERCP RUC-Approved Increments							
ERCP Code	**Description**	**RUC RVU**	**Increment above base ERCP Code (43260)**	**CMS 2014 work RVU**	**CMS 2014 increment above base ERCP (43260)**	**RUC ERCP Code Rationale**	**CMS Approval of Incremental Approach?**
43261	biopsy	6.25	0.30	**6.25**	**0.30**	43260 (5.95) + increment of 43202-43200 (0.30)	**Yes**
43275	foreign body removal	6.96	1.01	**6.96**	**1.01**	43260 (5.95) + increment of 43215-43200 (1.01)	**Yes**
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	**7.99**	**2.04**	43260 (5.95) + increment of 43212-43200 (2.13)	**Yes**

EGD RUC-Approved Increments							
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**CMS 2014 work RVU**	**CMS 2014 increment above base EGD (43235)**	**RUC EGD Code Rationale**	**CMS Approval of Incremental Approach?**
43239	biopsy	2.56	0.30	**2.47**	**0.30**	43235 (2.26) + increment of 43202-43200 (0.30)	**Yes**
43236	submucosal injection	2.57	0.31	**2.47**	**0.30**	43235 (2.26) + increment of 43201-43200 (0.31)	**Yes**
43249	esophageal balloon dilation < 30mm	2.77	0.51	**2.77**	**0.60**	43235 (2.26) + increment of 43220-43200 (0.51)	**Yes**
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	**3.18**	**1.01**	current value	
43248	guide wire insertion	3.01	0.75	**3.01**	**0.84**	43235 (2.26) + increment of 43226-43200 (0.75)	**Yes**
43252	optical endomicroscopy	3.06	0.80	**3.06**	**0.89**	43235 (2.26) + increment of 43206-43200 (0.80)	
43250	hot biopsy	3.07	0.81	**3.07**	**0.90**	43235 (2.26) + increment of 43216-43200 (0.81)	**Yes**
43247	foreign body removal	3.27	1.01	**3.18**	**1.01**	43235 (2.26)+ increment of 43215-43200 (1.01)	**Yes**
43251	snare	3.57	1.31	**3.57**	**1.40**	43235 (2.26) + increment of 43217-43200 (1.31)	**Yes**
43237	EUS, limited to esophagus	3.85	1.59	**3.57**	**1.40**	25th percentile	**Yes (other than RUC)**
43255*	control of bleeding	4.20	1.94	**3.66**	**1.49**	25th percentile	**Yes (other than RUC)**
43243*	sclerosis injection	4.37	2.11	**4.37**	**1.20**	25th percentile	
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	**4.21**	**2.04**	26th percentile	**Yes (other than RUC)**
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	**4.05**	**1.88**	25th percentile	**Yes (other than RUC)**
43233	balloon dilation > 30mm	4.45	2.19	**4.05**	**1.88**	43235 (2.26) + increment of 43214-43200 (2.19)	**Yes (other than RUC)**
43238	EUS FNA, limited to esophagus	4.50	2.24	**4.11**	**1.94**	25th percentile	**Yes (other than RUC)**
43244*	band ligation	4.50	2.24	**4.5**	**2.33**	25th percentile	
43259	EUS, esoph, stomach, duodenum	4.74	2.48	**4.14**	**1.40**	25th percentile	
43254	endoscopic mucosal resection	5.25	2.99	**4.88**	**2.71**	25th percentile	**Yes (other than RUC)**
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	**4.68**	**2.51**	43259 (4.74) + increment of FNA 43237-43238 (0.65)	**Yes**

Esophagoscopy RUC-Approved Increments							
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esophagoscopy Code Rationale**	**CMS Approval of Incremental Approach?**
43202	biopsy	1.89	0.30	**1.80**	**0.30**	Current value	**Yes**
43201	submucosal injection	1.90	0.31	**1.80**	**0.30**	Direct crosswalk to MPC code 64483	**Yes**
43220	esoph balloon dilation < 30mm	2.10	0.51	**2.10**	**0.60**	Current value	
43226	dilation over guide wire insertion	2.34	0.75	**2.34**	**0.84**	Current value	
43206	optical endomicroscopy	2.39	0.80	**2.39**	**0.89**	Direct crosswalk to code 12006	
43216	hot biopsy	2.40	0.81	**2.40**	**0.90**	Current value	
43215	foreign body removal	2.60	1.01	**2.51**	**1.01**	Current value	**Yes**
43204*	sclerosis injection	2.89	1.30	**2.40**	**0.90**	25th percentile	
43217	snare polypectomy	2.90	1.31	**2.90**	**1.40**	Current value	
43205*	band ligation	3.00	1.41	**2.51**	**1.01**	25th percentile	**Yes**
43231	EUS	3.19	1.60	**2.90**	**1.40**	25th percentile	**Yes (other than RUC)**
43227*	control of bleeding	3.26	1.67	**2.99**	**1.49**	25th percentile	

Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esoph Code Rationale**	**CMS Approval of Incremental Approach?**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	**3.54**	**2.04**	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72	**No**
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	**3.38**	**1.88**	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73	**No**
43214	balloon dilation > 30mm	3.78	2.19	**3.38**	**1.88**	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78	**Yes (other than RUC)**
43232	EUS FNA	3.83	2.24	**3.54**	**2.04**	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24	**Yes**
43211	endoscopic mucosal resection	4.58	2.99	**4.21**	**2.71**	43254 25th percentile (5.25) - 0.78 = 4.58	**Yes**

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	RUC Increment	CMS 2014 Increment	Rationale
	Biopsy				
44389	C-stoma with biopsy	3.12	0.30		44388 (2.82) + increment of 43202-43200 (0.30)
45380	Colonoscopy with biopsy	3.66	0.30		45378 (3.36) + increment of 43202-43200 (0.30)
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30		45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30		44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30		44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	0.30	Current value
	Balloon dilation < 30 mm				
44405	C-stoma with transendoscopic balloon dilation	3.33	0.51		44388 (2.82) + increment of 43202-43200 (0.51)
45386	Colonoscopy with transendoscopic balloon dilation	3.87	0.51		45378 (3.36) + increment of 43202-43200 (0.51)
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51		45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51		44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	0.60	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	0.60	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	0.60	Current value
	Submucosal injection				
44404	C-stoma with submucosal injection	3.13	0.31		44388 (2.82) + increment of 43201-43200 (0.31)
45381	Colonoscopy with submucosal injection	3.67	0.31		45378 (3.36) + increment of 43201-43200 (0.31)
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31		45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	0.30	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	0.30	Direct crosswalk to MPC code 64483
	Dilation with Guide wire insertion				
43248	EGD with dilation over guide wire insertion	3.01	0.75	0.84	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	0.84	Current value
	Optical endomicroscopy				
43252	EGD with optical endomicroscopy	3.06	0.80	0.89	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	0.89	Direct crosswalk to code 12006
	Hot biopsy				
44392	C-stoma with hot biopsy	3.63	0.81		44388 (2.82) + increment of 43216-43200 (0.81)
45384	Colonoscopy with hot biopsy	4.17	0.81		45378 (3.36) + increment of 43216-43200 (0.81)
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81		45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	0.90	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	0.90	Current value
	Foreign body removal				
44390	C-stoma with foreign body removal	3.82	1.01		44388 (2.82) + increment of 43215-43200 (1.01)
45379	Colonoscopy with foreign body removal	4.37	1.01		45378 (3.36) + increment of 43215-43200 (1.01)
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01		45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01		43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	1.01	Current value
	Snare				
44394	C-stoma with snare polypectomy	4.13	1.31		44388 (2.82) + increment of 43217-43200 (1.31)
45385	Colonoscopy with snare polypectomy	4.67	1.31		45378 (3.36) + increment of 43217-43200 (1.31)
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31		45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	1.40	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	1.40	Current value
	Ablation				
44401	C-stoma with ablation (includes pre- and post-dilation and guide wire placement)	4.44	1.62		44388 (2.82) + increment of 44388-44401 (1.62)
45388	Colonoscopy with ablation (includes pre- and post-dilation and guide wire placement)	4.98	1.62		45378 (3.36) + increment of 44388-44401 (1.62)
45346	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13		45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13		43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	2.04	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	2.04	25th percentile

Endoscopic stent placement					
44402	C-stoma with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.96	2.14		44388 (2.82) + increment of 43266-43235 (2.14)
45389	Colonoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	5.5	2.14		45378 (3.36) + increment of 43266-43235 (2.14)
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14		44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14		45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	1.88	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	1.88	25th percentile

Balloon dilation > 30 mm					
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	1.88	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	1.88	25th percentile

EMR					
44403	C-stoma with endoscopic mucosal resection	5.81	2.99		44388 (2.82) + increment of (43254-43235)
45390	Colonoscopy with endoscopic mucosal resection	6.35	2.99		45378 (3.36) + increment of (43254-43235)
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	2.71	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	2.71	25th percentile

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15	
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16	
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40	

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or	1b	27	15	12	54	0.30
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single	2b	48	55	23	124	0.30
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99
Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

Comparison To Other RUC-Reviewed Codes with 10 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45300**	Proctosigmoidoscopy, rigid; diagnostic, with	0.80	0.042	27	7	10	10
2011	**69220**	Debridement, mastoidectomy cavity, simple	0.83	0.065	18	6	10	2
survey	**45330**	Diagnostic sigmoidoscopy, flex	0.84	0.022	41	21	10	10
2010	**12001**	Simple repair of superficial wounds of scalp,	0.84	0.059	22	7	10	5
2011	**51705**	Change of cystostomy tube; simple	0.90	0.041	32	12	10	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2002	20553	Injection(s); single or multiple trigger point(s)	000	0.75	22	7	10	5	0.048	RUC	187,089
2007	43760	Change of gastrostomy tube, percutaneous,	000	0.90	32	17	10	5	0.044	RUC	61,675

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding	1.00	0.034	37	12	15	10
2010	**11042**	Debridement, subcutaneous tissue	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (sepa	1.10	0.043	35	10	15	10
survey	**45331**	Sigmoidoscopy and biopsy	1.14	0.034	46	21	15	10
2010	**12002**	Simple repair of superficial wounds	1.14	0.059	27	7	15	5
2003	**36584**	Replacement, complete, of a perip	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple	1.20	0.060	29	9	15	5

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12011	Simple repair of superficial wounds	000	1.07	24	7	12	5	0.068	RUC	88,665
2010	12002	Simple repair of superficial wounds	000	1.14	27	7	15	5	0.059	RUC	142,525
2002	57452	Colposcopy of the cervix including	000	1.50	40	15	15	10	0.063	RUC	10,773

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2012	**32554**	Thoracentesis, needle or c	1.82	0.054	56	21	20	15
2003	**36569**	Insertion of peripherally ins	1.82	0.055	55	25	20	10
2008	**64416**	Injection, anesthetic agent	1.81	0.049	60	25	20	15
survey	**45332**	Sigmoidoscopy and foreig	1.85	0.048	63	33	20	10
2002	**57456**	Colposcopy of the cervix in	1.85	0.065	45	15	20	10
2007	45317	Proctosigmoidoscopy, rigic	2.00	0.064	55	25	20	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**64493**	Injection(s), diagnostic or t	1.52	0.066	42	17	15	10
2010	**62284**	Injection procedure for my	1.54	0.058	49	24	15	10
2008	**64448**	Injection, anesthetic agent	1.63	0.054	55	25	15	15
survey	**45333**	Sigmoidoscopy and hot bi	1.65	0.060	52	27	15	10
2009	**53855**	Insertion of a temporary pr	1.64	0.084	32	7	15	10
2009	**64490**	Injection(s), diagnostic or t	1.82	0.086	42	17	15	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2002	57452	Colposcopy of the cervix in	000	1.50	40	15	15	10	0.0630	RUC	10,566
2009	64483	Injection(s), anesthetic age	000	1.90	49	24	15	10	0.0816	RUC	852,187

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45317**	Proctosigmoidoscopy, rigi	2.00	0.064	55	25	20	10
2010	**49084**	Peritoneal lavage, includin	2.00	0.061	58	23	20	15
2002	**56821**	Colposcopy of the vulva; v	2.05	0.075	45	15	20	10
survey	**45334**	Sigmoidoscopy and contro	2.10	0.060	63	33	20	10
1997	**59871**	Removal of cerclage sutur	2.13	0.058	63	28	20	15
2002	**57421**	Colposcopy of the entire v	2.20	0.082	45	15	20	10
2012	**32555**	Thoracentesis, needle or c	2.27	0.076	57	22	20	15

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**11042**	Debridement, subcutaneo	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineu	1.10	0.043	35	10	15	10
2010	**12002**	Simple repair of superficia	1.14	0.059	27	7	15	5
survey	**45335**	Sigmoidoscopy and subm	1.15	0.026	52	27	15	10
2003	**36584**	Replacement, complete, o	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or	1.20	0.060	29	9	15	5

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12002	Simple repair of superficia	000	1.14	27	7	15	5	0.0590	RUC	142,525
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51725**	Simple cystometrogram (C	1.51	0.029	60	20	25	15
2010	**12015**	Simple repair of superficia	1.98	0.069	37	7	25	5
2010	**49083**	Abdominal paracentesis (c	2.00	0.052	60	25	25	10
survey	**45337**	Sigmoidoscopy and decon	2.20	0.043	78	33	25	15
2003	**64517**	Injection, anesthetic agent	2.20	0.049	75	30	25	20
2005	**52204**	Cystourethroscopy, with bi	2.59	0.080	54	17	25	12
2010	**52332**	Cystourethroscopy, with in	2.82	0.088	56	21	25	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2009	90945	Dialysis procedure other th	000	1.56	47	10	27	10	0.041	RUC	136,276
2009	31622	Bronchoscopy, rigid or flex	000	2.78	65	20	30	15	0.069	RUC	83,969

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2006	**54150**	Circumcision, using clamp or other device with regio	1.90	0.087	45	25	15	5
2005	**15040**	Harvest of skin for tissue cultured skin autograft, 10	2.00	0.076	60	35	15	10
2010	**69801**	Labyrinthotomy, with perfusion of vestibuloactive dr	2.06	0.100	43	18	15	10
survey	**45338**	Sigmoidoscopy and snare polypectomy	2.15	0.043	58	33	15	10
2005	**52000**	Cystourethroscopy (separate procedure)	2.23	0.113	42	17	15	10
2011	**92960**	Cardioversion, elective, electrical conversion of arrh	2.25	0.101	51	21	15	15
2005	**31579**	Laryngoscopy, flexible or rigid fiberoptic, with strobo	2.26	0.106	45	15	15	15

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2009	64483	Injection(s), anesthetic agent and/or steroid, transfo	000	1.90	49	24	15	10	0.082	RUC	852,187
2005	52000	Cystourethroscopy (separate procedure)	000	2.23	42	17	15	10	0.113	RUC	920,672

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2008	**51102**	Aspiration of bladder; with	2.70	0.094	60	25	20	15
2010	**52281**	Cystourethroscopy, with ca	2.75	0.112	46	16	20	10
2007	**49452**	Replacement of gastro-jeju	2.86	0.102	60	30	20	10
survey	**45346**	Sigmoidoscopy and ablatic	2.97	0.104	63	33	20	10
2012	**32551**	Tube thoracostomy, includ	3.29	0.101	83	43	20	20
2011	**15273**	Application of skin substitu	3.50	0.093	100	60	20	20
2000	**16035**	Escharotomy; initial incisio	3.74	0.131	70	30	20	20

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090
2006	15002	Surgical preparation or cre	000	3.65	115	75	20	20	0.087	RUC	16,473

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	91010	Esophageal motility (manc	1.28	0.030	50	15	20	15
survey	**45340**	Sigmoidoscopy and balloo	1.35	0.017	68	33	20	15
2007	46615	Anoscopy; with ablation of	1.50	0.036	58	25	20	13
2009	32560	Instillation, via chest tube/c	1.54	0.031	65	25	20	20
2008	47525	Change of percutaneous b	1.54	0.041	55	25	20	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12002	Simple repair of superficia	000	1.14	27	7	15	5	0.059	RUC	142,525
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177

Comparison To Other RUC-Reviewed Codes with 35-40 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**51729**	Complex cystometrogram	2.51	0.043	75	20	40	15
2012	**37214**	Transcatheter therapy, art	2.74	0.036	102	41	38	23
2010	**12007**	Simple repair of superficia	2.90	0.071	54	11	35	8
survey	**45347**	Sigmoidoscopy and stent	2.98	0.051	91	33	35	15
Apr10	**12017**	Simple repair of superficia	3.18	0.069	59	11	40	8
1998	**31643**	Bronchoscopy, rigid or flex	3.49	0.061	95	30	35	30
2003	**31628**	Bronchoscopy, rigid or flex	3.80	0.071	90	30	40	20

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2005	31622	Bronchoscopy, rigid or flex	000	2.78	65	20	30	15	0.069	RUC	78,830
2003	31628	Bronchoscopy, rigid or flex	000	3.80	90	30	40	20	0.071	RUC	38,792

CPT Code: Tab 6 (Flexible Sigmoidoscopy)
Specialty Society('s) ACG, AGA, ASGE, SAGES, ASCRS, ACS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data	Survey Code Recommendation

CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45330	PEAC 2001	18	0	3	**45330**	**19**	**0**	**3**
45331	PEAC 2002	19	0	3	**45331**	**19**	**0**	**3**
45332	PEAC 2002	19	0	3	**45332**	**19**	**0**	**3**
45333	PEAC 2002	19	0	3	**45333**	**19**	**0**	**3**
45334	PEAC 2002	19	0	3	**45334**	**19**	**0**	**3**
45335	PEAC 2002	19	0	3	**45335**	**19**	**0**	**3**
45337	PEAC 2002	19	0	3	**45337**	**19**	**0**	**3**
45338	PEAC 2002	19	0	3	**45338**	**19**	**0**	**3**
45340	RUC 2002	19	0	3	**45340**	**19**	**0**	**3**
NEW	Code	N/A	N/A	N/A	**45346**	**19**	**0**	**3**
45345	RUC 2002	19	0	3	**45347**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy and EGD codes that the RUC approved in October 2012 and January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
For all codes except 45337 and 45347

- Three minutes for a follow-up phone call to patient

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000____ Meeting Date: __October, 2013_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

45334 was previously not priced in the office setting, reference code 43255 was chosen to match as the similar service for EGD. This crosswalk reference code was recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45330	PEAC 2001	10	61	0	43235	RUC 2013	9	73	3	45330	9	68	3
45331	PEAC 2002	9	62	3	43239	RUC 2013	9	73	3	45331	9	73	3
45332	PEAC 2002	9	67	3	43247	RUC 2013	9	88	3	45332	9	78	3
45333	PEAC 2002	9	66	3	43216	RUC 2012	9	80	3	45333	9	73	3
45334	PEAC 2002	0	0	0	43255	RUC 2013	9	88	3	45334	9	78	3
45335	PEAC 2002	9	41	3	43236	RUC 2013	9	78	3	45335	9	73	3
45338	PEAC 2002	9	66	3	43251	RUC 2013	9	78	3	45338	9	73	3
45340	RUC 2002	9	78	3	43245	RUC 2013	9	81	3	45340	9	78	3
NEW	Code	N/A	N/A	N/A	43270	RUC 2013	9	103	3	45346	9	78	3

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal for codes 45332-45340 and 45346 only. Codes 45330 and 45331 do not include moderate sedation as inherent and therefore would not include RN time.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented correspond directly to the practice expense inputs that were approved for the similar EGD codes that the RUC approved in January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers

Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (45330-45332):
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Three minutes: 1-3 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Intra-Service Clinical Labor Activities (45333-45346):
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

CPT Code: 45349-45350
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45349	NEW	NA	NA	NA	45349	19	0	3
45350	NEW	NA	NA	NA	45350	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:

Not applicable

Post-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes for a follow-up phone call to patient

CPT Code: 45350
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference code from the colonoscopy that was recently approved by the RUC at the January 2014 meeting.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45350	NEW	NA	NA	NA	**45398**	RUC 2014	**9**	**78**	**3**	**45379**	**9**	**78**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals

Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Twenty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

CPT Code:45341, 45342
Specialty Society('s)ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45341	PEAC 2002	19	0	3	45341	19	0	3
45342	PEAC 2002	19	0	3	45342	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Not applicable

Post-Service Clinical Labor Activities:
For all codes shown above:
- Three minutes for a follow-up phone call to patient

	A	B	C	AMA Specialty Society Recommendation													
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**71.0**	**21.0**	**85.0**	**22.0**	**80.0**	**22.0**	**74.0**	**22.0**	**85.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**10.0**	**18.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**61.0**	**0.0**	**73.0**	**0.0**	**68.0**	**0.0**	**62.0**	**0.0**	**73.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**1**	**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**3**		**3**		**5**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	**3**						**3**					
31	Sedate/apply anesthesia	L051A	RN			**2**						2			
32	**Intra-service**														
33	Moderate sedation	L051A	RN			**15**						**15**			
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**12**		**15**		**10**		**18**		**15**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			**15**						**15**			
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**				**2**		**2**				**2**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**25**		**3**		**3**		**17**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**					
47	**End: Patient leaves office**														

	A	B	C	AMA Specialty Society Recommendation											
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**1**											
64	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**2**		**3**		**3**		**2**	
66	cover, thermometer probe	SB004	item	**1**											
67	mask, surgical	SB033	item	**2**											
68	mask, surgical, with face shield	SB034	item			**3**		**2**		**3**		**3**		**2**	
69	paper, exam table	SB036	foot	**7**											
70	pillow case	SB037	item	**1**											
71	shoe covers, surgical	SB039	pair			**3**		**2**		**3**		**3**		**2**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**2**		**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack			**1**						**1**			
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item												
80	bite block	SD006	item			**1**						**1**			

	A	B	C	AMA Specialty Society Recommendation													
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**	
83	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**	
84	endoscopic biopsy forceps	SD066	item									**1**		**1**	
85	endoscopic polypectomy snare	SD068	item												
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item												
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item			**2**		**1**		**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item			**1**		**1**				**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**1**				**1**		**1**			
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			**1**						**1**			
104	water, distilled	SK087	oz					**5**						**5**	
105	gauze, non-sterile 4in x 4in	SG051	item			**1**		**1**				**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**		**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item			**1**		**1**				**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	**3**						**3**					
109	alcohol isopropyl 70%	SJ001	ml	**30**											
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item							**8**					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**											
113	iv tubing (extension)	SC019	item												
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml					**5**						**5**	

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2001		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43235, RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43239 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45330		43235		45330		45331		43239		45331	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	5											
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	1						1					
122	enzymatic detergent	SM015	oz	1						1					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6.4						6.4					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1					
125	EQUIPMENT	CODE													
126	videoscope, gastroscopy	ES034				59						59			
127	videoscope, sigmoidoscopy	NEW						49						54	
128	fiberscope, flexible, sigmoidoscopy	ES021		61						62					
129	stretcher	EF018				73		68				73		73	
130	stretcher, endoscopy	EF020													
131	table, exam	EF023		61											
132	table, power	EF031				29		12		62		29		12	
133	video system, endoscopy (processor, digital capture, mor	ES031				29		22				29		27	
134	light source, xenon	EQ167		61											
135	light, surgical	EF014								62					
136	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				52		0				52		0	
137	IV infusion pump	EQ032				52						52			
138	suction machine (Gomco)	EQ235				29		22		62		29		27	
139	table, instrument, mobile	EF027				29		22				29		27	
140	cart, endoscopy imaging equipment	ES003		61						62					
141	radiofrequency generator, endoscopy	NEW													
142	electrosurgical generator, gastrocautery	EQ113													
143	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30		32		30		30	
144	**kit, probe, radiofrequency, Xli-enhanced RF probe**	EQ356													

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	79.0	22.0	100.0	22.0	90.0	22.0	78.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	67.0	0.0	88.0	0.0	78.0	0.0	66.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3					
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN	26		30		20		27		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	17		30		20		18		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	25		3		3		25		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a		n/a		n/a	
47	End: Patient leaves office														

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item	**1**						**1**					
80	bite block	SD006	item			**1**						**1**			

	A	B	C	PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
1															
2	***Please note: If a supply has a purchase price of**			**45332**		**43247**		**45332**		**45333**		**43250**		**45333**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml			1		1				1		1	
83	endoscopic cytology brush	SD067	item	1		1		1		1		1		1	
84	endoscopic biopsy forceps	SD066	item									1		1	
85	endoscopic polypectomy snare	SD068	item	1		1		1		1					
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item			1									
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							1					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									1		1	
96	cautery, bipolar cord	SF012	item									1		1	
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item	1		2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1		1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
104	water, distilled	SK087	oz					5						5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item	8						8					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item	1						1					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	3						3					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	1						1					
122	enzymatic detergent	SM015	oz	1						1					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6.4						6.4					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1					
125	EQUIPMENT	CODE													
126	videoscope, gastroscopy	ES034				74						64			
127	videoscope, sigmoidoscopy	NEW						64						59	
128	fiberscope, flexible, sigmoidoscopy	ES021		35						36					
129	stretcher	EF018				88		0				78		0	
130	stretcher, endoscopy	EF020		60						60					
131	table, exam	EF023													
132	table, power	EF031		35		44		0		36		34		0	
133	video system, endoscopy (processor, digital capture, mor	ES031				44		34				34		29	
134	light source, xenon	EQ167													
135	light, surgical	EF014		35						36					
136	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		88		67		0		89		57		0	
137	IV infusion pump	EQ032		88		67		0		89		57		0	
138	suction machine (Gomco)	EQ235		35		44		34		36		34		29	
139	table, instrument, mobile	EF027		88		44		0		89		34		0	
140	cart, endoscopy imaging equipment	ES003		35						36					
141	radiofrequency generator, endoscopy	NEW													
142	electrosurgical generator, gastrocautery	EQ113		35						36		34		29	
143	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30	
144	kit, probe, radiofrequency, Xli-enhanced RF probe	EQ356													

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334		43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method		EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	22.0	100.0	22.0	90.0	22.0	53.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	88.0	0.0	78.0	0.0	41.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA			5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							3					
31	Sedate/apply anesthesia	L051A	RN			2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN			30		20		23		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			30		20		10		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			3		3		8		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a					
47	End: Patient leaves office														

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				AMA Specialty Society Recommendation												
				PEAC 2002			**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43255 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43256 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45334**			**43255**		**45334**		**45335**		**43236**		**45335**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**															
49	**Start: Patient leaves office/facility**															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**															
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**													
61	***SCRUB, DRESS, DRAPE***															
62	pack, minimum multi-specialty visit	SA048	pack				**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item													
64	gown, staff, impervious	SB027	item				**2**		**2**				**2**		**2**	
65	cap, surgical	SB001	item				**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item													
67	mask, surgical	SB033	item													
68	mask, surgical, with face shield	SB034	item				**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot													
70	pillow case	SB037	item													
71	shoe covers, surgical	SB039	pair				**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item				**3**		**1**		**3**		**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item				**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item				**1**				**1**		**1**			
75	denture cup	SJ016	item				**1**						**1**			
76	***MODERATE SEDATION***															
77	pack, moderate sedation	SA044	pack				**1**		**1**		**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item								**1**					
79	nasal cannula	SD100	item								**1**					
80	bite block	SD006	item				**1**				**1**		**1**			

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				AMA Specialty Society Recommendation												
				PEAC 2002			**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43255 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43256 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45334**			**43255**		**45334**		**45335**		**43236**		**45335**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***															
82	endoscope anti-fog solution	SM014	ml				**1**		**1**				**1**		**1**	
83	endoscopic cytology brush	SD067	item				**1**		**1**							
84	endoscopic biopsy forceps	SD066	item													
85	endoscopic polypectomy snare	SD068	item													
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item													
87	endoscopic clip	**NEW**	item				**1**		**1**							
88	guidewire, STIFF	SD090	item													
89	endoscopic balloon, dilation	SD019	item													
90	cautery, monopolar, blade, extended shaft	SF015	item													
91	needle, micropigmentation (tattoo)	SC079	item										**1**		**1**	
92	skin marking ink (tattoo)	SK073	ml										**2**		**2**	
93	needle, variceal injection	SC044	item								**1**		**1**		**1**	
94	syringe 5-6ml	SC057	item								**3**		**3**		**3**	
95	cautery, patient ground pad with cord	SF021	item				**1**		**1**							
96	cautery, bipolar cord	SF012	item				**1**		**1**							
97	cautery, bipolar, probe, endoscopy	**NEW**	item				**1**		**1**							
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit													
99	canister, suction	SD009	item				**2**		**1**		**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item				**1**		**1**				**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item				**1**						**1**			
102	syringe 50-60ml	SC056	item				**1**		**1**				**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				**1**						**1**			
104	water, distilled	SK087	oz						**5**						**5**	
105	gauze, non-sterile 4in x 4in	SG051	item				**1**		**1**				**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item				**1**		**1**				**1**			
107	paper, photo printing (8.5 x 11)	SK058	item				**1**		**1**				**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item													
109	alcohol isopropyl 70%	SJ001	ml													
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item				**4**		**4**		**2**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item													
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item													
113	iv tubing (extension)	SC019	item													
114	kit, needle - free injection system	SA021	item								**1**					
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml													

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002			Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334			43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000		000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*															
117	pack, cleaning and disinfecting, endoscope	SA042	pack				1		1				1		1	
118	pack, cleaning, surgical instruments	SA043	pack													
119	gloves, non-sterile	SB022	pair								1					
120	basin, irrigation	SJ009	item								1					
121	cleaning brush, endoscope	SM010	item								1					
122	enzymatic detergent	SM015	oz													
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz													
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item													
125	EQUIPMENT	CODE														
126	videoscope, gastroscopy	ES034					74				28		64			
127	videoscope, sigmoidoscopy	NEW							64						59	
128	fiberscope, flexible, sigmoidoscopy	ES021									28					
129	stretcher	EF018					88		0				78		0	
130	stretcher, endoscopy	EF020									60					
131	table, exam	EF023														
132	table, power	EF031					44		0		28		34		0	
133	video system, endoscopy (processor, digital capture, mor	ES031					44		34		28		34		29	
134	light source, xenon	EQ167														
135	light, surgical	EF014									28					
136	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011					67		0		85		57		0	
137	IV infusion pump	EQ032					67		0		85		57		0	
138	suction machine (Gomco)	EQ235					44		34				34		29	
139	table, instrument, mobile	EF027					44		0		85		34		0	
140	cart, endoscopy imaging equipment	ES003									28					
141	radiofrequency generator, endoscopy	NEW														
142	electrosurgical generator, gastrocautery	EQ113					44		34							
143	endoscope disinfector, rigid or fiberoptic, w-cart	ES005					30		30				30		30	
144	**kit, probe, radiofrequency, Xli-enhanced RF probe**	EQ356														

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**78.0**	**22.0**	**90.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**66.0**	**0.0**	**78.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**3**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**0**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA							**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA							**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA							**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA							**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA									**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA							**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							**6**					
31	Sedate/apply anesthesia	L051A	RN							**2**		2		2	
32	**Intra-service**														
33	Moderate sedation	L051A	RN							**19**		**20**		**15**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA							**10**		**20**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN							**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA							**15**					
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA							**13**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA									**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA							**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**														

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**			**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack							**1**		**1**		**1**	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item							**3**		**2**		**2**	
65	cap, surgical	SB001	item							**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item							**3**		**3**		**3**	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair							**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item									**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item									**1**		**1**	
74	basin, emesis	SJ010	item							**1**		**1**			
75	denture cup	SJ016	item									**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack							**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item							**1**					
80	bite block	SD006	item									**1**			

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml									**1**		**1**	
83	endoscopic cytology brush	SD067	item							**1**		**1**		**1**	
84	endoscopic biopsy forceps	SD066	item												
85	endoscopic polypectomy snare	SD068	item							**1**		**1**		**1**	
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item												
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							**1**					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									**1**		**1**	
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item							**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item									**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item							**1**		**1**			
102	syringe 50-60ml	SC056	item							**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									**1**			
104	water, distilled	SK087	oz											**5**	
105	gauze, non-sterile 4in x 4in	SG051	item									**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item							**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item									**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item							**3**					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item							**4**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item							**8**					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item							**1**					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43244 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43251 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45337		43244		45337		45338		43251		45338	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*														
117	pack, cleaning and disinfecting, endoscope	SA042	pack									1		1	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair							3					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item							1					
122	enzymatic detergent	SM015	oz							1					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz							6.4					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item							1					
125	EQUIPMENT	CODE													
126	videoscope, gastroscopy	ES034										64			
127	videoscope, sigmoidoscopy	NEW												59	
128	fiberscope, flexible, sigmoidoscopy	ES021								28					
129	stretcher	EF018										78		0	
130	stretcher, endoscopy	EF020								60					
131	table, exam	EF023													
132	table, power	EF031								28		34		29	
133	video system, endoscopy (processor, digital capture, mor	ES031										34		29	
134	light source, xenon	EQ167													
135	light, surgical	EF014								28					
136	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011								81		57		0	
137	IV infusion pump	EQ032								81		57		0	
138	suction machine (Gomco)	EQ235								28		34		29	
139	table, instrument, mobile	EF027								81		34		0	
140	cart, endoscopy imaging equipment	ES003								28					
141	radiofrequency generator, endoscopy	NEW													
142	electrosurgical generator, gastrocautery	EQ113								28		34		29	
143	endoscope disinfector, rigid or fiberoptic, w-cart	ES005								40		30		30	
144	**kit, probe, radiofrequency, Xli-enhanced RF probe**	EQ356													

	A	B	C	AZ AMA Specialty Society Recommendation	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				**RUC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43245 RUC 01/13)**		**Crosswalk Code**		**Recommendation NEW CODE from 43270**		**RUC 2002**		**Recommendation NEW CODE from 45345**	
2	***Please note: If a supply has a purchase price of**			**45340**		**43245**		**45340**		**43270**		**45346**		**45345**		**45347**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**55.0**	**22.0**	**93.0**	**22.0**	**90.0**	**22.0**	**115.0**	**22.0**	**90.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**0.0**	**81.0**	**0.0**	**78.0**	**0.0**	**103.0**	**0.0**	**78.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**		**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		2		2		2		2					
32	**Intra-service**																
33	Moderate sedation	L051A	RN	**25**		**23**		**20**		**45**		**20**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**23**		**20**		**45**		**20**					
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**21**		**3**		**3**		**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**		**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**													
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**										**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**										**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**										**n/a**		**n/a**	
47	**End: Patient leaves office**																

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
48	POST-SERVICE Period																
49	Start: Patient leaves office/facility																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3		3		
59	End: with last office visit before end of global period																
60	MEDICAL SUPPLIES**	CODE	UNIT														
61	*SCRUB, DRESS, DRAPE*																
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1					
63	gown, patient	SB026	item														
64	gown, staff, impervious	SB027	item			2		2		2		2					
65	cap, surgical	SB001	item	3		3		3		3		3					
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	3		3		3		3		3					
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	3		3		3		3		3					
72	scrub brush (impregnated)	SM023	item	3		3		1		3		1					
73	drape, non-sterile, sheet 40in x 60in	SB006	item			1		1		1		1					
74	basin, emesis	SJ010	item	1		1				1							
75	denture cup	SJ016	item			1				1							
76	*MODERATE SEDATION*																
77	pack, moderate sedation	SA044	pack	1		1		1		1		1					
78	electrode, ECG (single)	SD053	item	1													
79	nasal cannula	SD100	item	1													
80	bite block	SD006	item	1		1				1							

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
81	***PROCEDURE INSTRUMENTS / SUPPLIES***																
82	endoscope anti-fog solution	SM014	ml			1		1		1		1					
83	endoscopic cytology brush	SD067	item			1		1		1		1					
84	endoscopic biopsy forceps	SD066	item														
85	endoscopic polypectomy snare	SD068	item														
86	endoscopic hood (previous proxy, endosheath)	NEW	item														
87	endoscopic clip	NEW	item														
88	guidewire, STIFF	SD090	item							1		1					
89	endoscopic balloon, dilation	SD019	item	1		1		1		1		1					
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item	2													
95	cautery, patient ground pad with cord	SF021	item														
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	NEW	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit							1		1					
99	canister, suction	SD009	item	1		2		1		2		1					
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1		1		1					
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1				1							
102	syringe 50-60ml	SC056	item			1		1		1		1					
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1				1							
104	water, distilled	SK087	oz					5				5					
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		1		1					
106	cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1		1		1					
107	paper, photo printing (8.5 x 11)	SK058	item			1		1		1		1					
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	alcohol isopropyl 70%	SJ001	ml														
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	2		4		4		4		4					
111	gauze, non-sterile 2in x 2in	SG050	item														
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item														
113	iv tubing (extension)	SC019	item														
114	kit, needle - free injection system	SA021	item	1													
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml														

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*																
117	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1		1					
118	pack, cleaning, surgical instruments	SA043	pack														
119	gloves, non-sterile	SB022	pair	1													
120	basin, irrigation	SJ009	item	1													
121	cleaning brush, endoscope	SM010	item	1													
122	enzymatic detergent	SM015	oz														
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
125	EQUIPMENT	CODE															
126	videoscope, gastroscopy	ES034		30		67				89							
127	videoscope, sigmoidoscopy	NEW						64				64					
128	fiberscope, flexible, sigmoidoscopy	ES021		30													
129	stretcher	EF018				81		78		103		0					
130	stretcher, endoscopy	EF020		60													
131	table, exam	EF023															
132	table, power	EF031		30		37		34		59		34					
133	video system, endoscopy (processor, digital capture, mor	ES031		30		37		34		59		34					
134	light source, xenon	EQ167															
135	light, surgical	EF014		30													
136	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		90		60		57		82		0					
137	IV infusion pump	EQ032		90		60		57		82		0					
138	suction machine (Gomco)	EQ235				37		34		59		34					
139	table, instrument, mobile	EF027		90		37		34		59		0					
140	cart, endoscopy imaging equipment	ES003		30													
141	radiofrequency generator, endoscopy	NEW								59		34					
142	electrosurgical generator, gastrocautery	EQ113								59		34					
143	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30		30		30					
144	**kit, probe, radiofrequency, Xli-enhanced RF probe**	EQ356										34					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45341**		**43237**		**45341**		**45342**		**43238**		**45342**	
3	**Meeting Date: January 2014 Tab: 9 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		EGD; EUS exam limited to the esophagus		Flex sig; EUS exam		Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine		EGD; EUS exam limited to the esophagus with FNA		Flex sig; EUS exam with FNA	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA												
24	Obtain vital signs	L037D	RN/LPN/MTA												
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA												
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA												
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA												
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA												
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA												
31	Sedate/apply anesthesia	L051A	RN												
32	**Intra-service**														
33	Assist physician in performing procedure	L037D	RN/LPN/MTA												
34	Assist physician/moderate sedation (% of physician time)	L051A	RN												
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN												
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA												
39	Clean Scope	L037D	RN/LPN/MTA												
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA												
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA												
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**		**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**		**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**		**n/a**				**n/a**	
47	**End: Patient leaves office**														
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
59	**End: with last office visit before end of global period**														

	A	B	C	D	E	F	G
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45390 FACILITY ONLY**		**45349 FACILITY ONLY**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with EMR		Flex sig; with EMR	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				
24	Obtain vital signs	L037D	RN/LPN/MTA				
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA				
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA				
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA				
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	Sedate/apply anesthesia	L051A	RN				
32	**Intra-service**						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA				
34	Assist physician/moderate sedation (% of physician time)	L051A	RN				
35	**Post-Service**						
36	Monitor pt. following moderate sedation						
37	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN				
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA				
39	Clean Scope	L037D	RN/LPN/MTA				
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA				
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA				
44	*Other Clinical Activity - *specify:*						
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	
48	**End: Patient leaves office**						
49	**POST-SERVICE Period**						
50	**Start: Patient leaves office/facility**						
51	Conduct phone calls/call in prescriptions				**3**		**3**
58	**Total Office Visit Time**					**0.0**	**0.0**
59	*Other Clinical Activity - *specify:*						
60	**End: with last office visit before end of global period**						
61	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
62	***SCRUB, DRESS, DRAPE***						
63	pack, minimum multi-specialty visit	SA048	pack				
64	gown, staff, impervious	SB027	item				
65	cap, surgical	SB001	item				
66	mask, surgical, with face shield	SB034	item				
67	shoe covers, surgical	SB039	pair				
68	scrub brush (impregnated)	SM023	item				
69	drape, non-sterile, sheet 40in x 60in	SB006	item				
70	***MODERATE SEDATION***						
71	pack, moderate sedation	SA044	pack				
72	***PROCEDURE INSTRUMENTS / SUPPLIES***						
73	endoscope anti-fog solution	SM014	ml				
74	endoscopic cytology brush	SD067	item				
75	canister, suction	SD009	item				
76	tubing, suction, non-latex (6ft uou)	SD132	item				
77	syringe 50-60ml	SC056	item				
78	water, sterile for irrigation (250-1000ml uou)	SH074	item				
79	water, distilled	SK087	oz				
80	gauze, non-sterile 4in x 4in	SG051	item				
81	cup, biopsy-specimen non-sterile 4oz	SL035	item				
82	paper, photo printing (8.5 x 11)	SK058	item				
83	lubricating jelly (K-Y) (5gm uou)	SJ032	item				
84	***SCOPE CLEANING***						
85	pack, cleaning and disinfecting, endoscope	SA042	pack				
86	**hemorrhoidal banding system**	**NEW**					
87	**EQUIPMENT**	**CODE**					
88	videoscope, sigmoidoscopy	**NEW**					
89	videoscope, colonoscopy	ES033					
90	stretcher	EF018					
91	table, power	EF031					
92	video system, endoscopy (processor, digital capture, monitor, pr	ES031					
93	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011					
94	IV infusion pump	EQ032					
95	suction machine (Gomco)	EQ235					
96	table, instrument, mobile	EF027					
97	endoscope disinfector, rigid or fiberoptic, w-cart	ES005					

	A	B	C	H	I	J	K
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45398**		**45350**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with banding, (eg, hemorrhoids)		Flex sig; with banding (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**37.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**37.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**	
32	**Intra-service**						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**20**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**20**	
35	**Post-Service**						
36	Monitor pt. following moderate sedation						
37	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	**15**		**15**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**	
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**	
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
44	*Other Clinical Activity - *specify:*						
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**		
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**		
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**		
48	**End: Patient leaves office**						
49	**POST-SERVICE Period**						
50	**Start: Patient leaves office/facility**						
51	Conduct phone calls/call in prescriptions			**3**	**3**	**3**	**3**
58	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
59	*Other Clinical Activity - *specify:*						
60	**End: with last office visit before end of global period**						
61	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
62	***SCRUB, DRESS, DRAPE***						
63	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
64	gown, staff, impervious	SB027	item	**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**	
70	***MODERATE SEDATION***						
71	pack, moderate sedation	SA044	pack	**1**		**1**	
72	***PROCEDURE INSTRUMENTS / SUPPLIES***						
73	endoscope anti-fog solution	SM014	ml	**1**		**1**	
74	endoscopic cytology brush	SD067	item	**1**		**1**	
75	canister, suction	SD009	item	**1**		**1**	
76	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**	
77	syringe 50-60ml	SC056	item	**1**		**1**	
78	water, sterile for irrigation (250-1000ml uou)	SH074	item			**1**	
79	water, distilled	SK087	oz	**5**		**0**	
80	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**	
81	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**	
82	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**	
83	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**	
84	***SCOPE CLEANING***						
85	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**	
86	**hemorrhoidal banding system**	**NEW**		**1**		**1**	
87	**EQUIPMENT**	**CODE**					
88	videoscope, sigmoidoscopy	**NEW**				**64**	
89	videoscope, colonoscopy	ES033		**64**		**0**	
90	stretcher	EF018		**78**		**104**	
91	table, power	EF031		**34**		**34**	
92	video system, endoscopy (processor, digital capture, monitor, pr	ES031		**34**		**34**	
93	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**52**		**94**	
94	IV infusion pump	EQ032		**52**		**94**	
95	suction machine (Gomco)	EQ235		**62**		**34**	
96	table, instrument, mobile	EF027		**52**		**94**	
97	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**	

	A	B	C	AMA Specialty Society Recommendation D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**71.0**	**21.0**	**85.0**	**22.0**	**80.0**	**22.0**	**74.0**	**22.0**	**85.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**10.0**	**18.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**61.0**	**0.0**	**73.0**	**0.0**	**68.0**	**0.0**	**62.0**	**0.0**	**73.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**1**	**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**3**		**3**		**5**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	**3**						**3**					
31	Sedate/apply anesthesia	L051A	RN			**2**						2			
32	**Intra-service**														
33	Moderate sedation	L051A	RN			**15**						**15**			
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**12**		**15**		**10**		**18**		**15**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			**15**						**15**			
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**				**2**		**2**				**2**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**25**		**3**		**3**		**17**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**					
47	**End: Patient leaves office**														

	A	B	C	AMA Specialty Society Recommendation D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**1**											
64	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**2**		**3**		**3**		**2**	
66	cover, thermometer probe	SB004	item	**1**											
67	mask, surgical	SB033	item	**2**											
68	mask, surgical, with face shield	SB034	item			**3**		**2**		**3**		**3**		**2**	
69	paper, exam table	SB036	foot	**7**											
70	pillow case	SB037	item	**1**											
71	shoe covers, surgical	SB039	pair			**3**		**2**		**3**		**3**		**2**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**2**		**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack			**1**						**1**			
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item												
80	bite block	SD006	item			**1**						**1**			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				AMA Specialty Society Recommendation		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**	
83	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**	
84	endoscopic biopsy forceps	SD066	item									**1**		**1**	
85	endoscopic polypectomy snare	SD068	item												
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item												
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item			**2**		**1**		**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item			**1**		**1**				**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**1**				**1**		**1**			
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			**1**						**1**			
104	water, distilled	SK087	oz					**5**						**5**	
105	gauze, non-sterile 4in x 4in	SG051	item			**1**		**1**				**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**		**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item			**1**		**1**				**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	**3**						**3**					
109	alcohol isopropyl 70%	SJ001	ml	**30**											
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item							**8**					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**											
113	iv tubing (extension)	SC019	item												
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml					**5**						**5**	

	A	B	C	AMA Specialty Society Recommendation D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	**5**											
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	**1**						**1**					
122	enzymatic detergent	SM015	oz	**1**						**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**6.4**						**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	**1**						**1**					
125	water, distilled	SK087	oz	**6**						**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034				**59**						**59**			
128	videoscope, sigmoidoscopy	**NEW**						**42**						**42**	
129	fiberscope, flexible, sigmoidoscopy	ES021		**61**						**62**					
130	stretcher	EF018				**73**		**68**				**73**		**73**	
131	stretcher, endoscopy	EF020													
132	table, exam	EF023		**61**											
133	table, power	EF031				**29**		**12**		**62**		**29**		**12**	
134	video system, endoscopy (processor, digital capture, mor	ES031				**29**		**12**				**29**		**12**	
135	light source, xenon	EQ167		**61**											
136	light, surgical	EF014								**62**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**18**				**52**		**33**	
138	IV infusion pump	EQ032				**52**						**52**			
139	suction machine (Gomco)	EQ235				**29**		**12**		**62**		**29**		**12**	
140	table, instrument, mobile	EF027				**29**		**12**				**29**		**12**	
141	cart, endoscopy imaging equipment	ES003		**61**						**62**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113													
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**		**32**		**30**		**30**	

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	79.0	22.0	100.0	22.0	90.0	22.0	78.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	67.0	0.0	88.0	0.0	78.0	0.0	66.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3					
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN	26		30		20		27		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	17		30		20		18		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	25		3		3		25		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a		n/a		n/a	
47	End: Patient leaves office														

	A	B	C	AMA Specialty Society Recommendation													
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item	**1**						**1**					
80	bite block	SD006	item			**1**						**1**			

	A	B	C	AMA Specialty Society Recommendation													
				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
81	*PROCEDURE INSTRUMENTS / SUPPLIES*														
82	endoscope anti-fog solution	SM014	ml			1		1				1		1	
83	endoscopic cytology brush	SD067	item	1		1		1		1		1		1	
84	endoscopic biopsy forceps	SD066	item									1		1	
85	endoscopic polypectomy snare	SD068	item	1		1		1		1					
86	endoscopic hood (previous proxy, endosheath)	NEW	item			1									
87	endoscopic clip	NEW	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							1					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									1		1	
96	cautery, bipolar cord	SF012	item									1		1	
97	cautery, bipolar, probe, endoscopy	NEW	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item	1		2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1		1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
104	water, distilled	SK087	oz					5						5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item	8						8					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item	1						1					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
1															
2	***Please note: If a supply has a purchase price of**			**45332**		**43247**		**45332**		**45333**		**43250**		**45333**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	**3**						**3**					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	**1**						**1**					
122	enzymatic detergent	SM015	oz	**1**						**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**6.4**						**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	**1**						**1**					
125	water, distilled	SK087	oz	**6**						**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034				**74**						**64**			
128	videoscope, sigmoidoscopy	**NEW**						**64**						**59**	
129	fiberscope, flexible, sigmoidoscopy	ES021		**35**						**36**					
130	stretcher	EF018				**88**		**78**				**78**		**73**	
131	stretcher, endoscopy	EF020		**60**						**60**					
132	table, exam	EF023													
133	table, power	EF031		**35**		**44**		**34**		**36**		**34**		**29**	
134	video system, endoscopy (processor, digital capture, mor	ES031				**44**		**34**				**34**		**29**	
135	light source, xenon	EQ167													
136	light, surgical	EF014		**35**						**36**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**88**		**67**		**57**		**89**		**57**		**52**	
138	IV infusion pump	EQ032		**88**		**67**		**57**		**89**		**57**		**52**	
139	suction machine (Gomco)	EQ235		**35**		**44**		**34**		**36**		**34**		**29**	
140	table, instrument, mobile	EF027		**88**		**44**		**34**		**89**		**34**		**29**	
141	cart, endoscopy imaging equipment	ES003		**35**						**36**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113		**35**						**36**		**34**		**29**	
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**40**		**30**		**30**		**40**		**30**		**30**	

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334		43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method		EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	22.0	100.0	22.0	90.0	22.0	53.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	88.0	0.0	78.0	0.0	41.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA			5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							3					
31	Sedate/apply anesthesia	L051A	RN			2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN			30		20		23		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			30		20		10		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			3		3		8		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a					
47	End: Patient leaves office														

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				AMA Specialty Society Recommendation												
				PEAC 2002			**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43255 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43256 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45334**			**43255**		**45334**		**45335**		**43236**		**45335**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**		**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**															
49	**Start: Patient leaves office/facility**															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**															
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**													
61	***SCRUB, DRESS, DRAPE***															
62	pack, minimum multi-specialty visit	SA048	pack				**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item													
64	gown, staff, impervious	SB027	item				**2**		**2**				**2**		**2**	
65	cap, surgical	SB001	item				**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item													
67	mask, surgical	SB033	item													
68	mask, surgical, with face shield	SB034	item				**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot													
70	pillow case	SB037	item													
71	shoe covers, surgical	SB039	pair				**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item				**3**		**1**		**3**		**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item				**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item				**1**				**1**		**1**			
75	denture cup	SJ016	item				**1**						**1**			
76	***MODERATE SEDATION***															
77	pack, moderate sedation	SA044	pack				**1**		**1**		**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item								**1**					
79	nasal cannula	SD100	item								**1**					
80	bite block	SD006	item				**1**				**1**		**1**			

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334		43255		45334		45335		43236		45335	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method		EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	**LOCATION**			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	**GLOBAL PERIOD**			000	000	000	000	000	000	000	000	000	000	000	000
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml			1		1				1		1	
83	endoscopic cytology brush	SD067	item			1		1							
84	endoscopic biopsy forceps	SD066	item												
85	endoscopic polypectomy snare	SD068	item												
86	endoscopic hood (previous proxy, endosheath)	NEW	item												
87	endoscopic clip	NEW	item			1		1							
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item									1		1	
92	skin marking ink (tattoo)	SK073	ml									2		2	
93	needle, variceal injection	SC044	item							1		1		1	
94	syringe 5-6ml	SC057	item							3		3		3	
95	cautery, patient ground pad with cord	SF021	item			1		1							
96	cautery, bipolar cord	SF012	item			1		1							
97	cautery, bipolar, probe, endoscopy	NEW	item			1		1							
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item			2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1						1			
102	syringe 50-60ml	SC056	item			1		1				1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
104	water, distilled	SK087	oz					5						5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1				1			
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item												
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item			4		4		2		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item												
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item												
114	kit, needle - free injection system	SA021	item							1					
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002			Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334			43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000		000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*															
117	pack, cleaning and disinfecting, endoscope	SA042	pack				1		1				1		1	
118	pack, cleaning, surgical instruments	SA043	pack													
119	gloves, non-sterile	SB022	pair								1					
120	basin, irrigation	SJ009	item								1					
121	cleaning brush, endoscope	SM010	item								1					
122	enzymatic detergent	SM015	oz													
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz													
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item													
125	water, distilled	SK087	oz													
126	EQUIPMENT	CODE														
127	videoscope, gastroscopy	ES034					74				28		64			
128	videoscope, sigmoidoscopy	NEW							64						59	
129	fiberscope, flexible, sigmoidoscopy	ES021									28					
130	stretcher	EF018					88		78				78		73	
131	stretcher, endoscopy	EF020									60					
132	table, exam	EF023														
133	table, power	EF031					44		34		28		34		29	
134	video system, endoscopy (processor, digital capture, mor	ES031					44		34		28		34		29	
135	light source, xenon	EQ167														
136	light, surgical	EF014									28					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011					67		57		85		57		52	
138	IV infusion pump	EQ032					67		57		85		57		52	
139	suction machine (Gomco)	EQ235					44		34				34		29	
140	table, instrument, mobile	EF027					44		34		85		34		29	
141	cart, endoscopy imaging equipment	ES003									28					
142	radiofrequency generator, endoscopy	NEW														
143	electrosurgical generator, gastrocautery	EQ113					44		34							
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005					30		30				30		30	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**78.0**	**22.0**	**90.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**66.0**	**0.0**	**78.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**3**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**0**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA							**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA							**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA							**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA							**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA									**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA							**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							**6**					
31	Sedate/apply anesthesia	L051A	RN							**2**		2		2	
32	**Intra-service**														
33	Moderate sedation	L051A	RN							**19**		**20**		**15**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA							**10**		**20**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN							**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA							**15**					
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA							**13**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA									**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA							**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**														

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**			**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack							**1**		**1**		**1**	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item							**3**		**2**		**2**	
65	cap, surgical	SB001	item							**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item							**3**		**3**		**3**	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair							**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item									**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item									**1**		**1**	
74	basin, emesis	SJ010	item							**1**		**1**			
75	denture cup	SJ016	item									**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack							**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item							**1**					
80	bite block	SD006	item									**1**			

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml									**1**		**1**	
83	endoscopic cytology brush	SD067	item							**1**		**1**		**1**	
84	endoscopic biopsy forceps	SD066	item												
85	endoscopic polypectomy snare	SD068	item							**1**		**1**		**1**	
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item												
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							**1**					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									**1**		**1**	
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item							**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item									**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item							**1**		**1**			
102	syringe 50-60ml	SC056	item							**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									**1**			
104	water, distilled	SK087	oz											**5**	
105	gauze, non-sterile 4in x 4in	SG051	item									**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item							**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item									**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item							**3**					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item							**4**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item							**8**					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item							**1**					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack									**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair							**3**					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item							**1**					
122	enzymatic detergent	SM015	oz							**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz							**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item							**1**					
125	water, distilled	SK087	oz							**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034										**64**			
128	videoscope, sigmoidoscopy	**NEW**												**59**	
129	fiberscope, flexible, sigmoidoscopy	ES021								**28**					
130	stretcher	EF018										**78**		**73**	
131	stretcher, endoscopy	EF020								**60**					
132	table, exam	EF023													
133	table, power	EF031								**28**		**34**		**29**	
134	video system, endoscopy (processor, digital capture, mon	ES031										**34**		**29**	
135	light source, xenon	EQ167													
136	light, surgical	EF014								**28**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011								**81**		**57**		**52**	
138	IV infusion pump	EQ032								**81**		**57**		**52**	
139	suction machine (Gomco)	EQ235								**28**		**34**		**29**	
140	table, instrument, mobile	EF027								**81**		**34**		**29**	
141	cart, endoscopy imaging equipment	ES003								**28**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113								**28**		**34**		**29**	
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005								**40**		**30**		**30**	

	A	B	C	AZ AMA Specialty Society Recommendation	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				**RUC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43245 RUC 01/13)**		**Crosswalk Code**		**Recommendation NEW CODE from 43270**		**RUC 2002**		**Recommendation NEW CODE from 45345**	
2	***Please note: If a supply has a purchase price of**			**45340**		**43245**		**45340**		**43270**		**45346**		**45345**		**45347**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**55.0**	**22.0**	**93.0**	**22.0**	**90.0**	**22.0**	**115.0**	**22.0**	**90.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**0.0**	**81.0**	**0.0**	**78.0**	**0.0**	**103.0**	**0.0**	**78.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**		**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		2		2		2		2					
32	**Intra-service**																
33	Moderate sedation	L051A	RN	**25**		**23**		**20**		**45**		**20**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**23**		**20**		**45**		**20**					
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**21**		**3**		**3**		**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**		**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**													
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**										**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**										**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**										**n/a**		**n/a**	
47	**End: Patient leaves office**																

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
48	POST-SERVICE Period																
49	Start: Patient leaves office/facility																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3		3		
59	End: with last office visit before end of global period																
60	MEDICAL SUPPLIES**	CODE	UNIT														
61	*SCRUB, DRESS, DRAPE*																
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1					
63	gown, patient	SB026	item														
64	gown, staff, impervious	SB027	item			2		2		2		2					
65	cap, surgical	SB001	item	3		3		3		3		3					
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	3		3		3		3		3					
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	3		3		3		3		3					
72	scrub brush (impregnated)	SM023	item	3		3		1		3		1					
73	drape, non-sterile, sheet 40in x 60in	SB006	item			1		1		1		1					
74	basin, emesis	SJ010	item	1		1				1							
75	denture cup	SJ016	item			1				1							
76	*MODERATE SEDATION*																
77	pack, moderate sedation	SA044	pack	1		1		1		1		1					
78	electrode, ECG (single)	SD053	item	1													
79	nasal cannula	SD100	item	1													
80	bite block	SD006	item	1		1				1							

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
81	***PROCEDURE INSTRUMENTS / SUPPLIES***																
82	endoscope anti-fog solution	SM014	ml			1		1		1		1					
83	endoscopic cytology brush	SD067	item			1		1		1		1					
84	endoscopic biopsy forceps	SD066	item														
85	endoscopic polypectomy snare	SD068	item														
86	endoscopic hood (previous proxy, endosheath)	NEW	item														
87	endoscopic clip	NEW	item														
88	guidewire, STIFF	SD090	item							1		1					
89	endoscopic balloon, dilation	SD019	item	1		1		1		1		1					
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item	2													
95	cautery, patient ground pad with cord	SF021	item														
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	NEW	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit							1		1					
99	canister, suction	SD009	item	1		2		1		2		1					
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1		1		1					
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1				1							
102	syringe 50-60ml	SC056	item			1		1		1		1					
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1				1							
104	water, distilled	SK087	oz					5				5					
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		1		1					
106	cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1		1		1					
107	paper, photo printing (8.5 x 11)	SK058	item			1		1		1		1					
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	alcohol isopropyl 70%	SJ001	ml														
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	2		4		4		4		4					
111	gauze, non-sterile 2in x 2in	SG050	item														
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item														
113	iv tubing (extension)	SC019	item														
114	kit, needle - free injection system	SA021	item	1													
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml														

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*																
117	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1		1					
118	pack, cleaning, surgical instruments	SA043	pack														
119	gloves, non-sterile	SB022	pair	1													
120	basin, irrigation	SJ009	item	1													
121	cleaning brush, endoscope	SM010	item	1													
122	enzymatic detergent	SM015	oz														
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
125	water, distilled	SK087	oz														
126	EQUIPMENT	CODE															
127	videoscope, gastroscopy	ES034		30		67				89							
128	videoscope, sigmoidoscopy	NEW						64				64					
129	fiberscope, flexible, sigmoidoscopy	ES021		30													
130	stretcher	EF018				81		78		103		78					
131	stretcher, endoscopy	EF020		60													
132	table, exam	EF023															
133	table, power	EF031		30		37		34		59		34					
134	video system, endoscopy (processor, digital capture, mor	ES031		30		37		34		59		34					
135	light source, xenon	EQ167															
136	light, surgical	EF014		30													
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		90		60		57		82		57					
138	IV infusion pump	EQ032		90		60		57		82		57					
139	suction machine (Gomco)	EQ235				37		34		59		34					
140	table, instrument, mobile	EF027		90		37		34		59		34					
141	cart, endoscopy imaging equipment	ES003		30													
142	radiofrequency generator, endoscopy	NEW								59		34					
143	electrosurgical generator, gastrocautery	EQ113								59		34					
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30		30		30					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure/MPC List screen

January 2014

Colonoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. In November, 2013, as part of the 2014 Medicare Final Rule, CMS released their work value recommendations on the three families reviewed for the CPT 2014 cycle. It was noted that while CMS disagreed with a majority of the RUC recommendations, the agency seemed to agree that the incremental methodology was the best approach to use in valuing these codes. However, the RUC agreed that CMS often used inappropriate assumptions regarding physician work and intensity and thus offered increments for procedures not in accordance with the appropriate clinical utility either within the immediate family or within the larger code family. Therefore, as was done in the previous set of codes, the RUC continued to use the incremental methodology as its primary approach to valuing the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

The RUC and the specialty societies explicitly addressed the perception that there is a body of peer-reviewed literature which states that diagnostic colonoscopies take 15 minutes of time to perform. When valuing procedures at the RUC, the Committee views the RUC survey as the gold standard for validating physician time and valuing physician work. So, in order to validate a RUC survey, one would need to produce another

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equally valid survey, which would measure time and intensity in a similar way. In order to ensure the specialties' survey meets the exacting standards that are expected of a RUC survey, the RUC reviewed two pieces of information.

First, a demographic breakout of the survey respondents was reviewed to ensure that the survey population closely matches the population of real world patients receiving diagnostic colonoscopies. The specialty societies, after the survey was completed, went back to the survey respondents and collected additional demographic data, not typically collected as part of the standard RUC survey. For instance, 94% of the survey respondents indicated that they perform the majority of colonoscopy procedures in a facility setting, while 94% of Medicare patients receive a diagnostic colonoscopy in a facility. Also, the specialty societies also demonstrated that the RUC survey was representative in terms of both practice type, with a mix of single specialty groups, multi-specialty groups and Medical School Faculty Practice plans, and geographic practice setting, with an even share of respondents practicing in suburban and urban locations. Finally, 89% of the survey respondents indicated that they typically work out of 1 room simultaneously. The RUC recognizes that there would be efficiencies gained if a physician is working out of 2 rooms, however that is not typical. Given this large, varied data sample, the RUC agreed with the specialty society that the survey data accurately represents the typical scenario in which a physician would perform a diagnostic colonoscopy in the U.S.

Second, to specifically address the question of peer-reviewed literature, the specialties provided a table of fifteen articles published over the last decade or so in which there is some reference to colonoscopy procedure time. Importantly, none of these studies were done with the purpose of obtaining colonoscopy procedure time. Each study had some other goal (e.g. withdrawal time from adenoma detection rate, pain perception, etc). As a result, the authors chose their patient population to achieve the primary study question involved. In addition, many of the studies are single center studies, done in the Ambulatory Surgical Center (ASC), which do not represent much of the variety seen in the typical scenario.

Specifically, the specialties addressed the most well-known of these studies, the Robert Barclay study in the New England Journal of Medicine (NEJM) (*N Engl J Med 2006;355:2533-41*). This study was performed in a single center ASC. The methodology for measuring the endoscope time was reasonably precise but may not have included washing time or suctioning time. In addition, there was an insurance status criterion which was applied for the inclusion of patients in this study which mitigated a truly random population. Therefore, this study is not truly generalizable since these patients are the most straightforward patients that go to the ASC, are healthy and complete their prep. The specialties noted that even after noting these flaws in the data throughout, the listed studies tend to center around the 25 minutes of intra-service time, the median survey time for the diagnostic colonoscopy code 45378. Furthermore, the specialty societies noted a study that was submitted to the journal *Gastrointestinal Endoscopy*, which reports a large study of 522 colonoscopy procedure performed at the Mayo Clinic, which show a mean total procedure time of 23.2 minutes.

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Finally, the specialties discussed that far from having the physician work intensity of these services decrease over the years, in some ways colonoscopies are more intense today. In current practice there is an enhanced appreciation for flat adenomas, particularly in the right side of the colon. These were not known to exist or be nearly as prevalent during previous valuations. The adenomas are more difficult to identify because they aren't raised like ordinary polyps. To identify, the physician must look at the texture of the colon which requires greater scrutiny and washing to perform. The specialties explained that while these arguments are not made to provide compelling evidence, the work intensity has at the very least not gone down in comparison to both previous valuations and other services across the RBRVS.

45378 ***Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)***
The RUC reviewed the survey results of 165 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the Key Reference Service CPT code 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU= 3.36) and noted that while the reference code has 5 additional minutes of intra-service time, 30 minutes compared to 25 minutes, 45378 is a slightly more intense procedure and should be valued identically to 31625. Therefore, the RUC recommends a direct work RVU crosswalk from 31625 for the surveyed code. To further justify a work RVU of 3.36 for CPT code 45378, the RUC compared the surveyed code to CPT code 58555 *Hysteroscopy, diagnostic (separate procedure)* (work RVU= 3.33) and agreed that both services should be valued almost identically given identical intra-service times and analogous work intensity. Finally, the RUC reviewed CPT code 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed,* open (work RVU= 3.29, intra time= 20 minutes) and agreed that with comparable physician work and similar total time, this reference code offers and an accurate comparison to the recommended value. **The RUC recommends a work RVU of 3.36 for CPT code 45378.**

45379 ***Colonoscopy, flexible; with removal of foreign body(s)***
The RUC reviewed the survey results of 104 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the current work RVU of 4.68, in between the median and 25th percentile, is too high considering the drop in total time from the current time to the surveyed time. The RUC agreed that the appropriate

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methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.01 in the upper GI endoscopic family of services for the additional work of removing a foreign body over the base diagnostic procedure. Therefore, the RUC added the approved 1.01 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.37 for 45379, which is lower than the current value.

To justify a work RVU of 4.37, the RUC compared the surveyed code to MPC code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.71) and noted that while the reference code has 5 less minutes of intra-service time, 30 minutes compared to 35 minutes, 37191 is a more intense procedure and should be valued higher than 45379. In addition, the RUC also reviewed CPT codes 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)* (work RVU= 4.09, intra time= 30 minutes) and 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU= 5.10, intra time= 35 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.37 for CPT code 45379.**

45380 *Colonoscopy, flexible; with biopsy, single or multiple*
The RUC reviewed the survey results of 152 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the current work RVU of 4.43, the survey median, is too high considering the drop in total time from the current time to the surveyed time. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.30 in the upper GI endoscopic family of services for the additional work of performing a biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.30 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.66 for 45380, which is lower than the current value.

To justify a work RVU of 3.66, the RUC compared the surveyed code to MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50) and noted that while the reference code has 2 additional minutes of intra-service time, 45380 is a more intense procedure and is correctly valued higher than this MPC code. In addition, the RUC reviewed CPT codes 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix* (work RVU= 3.43, intra time= 28 minutes) and 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when*

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performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) (work RVU= 4.09, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.66 for CPT code 45380.**

45381 ***Colonoscopy, flexible; with directed submucosal injection(s), any substance***
The RUC reviewed the survey results of 123 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the work of this procedure, with a 25th percentile value of 3.95. Given the total time reduction from the current time to the newly surveyed time, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.31 in the upper GI endoscopic family of services for the additional work of performing a submucosal injection over the base diagnostic procedure. Therefore, the RUC added the approved 0.31 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.67 for 45381, which is lower than the current value.

To justify a work RVU of 3.67, the RUC compared the surveyed code to MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05) and agreed that since the reference code has slightly higher intra-service time, 30 minutes compared to 28 minutes, and is a slightly more intense procedure, 52224 is valued appropriately higher than CPT code 45381. In addition, the RUC reviewed CPT codes 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12, intra time= 30 minutes) and 15277 *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children* (work RVU= 4.00, intra time= 25 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.67 for CPT code 45381.**

45382 ***Colonoscopy, flexible; with control of bleeding, any method***

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The RUC reviewed the survey results of 120 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45382 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.40 in the colonoscopy through stoma family of services for the additional work of controlling bleeding over the base diagnostic procedure. Therefore, the RUC added the approved 1.40 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.76 for 45382, which is lower than the current value.

To justify a work RVU of 4.76, the RUC compared the surveyed code to CPT code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74) and noted that both services have identical intra-service time, 40 minutes, and comparable physician work. Therefore, the RUC agreed that both services should be valued almost identically. In addition, the RUC reviewed CPT codes 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU= 4.25, intra time= 40 minutes) and 93724 *Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)* (work RVU= 4.88, intra time= 40 minutes) and agreed that with comparable physician work and identical intra-service times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.76 for CPT code 45382.**

45388 ***Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)***

The RUC reviewed the survey results of 76 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45388 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.62 in the colonoscopy through stoma family of services for the additional work of performing ablation of a tumor with pre/post dilation and guide wire passage over the base diagnostic procedure. Therefore, the RUC added the approved 1.62 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.98 for 45388.

To justify a work RVU of 4.98, the RUC compared the surveyed code to CPT code 52276 *Cystourethroscopy with direct vision internal urethrotomy* (work RVU= 4.99) and agreed that since both codes have identical, intra-service time, 35 minutes, and comparable physician work, the two codes should be valued almost identically. In addition, the RUC reviewed CPT codes 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU= 5.10, intra time= 35 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.98 for CPT code 45388.**

45384 ***Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery***
The RUC reviewed the survey results of 101 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the work of this procedure, with a median value of 4.50. Given the intra-service time reduction from the current time to the newly surveyed time, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.81 in the upper GI endoscopic family of services for the additional work of removing a tumor by hot biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.81 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.17 for 45384, which is lower than the current value.

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To justify a work RVU of 4.17, the RUC compared the surveyed code to CPT code 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17) and noted that although the reference code has 2 additional minutes of intra-service time, CPT code 45384 is a more intense procedure and should be valued identically to code 32550. In addition , the RUC reviewed CPT codes 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal* (work RVU= 4.00, intra time= 30 minutes) and 52275 *Cystourethroscopy, with internal urethrotomy; male* (work RVU= 4.69, intra time= 30 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.17 for CPT code 45384.**

45385 ***Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique***
The RUC reviewed the survey results of 145 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45385 should be in between the median (5.25) and 25th percentile (4.38) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.31 in the upper GI endoscopic family of services for the additional work of removing a tumor by snare over the base diagnostic procedure. Therefore, the RUC added the approved 1.31 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.67 for 45385, which is lower than the current value.

To justify a work RVU of 4.67, the RUC compared the surveyed code to MPC code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.71) and determined that while both service have identical intra-service time, 30 minutes, code 45385 is a more intense procedure and should be valued slightly higher than 37191. In addition, the RUC reviewed CPT codes 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62, intra time= 30 minutes) and 37213 *Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed* (work RVU= 5.00, intra time= 33 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.67 for CPT code 45385.**

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45386 ***Colonoscopy, flexible; with transendoscopic balloon dilation***
The RUC reviewed the survey results of 80 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the physician work involved in this procedure with a 25th percentile work RVU of 4.55. To account for the drop in total time from the current time to the survey, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.51 in the upper GI endoscopic family of services for the additional work of balloon dilation less than 30 mm over the base diagnostic procedure. Therefore, the RUC added the approved 0.51 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.87 for 45386, which is lower than the current value.

To justify a work RVU of 3.87, the RUC compared the surveyed code to CPT code 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82) and agreed that while the reference code has 5 additional minutes of intra-service time, code 45386 is a more intense procedure and should thus be valued slightly higher than 49411. In addition, the RUC reviewed MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra time= 30 minutes) and CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.87 for CPT code 45386.**

45389 ***Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)***
The RUC reviewed the survey results of 64 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 17 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45389 should be in between the median (5.99) and 25th percentile (5.00) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.14 in the upper GI endoscopic family of services for the additional work of stent placement over the base diagnostic procedure. Therefore, the RUC added the approved 2.14 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 5.50 for 45389.

To justify a work RVU of 5.50, the RUC compared the surveyed code to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44) and agreed that while both services have identical intra-service time, 45 minutes, 45389 has slightly more total time and should thus be valued slightly higher. In addition, the RUC reviewed CPT codes 52341 *Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 5.35, intra time= 45 minutes) and 93458*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85, intra time= 45 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 5.50 for CPT code 45389.**

45391 ***Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures***
The RUC reviewed the survey results of 37 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents underestimated (median work RVU= 4.75) the physician work involved in this service. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.59 in the upper GI endoscopic family of services for the additional work of performing an endoscopic ultrasound over the base diagnostic procedure. Therefore, the RUC added the approved 1.59 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.95 for 45391, which is lower than the current value.

To justify a work RVU of 4.95, the RUC compared the surveyed code to CPT code 52315 *Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated* (work RVU= 5.20) and noted that while both services have identical intra-service time, 45 minutes, the reference code is a more intense procedure and should be valued higher than code 45391. In addition, the RUC

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reviewed CPT codes 93724 *Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)* (work RVU= 4.88, intra time= 40 minutes) and 58562 *Hysteroscopy, surgical; with removal of impacted foreign body* (work RVU= 5.20, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.95 for CPT code 45391.**

45392 ***Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures***

The RUC reviewed the survey results of 35 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 60 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents underestimated (median work RVU= 5.50) the physician work involved in this service. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.24 in the upper GI endoscopic family of services for the additional work of performing ultrasound guidance with fine needle aspiration over the base diagnostic procedure. Therefore, the RUC added the approved 2.24 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 5.60 for 45392, which is lower than the current value.

To justify a work RVU of 5.60, the RUC compared the surveyed code to CPT code 50382 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation* (work RVU= 5.50) and noted that since both codes have identical intra-service time, 60 minutes, and analogous total time, both services should be valued similarly. In addition, the RUC reviewed CPT codes *52001Cystourethroscopy with irrigation and evacuation of multiple obstructing clots* (work RVU= 5.44, intra time= 60 minutes) and 32998 *Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral* (work RVU= 5.68, intra time= 60 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 5.60 for CPT code 45392.**

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45390 ***Colonoscopy, flexible; with endoscopic mucosal resection***
The RUC reviewed the survey results of 74 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 45 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45390 should be in between the median (6.61) and 25th percentile (5.35) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.99 in the upper GI endoscopic family of services for the additional work of performing endoscopic mucosal resection over the base diagnostic procedure. Therefore, the RUC added the approved 2.99 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 6.35 for 45390.

To justify a work RVU of 6.35, the RUC compared the surveyed code to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU= 6.75) and noted that while both services have identical intra-service time, 45 minutes, the reference code has more total time and should thus be valued higher than 45390. In addition, the RUC reviewed CPT codes 93453 *Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed* (work RVU= 6.24, intra time= 45 minutes) and 37192 *Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 7.35, intra time= 45 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 6.35 for CPT code 45390.**

45393 ***Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed***
The RUC reviewed the survey results of 98 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45393 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.42 in the colonoscopy through stoma family of services for the additional work of performing decompression over the base diagnostic procedure. Therefore, the RUC added the approved 1.42 work RVUs to CPT code 45393 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.78 for 45393.

To justify a work RVU of 4.78, the RUC compared the surveyed code to CPT code 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU= 4.25) and agreed that while both codes have identical intra-service time, 40 minutes, and analogous total time, 45393 is a more intense procedure and should be valued higher than the reference code. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and CPT code 93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography (work RVU= 5.54, intra time= 40 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.78 for CPT code 45393.**

45398 *Colonoscopy, flexible; with band ligation, (eg, hemorrhoids)*
The RUC reviewed the survey results of 65 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC noted that since this service does not have an equivalent RUC approved increment from any previous family, the survey respondents' 25th percentile, a work RVU of 4.30, is an appropriate value for 45398. To justify a work RVU of 4.30, the RUC compared the surveyed code to CPT code 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62) and noted that while both services have identical intra-service time, 30 minutes, the reference code is a more intense procedure and should be valued higher than 45398. In addition, the RUC reviewed CPT codes 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and 52275 *Cystourethroscopy, with internal urethrotomy; male* (work RVU= 4.69, intra time= 30 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.30 for CPT code 45398.**

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G0105 ***Colorectal cancer screening; colonoscopy on individual at high risk***
G0121 ***Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk***
The above HCPCS Level II G codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment. CMS and other third-party payors have maintained throughout the history of these codes that there is no difference in physician work between these codes are their corresponding CPT codes. The RUC agreed with the specialty societies that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. **Therefore, the RUC recommends a work RVU of 3.36 for G0105 and G0121, a direct crosswalk to CPT code 45378.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the colonoscopy services and noted that these services mostly crosswalk from the flexible sigmoidoscopy codes approved for 2014. In general, the total clinical staff times were slightly lower than the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the flexible sigmoidoscopy codes approved in the previous year. Finally, there was the addition of a new supply, hemorrhoidal banding system, for CPT code 45398. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 4538X1, 45384, 4538X5, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

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For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261, 74262, 74263.

Definition of Colonoscopy
Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum or small intestine proximal to an anastomosis. ~~When performing an endoscopy on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope beyond the splenic flexure, due to unforeseen circumstances, report the colonoscopy code with modifier 53 and appropriate documentation.~~
When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

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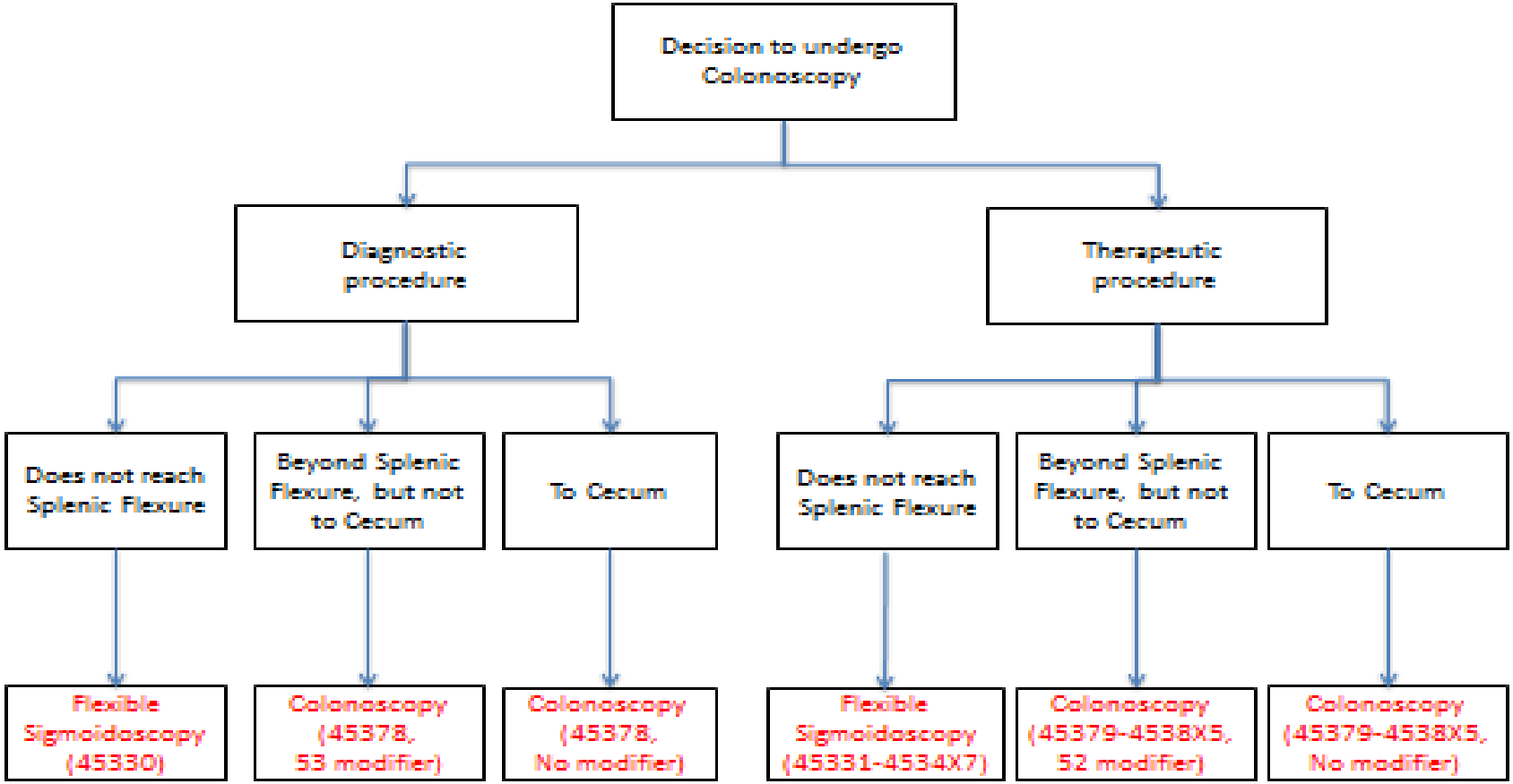

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⊙45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple (45355 has been deleted. To report, use 45399) ~~(For fiberoptic colonoscopy beyond 25cm to splenic flexure, see 45330-45345)~~ ~~(To report biopsy or therapeutic colonoscopy via colotomy, use 45399)~~				
⊙▲45378	N1	Colonoscopy, flexible~~, proximal to splenic flexure~~; diagnostic, ~~with or without~~including collection of specimen(s) by brushing or washing, ~~with or without colon decompression~~when performed (separate procedure) (Do not report 45378 in conjunction with 45379, 45380, 45381, 45382, 45385, 45386, 45389, 45391, 45392, 45388, 45384, 45349, 45390, 45393, 45398) (For colonoscopy with decompression [pathologic distention], use 45393)	000	3.36
⊙45379	N2	with removal of foreign body(s) (Do not report 45379 in conjunction with 45378) (If imaging guidance is performed, use 76000)	000	4.37
⊙45380	N3	with biopsy, single or multiple (Do not report 45380 in conjunction with 45390 for the same lesion) (Do not report 45380 in conjunction with 45378)	000	3.66

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⊙45381	N4	with directed submucosal injection(s), any substance (Do not report 45381 in conjunction with 45382, 45390 for the same lesion) (Do not report 45381 in conjunction with 45378) ~~(For control of bleeding, use 45382)~~	000	3.67
⊙▲45382	N5	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)~~ (Do not report 45382 in conjunction with 45381, 45398 for the same lesion) (Do not report 45382 in conjunction with 45378)	000	4.76
D⊙45383		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (45383 has been deleted. To report, use 45388)	000	N/A
⊙●45388	N6	with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45388 in conjunction with 45386 for the same lesion) (Do not report 45388 in conjunction with 45378)	000	4.98
⊙45384	N7	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 45384 in conjunction with 45378)	000	4.17

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⊙45385	N8	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 45385 in conjunction with 45390 for the same lesion) (Do not report 45385 in conjunction with 45378) ~~(For small intestine and stomal endoscopy, see 44360-44393)~~ (For endoscopic mucosal resection, use 45390)	000	4.67
⊙▲45386	N9	with transendoscopic balloon dilation ~~by balloon, 1 or more strictures~~ (Do not report 45386 in conjunction with ~~45387~~45378, 45388, 45389) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 45386 with modifier 59 for each additional stricture dilated)	000	3.87
D⊙45387		~~with transendoscopic stent placement (includes predilation)~~ (45387 has been deleted. To report, use 45389)	000	N/A
●⊙45389	N10	with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45389 in conjunction with 45378, 45386) (If fluoroscopic guidance is performed, use 74360)	000	5.50

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⊙▲45391	N11	with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures (Do not report 45391 in conjunction with ~~45330, 4534~~45378, ~~4534~~45392, ~~4537~~76872,- ~~7687~~76975) (Do not report 45391 more than once per session)	000	4.95
⊙▲45392	N12	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures (Do not report 45392 in conjunction with ~~4533~~45378, ~~4534~~45391, ~~4534~~76872, ~~4537~~76942, ~~7687~~76975) (Do not report 45392 more than once per session)	000	5.60
⊙●45390	N13	with endoscopic mucosal resection (Do not report 45390 in conjunction with 45378, 45380, 45381, 45385, 45398 for the same lesion) (Do not report 4538X3 in conjunction with 45378)	000	6.35
⊙●45393	N14	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed (Do not report 45393 in conjunction with 45378) (Do not report 45393 more than once per session)	000	4.78

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⦿●45398	N15	with band ligation, (eg, hemorrhoids) (Do not report 45398 in conjunction with 45382 for the same lesion) (Do not report 45398 in conjunction with 45378, 45390, 46221) (To report control of active bleeding with band ligation, use 45382)	000	4.30
⦿●45399		Unlisted procedure, colon		
G0105	N16	Colorectal cancer screening; colonoscopy on individual at high risk	000	3.36
G0121	N17	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	000	3.36
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Gastrointestinal Tract**				

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74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation

(For procedure, see 43195, 43196, 43220, 43226, 43453, 44402, 44405, 45386, 45389 as appropriate)

(Do not report 74360 in conjunction with 43213, 43214, 43233)

Diagnostic Ultrasound
Genitalia

76872 Ultrasound, transrectal

(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 0249T)

Radiologic Guidance
Other Procedures

76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation

(Do not report 76975 in conjunction with 43231, 43232, 43237, 43238, 43240, 43242, 43259, 44406, 44407, 45341, 45342, 45391, 45392, or 76942)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

October 25, 2013

Barbara Levy, MD
Chair, AMA / Specialty Society Relative Value Update Committee
515 N. State St.
Chicago, IL 60657

Dear Dr. Levy,

The undersigned RUC Advisors will not be conducting RUC surveys for HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 that were added as family codes in the New and Revised LOI. Our rationale for this decision is provided below.

G0104, G0105, G0106, G0120, and G0121
The G-codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment.

CMS G-Code	Cat I CPT Code
G0104	45330
G0105, G0121	45378
G0106, G0120	74280

CMS and other third party payors have agreed that there is no difference in work (ie, same provider and facility payment for 15 years). The only rationale for maintaining the G-codes is for easy software monitoring of frequency limits that correspond to payment rules for preventative services – not because the procedures are different. The G-codes are redundant to CPT codes and would be unnecessary given current computer software capabilities if payors updated their software and allowed reporting of CPT Category I codes paired with screening ICD-9 diagnosis codes to monitor for frequency limits.

Our recent submission of a code change proposal for the family of colonoscopy codes clearly defines colonoscopy. The typical (national) patient vignette for code 45378 is a patient undergoing a screening colonoscopy. Our societies strongly believe that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. It is illogical to believe that the work for 45378 would be different than G0105 or G0121.

45355

CPT code 45355 (Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple) is a low volume procedure. The surgical societies will submit a request for deletion to CPT.

In summary, we believe that it is appropriate for CMS to continue to crosswalk the physician work, practice expense details, and payment of the CPT codes to their corresponding G codes and will request deletion of 45355. If you have any questions, please contact Leslie Narramore (Lnarramore@gastro.org) or Jan Nagle (JLMdata@aol.com).

Sincerely,

R. Bruce Cameron, MD
ACG RUC Advisor

Joel Brill, MD
AGA RUC Advisor

Nicholas Nickl, MD
ASGE RUC Advisor

Christopher Senkowski, MD
ACS RUC Advisor

Guy Orangio, MD
ASCRS RUC Advisor

Donald Selzer, MD
SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45378 Tracking Number N1 Original Specialty Recommended RVU: **3.51**
Presented Recommended RVU: **3.51**
Global Period: 000 RUC Recommended RVU: **3.36**

CPT Descriptor: Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year-old patient is referred for colorectal cancer screening.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 48%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45378		
Sample Size:	2394	**Resp N:** 165	**Response:** 6.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	200.00	**400.00**	700.00	2000.00
Survey RVW:	2.15	3.60	**4.00**	4.80	11.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	13.00	20.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45378	**Recommended Physician Work RVU: 3.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 13.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 45378**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	27.00	0.00	

Median Intra-Service Time	25.00	30.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**67.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.48	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.39	3.57
Urgency of medical decision making	3.35	3.48
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.13	3.70
Physical effort required	4.04	3.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.96	3.83
Outcome depends on the skill and judgment of physician	4.30	3.87
Estimated risk of malpractice suit with poor outcome	4.48	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.04	3.35
Intra-Service intensity/complexity	4.09	3.43
Post-Service intensity/complexity	3.17	3.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. More than 140,000 new cases of CRC are diagnosed in the United States, with more than 50,000 deaths from the disease each year[1]. Experts believe that more than half of the annual deaths are preventable. Of those diagnosed with CRC, at least two-thirds are Medicare-eligible. In addition to the pain, suffering, and death, the economic costs of CRC treatment are staggering. The annual expenditure for CRC was estimated at $14 billion by the National Institutes of Health (NIH) in 2010. That same year, Medicare spent an estimated $7.4 billion dollars on CRC treatment, which is 85% of the National Cancer Institute's (NCI) estimate for expenditures for those 65 and over. [2]

Colonoscopy is a life-saving procedure. Data recently published in *The New England Journal of Medicine* (*NEJM*) provide some of the clearest evidence that colonoscopy has advantages over sigmoidoscopy for the prevention of CRC.[3] Researchers followed 88,902 study participants for 22 years and found that 1,815 developed CRC. Forty percent of those cancers could have been prevented if all of the patients in the study had received colonoscopy, and colonoscopy was associated with reduced death from cancer in the proximal colon.[3] A study published in 2012 highlights the ability to reduce CRC deaths through polyp detection and removal, underscoring the value of colonoscopy and polypectomy.[4] Following removal of adenomatous polyps during colonoscopy, a 53 percent reduction in CRC deaths was reported compared to the risk in the general population.[4]

An estimated 14.2 million screening, diagnostic, and therapeutic colonoscopies are performed annually in the United States and 1.6 million of these procedures are for screening.[5] While work, time, and effort for colonoscopy is based on average-risk patients receiving a routine test, colonoscopy often identifies multiple, large, and/or flat polyps which are challenging to identify, and require greater time, effort, and skill to remove.

The incidence of CRC has been declining in the United States since 1985, and the rate of decline increased in 2001, coincident with the beginning of Medicare coverage for screening colonoscopy. [6,7,8] Much of the decline in CRC

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[1] http://www.cancer.org/research/cancerfactsfigures/cancerfactsfigures/cancer-facts-figures-2013

[2] http://costprojections.cancer.gov/

[3] Nishihara R, Wu K, Lochhead MB, et al. Long-Term Colorectal-Cancer Incidence and Mortality after Lower Endoscopy. N Engl J Med 2013;369:1095-105.

[4] Zauber AG, Winawer SJ, O'Brien MJ, et al. Colonoscopic polypectomy and long-term prevention of colorectal-cancer deaths. N Engl J Med 2012;366:687-96.

[5] Seeff LC, Richards, TB, Shaprio JA, et.al. How many endoscopies are performed for colorectal cancer screening? Results from CDC's survey of endoscopic capacity. Gastroenterology 2004; 127(6):1670-7.

[6] Edwards BK, Ward E, Kohler BA, et al. Annual report to the nation on the status of cancer, 1975-2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. Cancer 2010;116:544-73.

incidence and mortality is directly attributable to the widespread use of colonoscopy in the United States.[6,7,8] Colonoscopy screening is a unique service because it can both detect and resect precancerous lesions,[4] reducing CRC incidence and mortality.[9] Despite research showing that CRC screening saves lives, a November 2013 CDC Vital Signs report found that 23 million adults in the United States have not had the recommended screening. Experts believe that more lives could be saved each year with more awareness and screening.

The Lewin Group, in collaboration with the National Colorectal Cancer Roundtable established by the American Cancer Society and the Centers for Disease Control and Prevention, developed a cost model that explored how increased CRC screening among pre-Medicare individuals (aged 50-64 years) could translate into Medicare savings through earlier detection and treatment, specifically polypectomy and treatment of early stage cancer. The model, published in 2007, concluded that the earlier regular screening begins, the greater the benefit to Medicare. Screening with colonoscopy translates into Medicare savings of $15 billion, greater than the savings achieved with a stool blood testing model.[10]

Colonoscopy has significant value to both patients and society. In an era of value-based reimbursement, de-valuing a service of such high value for CRC prevention carries the significant risk of adversely affecting access and quality of care to Medicare beneficiaries. We must continue to encourage safe, high quality, meticulous inspection of the colonic mucosa, which demonstrates the established value of colonoscopy for the prevention of CRC and the associated suffering and cost of preventable CRC.

Discussion and Recommendation

45378 *Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)*

Code 45378 has been reviewed by the RUC twice, most recently in 2005 during the third Five-Year Review. The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a RUC survey and received 165 responses. The consensus panel determined that physician work for this service has not decreased since the last time it was reviewed by the RUC with valuation accepted by CMS. The previous surveys included the administration of moderate sedation in the intra-service time. For all gastrointestinal endoscopy services reviewed by the RUC since 2012, administration of moderate sedation has been moved from intra-service to pre-service time. When the previous intra-service time is adjusted for the movement of moderate sedation from intra- to pre-service time, the current intra-service time is consistent with the intra-service time in the 2005 Five-Year review.

Since this procedure was last surveyed, there has been a change in technology and guidelines, both of which have impacted the intensity of work. Changes in the multi-society task force recommendations on CRC surveillance intervals based on polyp anatomy, morphology and number, have been impacted by the movement from fiberoptic to video endoscopic systems with high-definition viewing screens, which has improved the ability of the endoscopist to examine the mucosa and identify pre-malignant lesions, such as flat adenomas.[11] Thus, the current survey validates the previous review and valuation, with a reduction in RVW to account for the movement of moderate sedation and changes to the pre-service package.

We recommend an RVW of 3.60 which is the survey 25th percentile.

Pre-time Package 1b is appropriate for 45378, with an additional 2 minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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[7] Myer PA, Mannalithara A, Singh G, Ladabaum U. Proximal and distal colorectal cancer resection rates in the United States since widespread screening by colonoscopy. Gastroenterology 2012;143:1227-36.

[8] Cheng L, Eng C, Nieman LZ, Kapadia AS, Du XL. Trends in colorectal cancer incidence by anatomic site and disease stage in the United States from 1976 to 2005. American journal of clinical oncology 2011;34:573-80.

[9] Kahi CJ, Imperiale TF, Juliar BE, Rex DK. Effect of screening colonoscopy on colorectal cancer incidence and mortality. Clin Gastroenterol Hepatol 2009;7:770-5.

[10] Dobson A, Sen N. Methodology for Estimating the Potential Cost Savings to Medicare from Increased Colorectal Cancer Screening of the Pre-Medicare Population. http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=42. Accessed December 31, 2013.

[11] Leiberman DA, Rex DK. Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology.* 2012:143(3):844-857. doi: 10.1053/j.gastro.2012.06.001

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The pre, intra, and post-work for 31625 and 45378 are similar, with the exception of the endoscope that is utilized and the inclusion of fluoroscopic guidance, which is a lower intensity component of the procedure.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52287**	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	0.120	**58**	22	**21**	15
2012	**32551**	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	0.101	**83**	43	**20**	20
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
	45378	Colonoscopy, diagnostic	3.36	0.106	**67**	27	**25**	15
2000	**16035**	Escharotomy; initial incision	3.74	0.131	**70**	30	**20**	20
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45378

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General Surgery How often? Commonly

Specialty Colorectal Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1838400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 612,801 in 2012. (612,801*3 = ~ 1,838,400)

Specialty Gastroenterology Frequency 1305264 Percentage 71.00 %

Specialty General Surgery Frequency 294144 Percentage 16.00 %

Specialty Colorectal Surgery Frequency 73536 Percentage 4.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 612,801 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 612,801 in 2012

Specialty Gastroenterology Frequency 435089 Percentage 71.00 %

Specialty General Surgery Frequency 98049 Percentage 16.00 %

Specialty Colorectal Surgery Frequency 24513 Percentage 4.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45378

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45379 Tracking Number N2 Original Specialty Recommended RVU: **4.52**
Presented Recommended RVU: **4.52**
Global Period: 000 RUC Recommended RVU: **4.37**

CPT Descriptor: Colonoscopy, flexible; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient with abdominal pain and constipation swallowed a diagnostic capsule which became lodged at the ileo-cecal valve. Colonoscopy with removal of the foreign body is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 56%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the foreign body using air insufflation, water flush, and suctioning as necessary to view the mucosa. The foreign body is grasped with an appropriate retrieval device. The foreign body, retrieval device and colonoscope are withdrawn. The colonoscope is reinserted to the cecum; the appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45379		
Sample Size:	2394	**Resp N:** 104	**Response:** 4.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	9.00	1000.00
Survey RVW:	2.78	4.29	**4.76**	5.86	16.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	30.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45379	**Recommended Physician Work RVU: 4.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45379**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	33.00	45.00
Median Intra-Service Time	35.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**83.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.47	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.35	3.35
Urgency of medical decision making	3.88	3.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.41	4.12
Physical effort required	4.18	3.94
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.94
Outcome depends on the skill and judgment of physician	4.29	4.18
Estimated risk of malpractice suit with poor outcome	4.06	3.82

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.41	3.24
Intra-Service intensity/complexity	4.29	4.06
Post-Service intensity/complexity	3.35	3.41

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45379 *Colonoscopy, flexible; with removal of foreign body*

We recommend an RVW of 4.52 for 45379. This value is greater than the 25th percentile RVW, but less than the current RVW. It reflects the recommendation for the colonoscopy base code 45378 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260; 45332-45330) approved by the RUC for removal of foreign body.

Pre-time Package 2b is appropriate for 45379, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 45379. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (17/104), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	4.17	0.083	**108**	48	**30**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		performed						
	45379	Colonoscopy, w-FBR	4.37	0.096	**83**	33	**35**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
2010	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4.75	0.102	**108**	48	**30**	30
2010	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	4.79	0.104	**108**	48	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45379

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2457

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 819 in 2012. (819*3 = ~ 2,457)

Specialty Gastroenterology	Frequency 1890	Percentage 76.92 %
Specialty General surgery	Frequency 270	Percentage 10.98 %
Specialty Colorectal surgery	Frequency 74	Percentage 3.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 819
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 819 in 2012.

Specialty Gastroenterology	Frequency 631	Percentage 77.04 %
Specialty General surgery	Frequency 90	Percentage 10.98 %
Specialty Colorectal surgery	Frequency 25	Percentage 3.05 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45379

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45380 Tracking Number N3 Original Specialty Recommended RVU: **3.81**
Presented Recommended RVU: **3.81**
Global Period: 000 RUC Recommended RVU: **3.66**

CPT Descriptor: Colonoscopy, flexible; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Colonoscopy with biopsies of a lesion is performed

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Abnormal mucosa is identified in the sigmoid colon and biopsies are taken. Photodocumentation of appropriate normal landmarks and abnormalities are obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45380		
Sample Size:	2394	**Resp N:** 152	**Response:** 6.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**266.00**	400.00	1000.00
Survey RVW:	2.25	3.99	**4.43**	5.20	12.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45380	**Recommended Physician Work RVU: 3.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
99236	XXX	4.20	**RUC Time**

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45380**	**Key Reference CPT Code: 31625**	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	28.00	30.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**70.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.91	3.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.77	3.82
Urgency of medical decision making	3.68	3.55
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.23	3.91
Physical effort required	4.18	3.55
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	4.09	3.77
Outcome depends on the skill and judgment of physician	4.23	3.86
Estimated risk of malpractice suit with poor outcome	4.18	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.36	3.27
Intra-Service intensity/complexity	4.00	3.59

Post-Service intensity/complexity	3.59	3.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45380 *Colonoscopy, flexible; with biopsy, single or multiple*

We recommend an RVW of 3.81 for 45380. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260; 44382-44380; 44385-44386; 45330-45331) approved by the RUC for endoscopic biopsies.

Pre-time Package 1b is appropriate for 45380, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31625
Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 45380 from 2003 is comparable to the current survey data for 31625, but the intensity and complexity data indicate that 45380 is more intense and complex than 31625 with 45380 ranking higher in 10/11 measures.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	**70**	25	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted	3.69	0.097	**65**	20	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		or rotating biopsy device, using imaging guidance						
	45380	Colonoscopy, biopsy	3.66	0.100	**70**	27	**28**	15
2011	**15277**	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4.00	0.090	**110**	65	**25**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45380

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2708256
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 902,752 in 2012. (902,752*3 = ~ 2,708,256)

Specialty Gastroenterology	Frequency 2274935	Percentage 83.99 %
Specialty General surgery	Frequency 162495	Percentage 5.99 %
Specialty Colorectal surgery	Frequency 54165	Percentage 1.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 902,752 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 902,752 in 2012

Specialty Gastroenterology	Frequency 758312	Percentage 84.00 %
Specialty General surgery	Frequency 54165	Percentage 5.99 %
Specialty Colorectal surgery	Frequency 18060	Percentage 2.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45381 Tracking Number N4 Original Specialty Recommended RVU: **3.82**
Presented Recommended RVU: **3.82**
Global Period: 000 RUC Recommended RVU: **3.67**

CPT Descriptor: Colonoscopy, flexible; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient is found to have a colon cancer that cannot be resected endoscopically. Colonoscopy with injection of India ink to tattoo the lesion is performed prior to surgical referral.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 78%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 59%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (if indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. A lesion is identified in the proximal transverse colon that is highly suspect as being a malignancy not suitable for endoscopic resection. A 23 gauge sclerotherapy needle is advanced through the instrument channel and multiple small boluses of India ink are injected into submucosa at sites around the lesion to facilitate surgical identification of the lesion. The scope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and

abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45381		
Sample Size:	2394	**Resp N:** 123	**Response:** 5.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	20.00	**40.00**	79.00	1000.00
Survey RVW:	2.28	3.95	**4.35**	5.30	11.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45381	**Recommended Physician Work RVU: 3.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99236	XXX	4.20	**RUC Time**

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 14.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45381**	**Key Reference CPT Code: 99236**	**Source of Time RUC Time**
Median Pre-Service Time	27.00	19.00	
Median Intra-Service Time	28.00	55.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**70.00**	**94.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.39	3.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.67
Urgency of medical decision making	3.78	3.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.56	2.72
Physical effort required	4.11	2.78
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.39
Outcome depends on the skill and judgment of physician	4.33	3.67
Estimated risk of malpractice suit with poor outcome	4.00	3.39

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.39	3.06
Intra-Service intensity/complexity	4.00	3.78

Post-Service intensity/complexity	3.67	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45381 *Colonoscopy, flexible; with directed submucosal injection(s), any substance*

We recommend an RVW of 3.82 for 45381. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.31 (43201-43200; 43236-43235; 45335-45330) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate for 45381, with an additional 2 minutes for left lateral decubitus positioning of the patient s and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 99236
Many codes were chosen as a reference by the survey respondents for 45381. Key Reference code 99236, *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit,* was chosen most often (18/123). Code 99236 requires more total time compared with 45381 and has a higher RVW compared to 45381. Additional comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s),	3.36	0.087	**70**	25	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		single or multiple sites						
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
	45381	Colonoscopy, submuc inject	3.67	0.100	**70**	27	**28**	15
2011	**15277**	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4.00	0.090	**110**	65	**25**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 199257
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,419 in 2012. (66,419*3 = ~ 199,257)

Specialty Gastroenterology Frequency 169368 Percentage 84.99 %

Specialty General surgery Frequency 9963 Percentage 5.00 %

Specialty Colorectal surgery Frequency 5978 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 66,419 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,419 in 2012

Specialty Gastroenterology Frequency 56456 Percentage 84.99 %

Specialty General surgery Frequency 3321 Percentage 5.00 %

Specialty Colorectal surgery Frequency 1993 Percentage 3.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45381

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45382 Tracking Number N5 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 RUC Recommended RVU: **4.76**

CPT Descriptor: Colonoscopy, flexible; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient presents with painless, active lower GI hemorrhage. Colonoscopy for control of bleeding is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 59%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, if indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated, inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and the ileocecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Active bleeding is identified from an angiodysplastic lesion in the colon. A bipolar cautery probe is inserted through the colonoscope and positioned on the bleeding lesion; therapy is applied to control the bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45382		
Sample Size:	2394	**Resp N:** 120	**Response:** 5.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	50.00	1000.00
Survey RVW:	2.00	4.50	**5.50**	6.13	15.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45382	**Recommended Physician Work RVU: 4.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 15.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45382**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	41.00	60.00	

Median Intra-Service Time	40.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**96.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.53	3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.26	3.95
Urgency of medical decision making	4.63	3.95
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.79	4.32
Physical effort required	4.63	3.95
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.68	4.16
Outcome depends on the skill and judgment of physician	4.74	4.26
Estimated risk of malpractice suit with poor outcome	4.68	4.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.47	4.00
Intra-Service intensity/complexity	4.74	4.00
Post-Service intensity/complexity	4.00	3.68

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45382 *Colonoscopy, flexible; with control of bleeding, any method*

We recommend an RVW of 5.50 for 45382. This value is the median survey RVW and is less than the current RVW. The RUC has not established an increment for control of bleeding due to the varying intensity and complexity of the procedure in different areas of the body. The RUC recommended increment for control of bleeding for esophagoscopy (43227) and EGD (43255) over each family's base code was 1.67 and 1.94 RVWs respectively, reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The RUC recommended increment for control of bleeding for flexible sigmoidoscopy (45334) over the family base code was 1.30 RVW, consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (ie, less work). The expert panel felt that the incremental work of 45382, represented by 1.99 RVW, exceeds the incremental work of EGD, 1.94 RVW, in that the rate of hemorrhage from colonic sources in this setting is comparable to that for gastric sources in the EGD code, but that the extent of mucosal surface, difficulty of passage (eg, tortuosity, diverticula, greater difficulty in clot evacuation) and smaller more subtle focal bleeding sources differ from the typical upper GI bleeding sources. The 25th percentile RVW of 4.50, with an increment of 0.99 RVW, would cause a rank order anomaly for 45382 in relation to other codes for control of bleeding, as well as a rank order anomaly within the colonoscopy family. The median RVW of 5.50 creates an increment of 1.99, consistent with the physician work, complexity and intensity involved in comparison to 43227, 43255 and 45334 (ie, more work). This value also appropriately places 45382 relative to the rest of the codes in the colonoscopy family.

Pre-time Package 2b is appropriate for 45382, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45382. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (19/120), however, this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 45382, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2011	**36251**	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	5.35	0.085	**116**	41	**45**	30
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
	45382	Colonoscopy, bleeding	4.76	0.089	**96**	41	**40**	15
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30
1995	**52277**	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	6.16	0.095	**130**	45	**45**	40

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45382

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 64071
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 21,357 in 2012. (21,357*3 = ~ 64,071)

Specialty Gastroenterology Frequency 56382 Percentage 87.99 %

Specialty General surgery Frequency 2563 Percentage 4.00 %

Specialty Colorectal surgery Frequency 1281 Percentage 1.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,357 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 21,357 in 2012.

Specialty Gastroenterology Frequency 18794 Percentage 87.99 %

Specialty General surgery Frequency 854 Percentage 3.99 %

Specialty Colorectal surgery Frequency 427 Percentage 1.99 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45388 Tracking Number N6 Original Specialty Recommended RVU: **5.64**
Presented Recommended RVU: **5.64**
Global Period: 000 RUC Recommended RVU: **4.98**

CPT Descriptor: Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient undergoes colonoscopy for evaluation of anemia and GI blood loss. A flat lesion is identified in the transverse colon and ablated.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon and transverse colon. The colonoscope is slowly withdrawn through the descending and sigmoid colon and the colonic mucosa is examined. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. A flat lesion is identified in the transverse colon. Under endoscopic visualization, a guidewire is passed through the colonoscope and the scope is withdrawn. The colonoscope is reinserted and a sizing balloon catheter is placed through the scope into the colon to

straddle the region of abnormality to be ablated. The sizing balloon is inflated to ascertain the luminal diameter to be treated. The sizing balloon is removed and an ablation catheter of appropriate caliber is passed over the guidewire into the colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45388		
Sample Size:	2394	**Resp N:** 76	**Response:** 3.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**15.00**	41.00	900.00
Survey RVW:	3.36	4.50	**5.50**	6.37	16.80
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	29.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45388	**Recommended Physician Work RVU: 4.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45388**	**Key Reference CPT Code:** 31267	**Source of Time** **RUC Time**

Median Pre-Service Time	33.00	0.00
Median Intra-Service Time	35.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**83.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	3.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.92
Urgency of medical decision making	4.17	3.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.00
Physical effort required	4.42	3.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.58	3.83
Outcome depends on the skill and judgment of physician	4.67	4.00
Estimated risk of malpractice suit with poor outcome	4.58	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.92	3.67
Intra-Service intensity/complexity	4.50	4.00
Post-Service intensity/complexity	3.92	3.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45388 *Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 5.64 for 45388. This value is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.13 (43229-43200; 43270-43235; 43278-43260; 45346-45330) approved by the RUC for endoscopic ablation of lesion including pre- and/or post-dilation and passage of guide wire.

Pre-time Package 2b is appropriate for 45388, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Many codes were chosen as a reference by the survey respondents for 45388. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (12/77), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
	45388	Colonoscopy ablation +dilation+wire	4.98	0.114	**83**	33	**35**	15
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right	6.15	0.112	**118**	48	**40**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		heart catheterization						
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**36225**	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45383, 44799. 100% of the volume of 45383 (54,097 Medicare volume) will be reported by 45388. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) will be reported for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 162291
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 54,097 in 2012. (54,097*3 = ~ 162,291)

Specialty Gastroenterolog Frequency 110358 Percentage 68.00 %

Specialty General surgery Frequency 22721 Percentage 14.00 %

Specialty Colorectal surgery Frequency 14606 Percentage 8.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 54,097 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 54,097 in 2012.

Specialty Gastroenterology Frequency 36786 Percentage 68.00 %

Specialty General surgery Frequency 7574 Percentage 14.00 %

Specialty Colorectal surgery Frequency 4869 Percentage 9.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45383

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45384 Tracking Number N7 Original Specialty Recommended RVU: **4.32**
Presented Recommended RVU: **4.32**
Global Period: 000 RUC Recommended RVU: **4.17**

CPT Descriptor: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient undergoes colonoscopy for colorectal cancer screening. Diminutive polyps are identified in the proximal colon and removed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 53%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn to the ascending colon where the identified lesions are removed with successive applications of hot biopsy forceps until there is no residual. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal

landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45384		
Sample Size:	2394	**Resp N:** 101	**Response:** 4.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**100.00**	300.00	1000.00
Survey RVW:	2.30	3.90	**4.50**	5.40	11.60
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45384	**Recommended Physician Work RVU: 4.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45384**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**
Median Pre-Service Time	27.00	30.00	

Median Intra-Service Time	28.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**70.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.64
Urgency of medical decision making	3.79	3.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	4.00
Physical effort required	4.21	3.79
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.07	3.86
Outcome depends on the skill and judgment of physician	4.29	4.14
Estimated risk of malpractice suit with poor outcome	4.29	3.93

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.57	3.50
Intra-Service intensity/complexity	4.14	3.86
Post-Service intensity/complexity	3.57	3.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45384 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 4.32 for 45384. This value is less than the current RVW and is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 0.81 (43216-43200; 43250-43235; 45333-45330) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate for 45384, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267

Many codes were chosen as a reference by the survey respondents for 45384. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (14/101), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
	45384	Colonoscopy, hot biopsy	4.17	0.118	**70**	27	**28**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
1995	**52275**	Cystourethroscopy, with internal urethrotomy; male	4.69	0.112	**90**	30	**30**	30
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach	4.71	0.120	**83**	38	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed						
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45384

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 470274
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 156,758 in 2012. (156,758*3 = ~ 470,274)

Specialty Gastroenterology Frequency 300975 Percentage 63.99 %

Specialty General surgery Frequency 89352 Percentage 18.99 %

Specialty Colorectal surgery Frequency 37622 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 156,758 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 156,758 in 2012.

Specialty Gastroenterology	Frequency 100325	Percentage 63.99 %
Specialty General surgery	Frequency 29784	Percentage 18.99 %
Specialty Colorectal surgery	Frequency 12541	Percentage 8.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45384

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45385 Tracking Number N8 Original Specialty Recommended RVU: **4.82**
Presented Recommended RVU: **4.82**
Global Period: 000 RUC Recommended RVU: **4.67**

CPT Descriptor: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year old patient undergoes colonoscopy for colorectal cancer screening. Polyps are identified and removed by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn to the ascending colon where a polyp on a stalk is identified. A snare is passed through the endoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn, and a retrieval device is inserted through the colonoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the colonoscope, which is withdrawn through the rectum. The colonoscope is re-inserted through the rectum to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until

there is no residual. The colonoscope is slowly withdrawn through the transverse, descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45385		
Sample Size:	2394	**Resp N:** 145	**Response:** 6.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	150.00	**250.00**	400.00	1200.00
Survey RVW:	2.00	4.38	**5.25**	5.85	13.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	25.00	**30.00**	40.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45385	**Recommended Physician Work RVU: 4.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45385**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**
Median Pre-Service Time	33.00	30.00	

Median Intra-Service Time	30.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.75
Urgency of medical decision making	4.14	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.57	4.36
Physical effort required	4.36	4.07
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.54	4.29
Outcome depends on the skill and judgment of physician	4.46	4.36
Estimated risk of malpractice suit with poor outcome	4.39	4.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.46	3.57
Intra-Service intensity/complexity	4.43	4.18
Post-Service intensity/complexity	3.57	3.64

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45385 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 4.82 for 45385. This value is less than the current RVW and is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 1.31 (43217-43200; 43251-43235; 45338-45330) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate for 45385, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267

Many codes were chosen as a reference by the survey respondents for 45385. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (28/145), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	28	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
	45385	Colonoscopy, snare	4.67	0.122	**78**	33	**30**	15
1995	**52276**	Cystourethroscopy with direct vision internal urethrotomy	4.99	0.104	**95**	30	**35**	30
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45385

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty General surgery — How often? Commonly

Specialty Colorectal surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2066550
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 688,850 in 2012. (688,850*3 = ~ 2,066,550)

Specialty Gastroenterology — Frequency 1694571 — Percentage 82.00 %

Specialty General surgery — Frequency 144659 — Percentage 7.00 %

Specialty Colorectal surgery — Frequency 61997 — Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 688,850 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 688,850 in 2012

Specialty Gastroenterology	Frequency 564857	Percentage 82.00 %
Specialty General surgery	Frequency 48220	Percentage 7.00 %
Specialty Colorectal surgery	Frequency 20666	Percentage 3.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45385

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45386 Tracking Number N9 Original Specialty Recommended RVU: **4.02**
Presented Recommended RVU: **4.02**
Global Period: 000 RUC Recommended RVU: **3.87**

CPT Descriptor: Colonoscopy, flexible; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with history of resection of a sigmoid colon cancer presents with abdominal pain. Therapeutic colonoscopy with dilation of the anastomotic stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 46%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted through the rectum and advanced to the descending colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. A stricture is identified which prohibits passage of the colonoscope. The colonoscope is positioned. A through-the-scope fixed wire balloon catheter is advanced through the colonoscope, positioned across the stricture, and inflated to a diameter of approximately 15 mm. The balloon catheter is deflated and the stricture is observed. If necessary, the balloon dilator is removed and subsequent balloon catheters of larger diameter are inserted through the colonoscope, positioned across the stricture, and inflated. The balloon catheter is then deflated, and the stricture is observed to confirm adequate dilation of the stricture. When dilation is adequate, the balloon catheter is removed. Following dilation, the area is observed for bleeding. The colonoscope is advanced to the

cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45386		
Sample Size:	2394	**Resp N:** 80	**Response:** 3.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	1000.00
Survey RVW:	3.50	4.55	**5.50**	6.33	16.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**35.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45386	**Recommended Physician Work RVU: 3.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	39,248

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45386**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	38.00	60.00	

Median Intra-Service Time	35.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**88.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.25	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.83
Urgency of medical decision making	4.08	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.21
Physical effort required	4.50	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.63	4.13
Outcome depends on the skill and judgment of physician	4.50	4.13
Estimated risk of malpractice suit with poor outcome	4.58	4.04

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.63
Intra-Service intensity/complexity	4.54	4.00
Post-Service intensity/complexity	3.83	3.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

We recommend an RVW of 4.02 for 45386. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.51 (43220-43200; 43249-43235) approved by the RUC for endoscopic balloon dilation less than 30 mm.

Pre-time Package 2b is appropriate for 45386, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45386. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (24/80), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
	45386	Colonoscopy, dilation	3.87	0.079	**88**	38	**35**	15
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with	4.17	0.083	**108**	48	**30**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed						
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45386

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6507
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,169 in 2012. (2,169*3 = ~ 6,507)

Specialty Gastroenterology	Frequency 4880	Percentage 74.99 %
Specialty General surgery	Frequency 911	Percentage 14.00 %
Specialty Colorectal surgery	Frequency 455	Percentage 6.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,169
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,169 in 2012.

Specialty Gastroenterology	Frequency 1627	Percentage 75.01 %
Specialty General surgery	Frequency 304	Percentage 14.01 %
Specialty Colorectal surgery	Frequency 152	Percentage 7.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45386

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45389 Tracking Number N10 Original Specialty Recommended RVU: **5.65**
Presented Recommended RVU: **5.65**
Global Period: 000 RUC Recommended RVU: **5.50**

CPT Descriptor: Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with history of resection of a sigmoid cancer presents with abdominal pain and imaging findings of an obstructing lesion in the mid-transverse colon. Colonoscopy with dilation of the colon and placement of a stent is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 43%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and fluoroscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted through the rectum and advanced to the transverse colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. An obstructing, concentric tumor is identified which prohibits passage of the standard colonoscope. The colonoscope is withdrawn and a thin caliber flexible colonoscope is inserted through the rectum and passed through the colonic tumor to the cecum. The appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn, and the ascending colon and proximal transverse colon are examined. The tumor is measured and the distal and proximal margins of the tumor are

marked for stent placement. The colonoscope is reinserted to 2 cm past the distal end of the tumor and a guidewire is inserted through the endoscope across the full length of the tumor. The colonoscope is withdrawn. Under fluoroscopic guidance, the expandable wire mesh stent and introducing device are advanced over the guidewire into the colon and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn and the thin caliber colonoscope is reinserted to confirm proper positioning of the stent. Balloon dilatation of the stent may be required. The colonoscope is slowly withdrawn through the distal transverse colon and descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45389		
Sample Size:	2394	**Resp N:** 64	**Response:** 2.6 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	9.00	275.00
Survey RVW:	3.55	5.00	**5.99**	7.46	19.60
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	12.00	40.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**17.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45389	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**17.00**	**23.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45389**	**Key Reference CPT Code:** 52342	**Source of Time** RUC Time

Median Pre-Service Time	41.00	60.00
Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	17.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**103.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.58	4.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	3.92
Urgency of medical decision making	4.50	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.25
Physical effort required	4.92	4.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.92	4.17
Outcome depends on the skill and judgment of physician	5.00	4.50
Estimated risk of malpractice suit with poor outcome	4.67	3.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.58	4.17
Intra-Service intensity/complexity	5.00	4.17
Post-Service intensity/complexity	4.50	4.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45389 *Colonoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 5.65 for 45389. This value is less than the current RVW and equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.14 (43212-43200; 43266-43235; 45347-45330) approved by the RUC for placement of endoscopic stent, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate for 45389, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45389. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (12/64), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2008	**52341**	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	5.35	0.079	**135**	65	**45**	20
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the	5.53	0.096	**118**	48	**40**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed						
	45389	Colonoscopy, stent+dilation+wire	5.50	0.095	**103**	41	**45**	17
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	0.096	**118**	53	**45**	20
2010	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5.85	0.093	**123**	48	**45**	30
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2012	**36225**	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45387, 44799. 100% of the volume of 45387 (664 Medicare volume) will be reported by 45389. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1992
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 664 in 2012. (664*3 = ~ 1,992)

Specialty Gastroenterology Frequency 1574 Percentage 79.01 %

Specialty General surgery Frequency 120 Percentage 6.02 %

Specialty Colorectal surgery Frequency 179 Percentage 8.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 664
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 664 in 2012.

Specialty Gastroenterology Frequency 525 Percentage 79.06 %

Specialty General surgery Frequency 40 Percentage 6.02 %

Specialty Colorectal surgery Frequency 60 Percentage 9.03 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45387

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45391 Tracking Number N11 Original Specialty Recommended RVU: **5.10**
Presented Recommended RVU: **5.10**
Global Period: 000 RUC Recommended RVU: **4.95**

CPT Descriptor: Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52- year- old patient with abdominal discomfort and weight loss is found to have a sigmoid colon mass with adenopathy on imaging studies. Diagnostic colonoscopy with endoscopic ultrasound is performed to evaluate and stage the tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and endoscopic ultrasound equipment are available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then

straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs and ultrasound images are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45391		
Sample Size:	1476	**Resp N:** 37	**Response:** 2.5 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	98.00
Survey RVW:	2.40	4.00	**4.75**	6.99	10.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45391	**Recommended Physician Work RVU: 4.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**20.00**	**23.00**	**-3.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45391**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	41.00	45.00
Median Intra-Service Time	45.00	45.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**106.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.75
Urgency of medical decision making	3.88	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	4.13
Physical effort required	3.88	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	4.13
Outcome depends on the skill and judgment of physician	4.25	3.75
Estimated risk of malpractice suit with poor outcome	4.00	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.63	3.50
Intra-Service intensity/complexity	3.88	3.75
Post-Service intensity/complexity	3.63	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45391 *Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures*

We recommend an RVW of 5.10 for 45391. This value is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination.

Pre-time Package 2b is appropriate for 45391, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631

Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. The survey data for 31631 from 2004 is comparable to the current survey data for 45391; however, 45391 ranked higher in intensity and complexity (10/11 measures) than 31631. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25
	45391	Colonoscopy, EUS	4.95	0.081	**106**	41	**45**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2001	**52402**	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	5.27	0.085	**95**	30	**50**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45391

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2496
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 832 in 2012. (832*3 = ~ 2,496)

Specialty Gastroenterology Frequency 2072 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 832
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 832 in 2012.

Specialty Gastroenterology Frequency 691 Percentage 83.05 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45391

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45392 Tracking Number N12 Original Specialty Recommended RVU: **5.75**
Presented Recommended RVU: **5.75**
Global Period: 000 RUC Recommended RVU: **5.60**

CPT Descriptor: Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with history of resection of gastric cancer presents with abdominal discomfort and weight loss. Enlarged regional lymph nodes are found on imaging studies. Diagnostic colonoscopy with endoscopic ultrasound staging of the tumor and fine needle aspiration biopsy are performed to plan therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 70%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and ultrasound equipment are available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal

mucosa, and then straightened. Photodocumentation is performed. The colonoscope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the colon is deflated and the echoendoscope is removed.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs and ultrasound images are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45392		
Sample Size:	1476	**Resp N:** 35	**Response:** 2.3 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	13.00	60.00
Survey RVW:	2.65	4.60	**5.50**	8.03	12.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	45.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45392	**Recommended Physician Work RVU: 5.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**20.00**	**23.00**	**-3.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58560	000	6.99	**RUC Time**

CPT Descriptor Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 45392**	**Key Reference CPT Code:** 58560	**Source of Time RUC Time**
Median Pre-Service Time	41.00	40.00	

Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	20.00	25.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**121.00**	**125.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.17
Urgency of medical decision making	3.83	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	3.17
Physical effort required	4.50	3.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.33	2.83
Outcome depends on the skill and judgment of physician	4.50	3.17
Estimated risk of malpractice suit with poor outcome	4.17	2.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.17
Intra-Service intensity/complexity	4.50	3.17
Post-Service intensity/complexity	4.00	3.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45392 *Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures*

We recommend an RVW of 5.75 for 45392. This value equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate for 45392, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 58560

Key Reference code 58560, *Hysteroscopy, surgical; with division or resection of intrauterine septum (any method),* was surveyed and presented to the RUC in 1997 prior to the discussion of pre-time packages. The survey data for 58560 from 1997 is comparable to the current survey data for 45391 and the intensity and complexity data indicate that 58560 and 45391 are also similar.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2001	**52001**	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	5.44	0.065	**130**	50	**60**	20
2005	**50382**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5.50	0.070	**125**	50	**60**	15
2006	**32998**	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	5.68	0.070	**135**	45	**60**	30
2005	**37188**	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	5.71	0.080	**113**	35	**58**	20
	45392	Colonoscopy, EUS with FNA	5.60	0.072	**121**	38	**60**	20
2008	**52342**	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	5.85	0.070	**140**	60	**60**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
1997	**58563**	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	6.16	0.077	**130**	40	**60**	30
1997	**58559**	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	6.16	0.078	**125**	40	**60**	25
2011	**36247**	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.29	0.080	**131**	41	**60**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45392

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterolog How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 345
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 115 in 2012. (115*3 = ~ 345)

Specialty Gastroenterology Frequency 307 Percentage 88.98 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 115
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 115 in 2012.

Specialty Gastroenterology Frequency 102 Percentage 88.69 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45390 Tracking Number N13 Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **6.50**
Global Period: 000 RUC Recommended RVU: **6.35**

CPT Descriptor: Colonoscopy, flexible; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with abdominal discomfort and occult GI bleeding is referred for colonoscopy. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 75%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon to allow circumferential examination of the colonic mucosa. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A lesion is identified in the sigmoid colon that cannot be removed by standard snare polypectomy technique. The colonoscope is withdrawn, a friction cap is fitted onto the end of the scope, and the colonoscope is inserted through the rectum into the colon to the site where endoscopic mucosal resection is to be performed. An injection needle is passed through the colonoscope, and a solution of a topical

contrast agent such as methylene blue, saline and epinephrine is injected submucosally to raise the lesion. The injection needle is withdrawn. The area of abnormality is suctioned into the friction fitted cap to create a pseudopolyp. A snare is passed through the colonoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. Snare removal is repeated until all visually identified portions of the lesion are resected. The snare is withdrawn and a retrieval device is inserted through the colonoscope to capture the lesion. The retrieval device with the lesion is withdrawn to the tip of the colonoscope, which is withdrawn through the rectum. The colonoscope is reinserted through the rectum to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare or other appropriate technique is applied until there is no residual, and bleeding, if any, is controlled. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45390		
Sample Size:	2394	**Resp N:** 74	**Response:** 3.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**15.00**	34.00	200.00
Survey RVW:	3.64	5.35	**6.61**	7.48	20.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	23.00	40.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45390	**Recommended Physician Work RVU: 6.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
58560	000	6.99	**RUC Time**

CPT Descriptor Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 45390**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	33.00	60.00	

Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**93.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.31	4.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.15	4.00
Urgency of medical decision making	4.38	4.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.46
Physical effort required	4.92	4.23
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.92	4.46
Outcome depends on the skill and judgment of physician	4.85	4.38
Estimated risk of malpractice suit with poor outcome	4.77	4.31

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.15	3.92
Intra-Service intensity/complexity	5.00	4.31
Post-Service intensity/complexity	4.31	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45390 *Colonoscopy, flexible; with endoscopic mucosal resection*

We recommend an RVW of 6.50 for 45390. This value equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.99 (43211-43200; 43254-43235) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate for 45390, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45390. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (13/75), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 45390, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30
2010	**93453**	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging	6.24	0.101	**123**	48	**45**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		supervision and interpretation, when performed						
	45390	Colonoscopy, EMR	6.35	0.119	**93**	33	**45**	15
2012	**52352**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	6.75	0.118	**118**	53	**45**	20
2010	**93457**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	6.89	0.102	**133**	53	**50**	30
2008	**52344**	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	7.05	0.120	**125**	60	**45**	20
2011*	**37192**	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.35	0.137	**101**	41	**45**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45385, 44799. Five percent of 45385 (34,443 Medicare volume) and 5% of the unlisted code (68 Medicare volume) would be reported with new code 45390.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 103532
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (5% of 45385 [34,443] + 5% of 44799 [68])*3 = ~103,352

Specialty Gastroenterology	Frequency 83000	Percentage 80.16 %
Specialty General surgery	Frequency 5200	Percentage 5.02 %
Specialty Colorectal surgery	Frequency 3000	Percentage 2.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,511 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate = 5% of 45385 [34,443] + 5% of 44799 [68]

Specialty Gastroenterology	Frequency 27500	Percentage 79.68 %
Specialty General surgery	Frequency 1800	Percentage 5.21 %
Specialty Colorectal surgery	Frequency 1000	Percentage 2.89 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45385

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45393 Tracking Number N14 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 RUC Recommended RVU: **4.78**

CPT Descriptor: Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76- year- old patient with history of altered mental status presents with abdominal distension and a megacolon on imaging studies. Colonoscopy with decompression of the colon and placement of a tube is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 46%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation, if any, are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient or surrogate; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted into the rectum and advanced to the cecum using minimal air insufflation across grossly patulous regions of colon containing gas, stool and fluid, performing continuous suctioning of the colonic contents to decompress the colon. The appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon, and the colonic mucosa is examined, with continuous suctioning continued to decompress the colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A 10 Fr tube is inserted through the rectum into the colon. The tip of the tube is identified, the tube and colonoscope are positioned, a grasping

device is inserted through the colonoscope, and the tube is grasped. The tube is advanced endoscopically into the transverse colon. The grasping device is released from the tube and the colonoscope is withdrawn maintaining the position of the tube. Photodocumentation is performed. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45393		
Sample Size:	2394	**Resp N:** 98	**Response:** 4.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	60.00
Survey RVW:	3.50	4.50	**5.50**	6.85	15.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	50.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45393	**Recommended Physician Work RVU: 4.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45393**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**
Median Pre-Service Time	41.00	45.00	

Median Intra-Service Time	40.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**96.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.88	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.24	3.71
Urgency of medical decision making	4.47	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.65	4.29
Physical effort required	4.53	4.12
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.53	4.29
Outcome depends on the skill and judgment of physician	4.65	4.41
Estimated risk of malpractice suit with poor outcome	4.53	4.35

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.94	3.65
Intra-Service intensity/complexity	4.41	4.24
Post-Service intensity/complexity	3.88	3.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45393 *Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed*

Pre-time Package 2b is appropriate for 45393, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631

Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Code 31631 was ranked lower than 45393 in all 11 intensity complexity measures. The table below provides comparison references with similar intra-time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2011	**36251**	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	5.35	0.085	**116**	41	**45**	30
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
	45393	Colonoscopy, decompression	4.78	0.090	**96**	41	**40**	15
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated	5.53	0.096	**118**	48	**40**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed						
2010	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.54	0.094	**123**	53	**40**	30
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	0.096	**118**	53	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45378. One percent of the volume of 45378 (6,128 Medicare volume) would be reported with 45393.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 18384
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 45378 (6,128 Medicare volume) * 3 = ~18384

Specialty Gastroenterology Frequency 16178 Percentage 88.00 %

Specialty General surgery Frequency 1103 Percentage 5.99 %

Specialty Colorectal surgery Frequency 750 Percentage 4.07 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,128
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 45378 = 6,128 Medicare volume

Specialty Gastroenterology Frequency 5450 Percentage 88.93 %

Specialty General surgery Frequency 350 Percentage 5.71 %

Specialty Colorectal surgery Frequency 250 Percentage 4.07 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45398 Tracking Number N15 Original Specialty Recommended RVU: **4.30**
Presented Recommended RVU: **4.30**
Global Period: 000 RUC Recommended RVU: **4.30**

CPT Descriptor: Colonoscopy, flexible; with band ligation, (eg, hemorrhoids)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old with frequent hematochezia is referred for evaluation. Colonoscopy with banding of rectal varices is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon, descending and sigmoid colon, and the colonic mucosa is examined. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa and then straightened. Rectal varices with stigmata of recent bleeding are identified. The colonoscope is withdrawn, and the multiband device installed on the colonoscope. The colonoscope is reinserted through the rectum, retroflexed, angulated, and advanced to the suspected bleeding site. With suction applied to the varix, a band is deployed,

and the site is inspected. Additional bands are then applied proximally on the same varix. The process is repeated with bands deployed on additional varices. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45398		
Sample Size:	2394	**Resp N:** 65	**Response:** 2.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	10.00	250.00
Survey RVW:	2.10	4.30	**5.40**	6.70	16.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	27.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45398	**Recommended Physician Work RVU: 4.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45398**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**
Median Pre-Service Time	33.00	30.00	

Median Intra-Service Time	30.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.67
Urgency of medical decision making	4.00	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.22
Physical effort required	4.11	4.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	4.00
Outcome depends on the skill and judgment of physician	4.33	4.22
Estimated risk of malpractice suit with poor outcome	4.11	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.67
Intra-Service intensity/complexity	4.33	4.22
Post-Service intensity/complexity	3.56	3.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45398 *Colonoscopy, flexible; with banding, (eg, hemorrhoids)*

We recommend an RVW of 4.30 for 45398. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established.

Pre-time Package 2b is appropriate for 45393, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Codes 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* 91110*, Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report,* and 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)*, were each chosen by 13% of the respondents. Several other references were chosen almost equally. The lack of a direct comparative service to 45398, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	4.17	0.083	**108**	48	**30**	30
	45398	Colonoscopy, banding	4.30	0.110	**78**	33	**30**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to	4.62	0.120	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		2.0 cm)						
1995	**52275**	Cystourethroscopy, with internal urethrotomy; male	4.69	0.112	**90**	30	**30**	30
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. One percent of unlisted code 44799 (14 Medicare volume) will be reported using new code 45398.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of unlisted code 44799 (14 Medicare volume) *3 = ~42

Specialty Gastroenterology Frequency 37 Percentage 88.09 %

Specialty General surgery Frequency 3 Percentage 7.14 %

Specialty Colorectal surgery Frequency 1 Percentage 2.38 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of unlisted code 44799 = ~14 Medicare volume

Specialty Gastroenterology Frequency 12 Percentage 85.71 %

Specialty General surgery Frequency 1 Percentage 7.14 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

ISSUE: Colonoscopy

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible,	23	0.087			3.36			70		10	5	10			30				15										
REF	91110	Gastrointestinal tract imaging, i	22	0.040			3.64			100		5					80				15										
Aug05	45378	Colonoscopy, flexible, proximal to sp		0.092			3.69			75		20	5	5			30				15										
	45378	5 min CS movement		0.106			3.69			75		25	5	5			25				15										
SURVEY	45378	Colonoscopy, flexible; diagnost	165	0.118	2.15	3.60	4.00	4.80	11.50	75		25	5	5	13	20	25	30	45		15	0	200	400	700	2000	48%				
REC		Colonoscopy		0.100			3.36			67	1b	19	3	5			25			8a	15							0	0%	-0.33	-9%

Rationale Direct Crosswalk to KRC 31625

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30										
REF	31638	Bronchoscopy, rigid or flexible,	12	0.055			4.88			140		20	15	15			60				30										
Jun93	45379	Colonoscopy, flexible, proximal to sp		0.074			4.68			109		21		15			48				25										
	45379	10 min CS movement		0.090			4.68			94		31					38				25										
SURVEY	45379	Colonoscopy, flexible; with rem	104	0.106	2.78	4.29	4.76	5.86	16.90	85		25	5	5	15	30	35	45	90		15	0	1	3	9	1000	56%				
REC	45379	foreign body removal		0.096			4.37			83	2b	25	3	5			35			8b	15							-3	-8%	-0.31	-7%

Rationale 45378 RVU + Foreign body RUC increment 1.01

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible,	22	0.087			3.36			70		10	5	10			30				15										
REF	99236	Observation or inpatient hospita	17	0.060			4.20			94		19					55				20										
Aug00	45380	Colonoscopy, flexible, proximal to sp		0.057			4.43			118.5		45					52				22										
	45380	5 min CS movement		0.061			4.43			118.5		50					47				22										
SURVEY	45380	Colonoscopy, flexible, proximal	152	0.121	2.25	3.99	4.43	5.20	12.00	78		25	5	5	15	24	28	35	60		15	0	100	266	400	1000	52%				
REC	45380	biopsy		0.100			3.66			70	1b	19	3	5			28			8a	15							-19	-40%	-0.77	-17%

Rationale 45378 RVU + biopsy RUC increment 0.30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	99236	Observation or inpatient hospita	18	0.060			4.20			94		19					55				20										
REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30										
Apr02	45381	Colonoscopy, flexible, proximal to sp		0.055			4.19			116		45					49				22										
	45381	10 min CS movement		0.059			4.19			116		50					44				22										
SURVEY	45381	Colonoscopy, flexible; with dire	123	0.118	2.28	3.95	4.35	5.30	11.50	78		25	5	5	15	24	28	35	60		15	1	20	40	79	1000	59%				
REC	45381	submucosal injection		0.100			3.67			70	1b	19	3	5			28			8a	15							-16	-36%	-0.52	-12%

Rationale 45378 RVU + submucosal injection RUC increment 0.31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatm	19	0.070			5.85			140		40	10	10			60				20										
REF	31631	Bronchoscopy, rigid or flexible,	13	0.064			4.36			120		20	10	15			45				30										
REF	91110	Gastrointestinal tract imaging, i	13	0.040			3.64			100		5					80				15										
Jun93	45382	Colonoscopy, flexible, proximal to sp		0.079			5.68			125		20		25			57				23										
	45382	10 min CS movement		0.096			5.68			100		30					47				23										
SURVEY	45382	Colonoscopy, flexible; with cont	120	0.106	2.00	4.50	5.50	6.13	15.00	100		35	5	5	18	30	40	45	90		15	0	12	30	50	1000	59%				
REC	45382	control of bleeding		0.089			4.76			96	2b	33	3	5			40			8b	15							-7	-15%	-0.92	-16%

Rationale 45378 + c stoma bleeding increment 1.40

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica	14	0.082			5.45			110		30					50				30										
REF	31625	Bronchoscopy, rigid or flexible,	13	0.087			3.36			70		10	5	10			30				15										

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
Jun93	45384	Colonoscopy, flexible, proximal to sp		0.095			4.69			73		16					42				15										
	45384	10 min CS movement		0.105			4.69			73		21					37				15										
SURVEY	45384	Colonoscopy, flexible; with rem	101	0.127	2.30	3.90	4.50	5.40	11.60	73		20	5	5	15	24	28	35	60		15	0	10	100	300	1000	53%				
REC	45384	hot biopsy		0.118			4.17			70	1b	19	3	5			28			8a	15							-9	-24%	-0.52	-11%

Rationale 45378 RVU + hot biopsy RUC increment 0.81

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica	28	0.082			5.45			110		30					50				30										
REF	91110	Gastrointestinal tract imaging, i	13	0.040			3.64			100		5					80				15										
Jun93	45385	Colonoscopy, flexible, proximal to sp		0.107			5.30			74		16					43				15										
	45385	10 min CS movement		0.133			5.30			74		26					33				15										
SURVEY	45385	Colonoscopy, flexible; with rem	145	0.140	2.00	4.38	5.25	5.85	13.50	80		25	5	5	15	25	30	40	75		15	0	150	250	400	1200	50%				
REC	45385	snare		0.122			4.67			78	2b	25	3	5			30			8b	15							-3	-9%	-0.63	-12%

Rationale 45378 RVU + snare RUC increment 1.31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatm	24	0.070			5.85			140		40	10	10			60				20										
REF	31631	Bronchoscopy, rigid or flexible,	14	0.064			4.36			120		20	10	15			45				30										
Apr02	45386	Colonoscopy, flexible, proximal to sp		0.057			4.57			121		45					54				22										
	45386	10 min CS movement		0.065			4.57			121		55					44				22										
SURVEY	45386	Colonoscopy, flexible; with tran	80	0.124	3.50	4.55	5.50	6.33	16.00	90		30	5	5	20	30	35	45	75		15	0	2	5	10	1000	46%				
REC	45386	dilation		0.079			3.87			88	2b	30	3	5			35			8b	15							-9	-20%	-0.70	-15%

Rationale 45378 RVU + dilation less than 30 mm RUC increment 0.51

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica	12	0.082			5.45			110		30					50				30										
REF	52342	Cystourethroscopy; with treatm	10	0.070			5.85			140		40	10	10			60				20										
Jun93	45383	Colonoscopy, flexible, proximal to sp		0.076			5.86			107		22					65				20										
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																											
SURVEY	45388	Colonoscopy, flexible; with abla	76	0.127	3.36	4.50	5.50	6.37	16.80	85		25	5	5	20	29	35	45	90		15	0	8	15	41	900	50%				
REC	45388	ablation with pre and post dilation an		0.114			4.98			83	2b	25	3	5			35			8b	15							-9	-20%	-0.70	-15%

Rationale 45378 RVU + ablation colonsocopy through stoma RUC increment 1.62

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatm	12	0.070			5.85			140		40	10	10			60				20										
REF	31631	Bronchoscopy, rigid or flexible,	10	0.064			4.36			120		20	10	15			45				30										
Apr00	45387	Colonoscopy, flexible, proximal to sp		0.101			5.90			105		30					45				30										
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																											
SURVEY	45389	Colonoscopy, flexible; with end	64	0.104	3.55	5.00	5.99	7.46	19.60	109		35	5	8	12	40	45	60	90		17	0	1	3	9	275	43%				
REC	45389	stent placement with pre and post dil		0.095			5.50			103	2b	33	3	5			45			8b	17							-9	-20%	-0.70	-15%

Rationale 45378 RVU + stent RUC increment 2.14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatm	13	0.070			5.85			140		40	10	10			60				20										
REF	58560	Hysteroscopy, surgical; with div	11	0.092			6.99			125		40					60				25										
REF	58561	Hysteroscopy, surgical; with re	11	0.185			9.99			156		50					40				66										
CURRENT				#DIV/0!						0																					
SURVEY	45390	Colonoscopy, flexible; with end	74	0.124	3.64	5.35	6.61	7.48	20.00	95		25	5	5	23	40	45	60	120		15	0	3	15	34	200	58%				
REC	45390	EMR		0.119			6.35			93	2b	25	3	5			45			8b	15							-9	-20%	-0.70	-15%

Rationale 45378 RVU + EMR RUC increment 2.99

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30										
REF	52342	Cystourethroscopy; with treatm	15	0.070			5.85			140		40	10	10			60				20										
CURRENT				#DIV/0!						0																					
SURVEY	45393	Colonoscopy, flexible; with dec	98	0.107	3.50	4.50	5.50	6.85	15.00	98		33	5	5	18	30	40	50	90		15	0	3	5	10	60	46%				
REC	45393	decompression		0.090	4.78					96	2b	33	3	5			40			8b	15									

Rationale 45378 RVU + c-stoma decompression RUC increment 1.42

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica	9	0.082			5.45			110		30					50				30										
REF	52342	Cystourethroscopy; with treatm	9	0.070			5.85			140		40	10	10			60				20										
REF	91110	Gastrointestinal tract imaging, i	9	0.040			3.64			100		5					80				15										
CURRENT	45398			#DIV/0!						0																					
SURVEY	45398	Colonoscopy, flexible; with ban	65	0.145	2.10	4.30	5.40	6.70	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250	67%				
REC	45398	banding		0.110			4.30			78	2b	25	3	5			30			8b	15									

Rationale There is no RUC established increment for this procedure

REF	31631	Bronchoscopy, rigid or flexible,	8	0.064			4.36			120		20	10	15			45				30										
REF	91110	Gastrointestinal tract imaging, i	5	0.040			3.64			100		5					80				15										
Apr04	45391	Colonoscopy, flexible, proximal to sp		0.071			5.09			110		25	5	5			55				20										
	45391	10 min CS movement		0.086			5.09					35					45				20										
SURVEY	45391	Colonoscopy, flexible; with end	37	0.075	2.40	4.00	4.75	6.99	10.00	110		35	5	5	20	30	45	60	90		20	0	5	10	25	98	100%				
REC	45391	EUS		0.081			4.95			106	2b	33	3	5			45			8b	20									

Rationale 45378 RVU + EUS RUC increment 1.59

REF	58560	Hysteroscopy, surgical; with div	6	0.092			6.99			125		40					60				25										
REF	31631	Bronchoscopy, rigid or flexible,	5	0.064			4.36			120		20	10	15			45				30										
Apr04	45392	Colonoscopy, flexible, proximal to sp		0.070			6.54			140		30	5	10			75				20										
	45392	10 min CS movement		0.080			6.54					40					65				20										
SURVEY	45392	Colonoscopy, flexible; with end	35	0.068	2.65	4.60	5.50	8.03	12.50	130		35	5	10	25	45	60	75	120		20	0	1	5	13	60	50%				
REC	45392	EUS with FNA		0.072			5.60			121	2b	33	3	5			60			8b	20									

Rationale 45378 RVU + EUS with FNA RUC increment 2.24

ISSUE: Colonoscopy

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible, ir	23	0.087			3.36			70		10	5	10			30				15									
REF	91110	Gastrointestinal tract imaging, int	22	0.040			3.64			100		5					80				15									
Aug05	45378	Colonoscopy, flexible, proximal to sple		0.092			3.69			75		20	5	5			30				15									
	45378	5 min CS movement		0.106			3.69			75		25	5	5			25				15									
GI SVY	45378	Colonoscopy, flexible; diagnostic	143	0.118	2.15	3.70	4.00	4.83	11.50	75		25	5	5	13	20	25	30	45		15	3	250	500	800	2000				
SURG SVY	45378	Colonoscopy, flexible; diagnostic	22	0.134	2.50	3.06	3.60	4.43	10.00	64		25	4	5	15	19	20	30	45		10	0	50	125	238	400				
CMB SVY	45378	Colonoscopy, flexible; diagnostic	165	0.118	2.15	3.60	4.00	4.80	11.50	75		25	5	5	13	20	25	30	45		15	0	200	400	700	2000				
REC		Colonoscopy		0.100			3.36			67	1b	19	3	5			25			8a	15						0	0%	-0.33	-9%

Rationale Direct Crosswalk to KRC 31625

REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
REF	31638	Bronchoscopy, rigid or flexible, ir	12	0.055			4.88			140		20	15	15			60				30									
Jun93	45379	Colonoscopy, flexible, proximal to sple		0.074			4.68			109		21		15			48				25									
	45379	10 min CS movement		0.090			4.68			94		31					38				25									
GI SVY	45379	Colonoscopy, flexible; with remov	96	0.106	2.78	4.29	4.76	5.81	16.90	85		25	5	5	15	30	35	45	90		15	0	1	4	10	1000				
SURG SVY	45379	Colonoscopy, flexible; with remov	8	0.092	4.00	4.38	4.75	7.00	12.00	108		41	4	8	18	29	35	60	90		20	0	0	1	3	10				
CMB SVY	45379	Colonoscopy, flexible; with remov	104	0.106	2.78	4.29	4.76	5.86	16.90	85		25	5	5	15	30	35	45	90		15	0	1	3	9	1000				
REC	45379	foreign body removal		0.096			4.37			83	2b	25	3	5			35			8b	15						-3	-8%	-0.31	-7%

Rationale 45378 RVU + Foreign body RUC increment 1.01

REF	31625	Bronchoscopy, rigid or flexible, ir	22	0.087			3.36			70		10	5	10			30				15									
REF	99236	Observation or inpatient hospital	17	0.060			4.20			94		19					55				20									
Aug00	45380	Colonoscopy, flexible, proximal to sple		0.057			4.43			119		45					52				22									
	45380	5 min CS movement		0.061			4.43			119		50					47				22									
GI SVY	45380	Colonoscopy, flexible, proximal to	130	0.120	2.25	4.00	4.42	5.20	10.00	78		25	5	5	15	24	28	35	60		15	6	156	300	400	1000				
SURG SVY	45380	Colonoscopy, flexible, proximal to	22	0.120	2.50	3.85	4.50	5.68	12.00	74		25	4	5	17	23	30	35	50		10	0	21	80	100	250				
CMB SVY	45380	Colonoscopy, flexible, proximal to	152	0.121	2.25	3.99	4.43	5.20	12.00	78		25	5	5	15	24	28	35	60		15	0	100	266	400	1000				
REC	45380	biopsy		0.100			3.66			70	1b	19	3	5			28			8a	15						-19	-40%	-0.77	-17%

Rationale 45378 RVU + biopsy RUC increment 0.30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	99236	Observation or inpatient hospital	18	0.060			4.20			94		19					55				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
Apr02	45381	Colonoscopy, flexible, proximal to sple		0.055			4.19			116		45					49				22									
	45381	10 min CS movement		0.059			4.19			116		50					44				22									
GI SVY	45381	Colonoscopy, flexible; with direct	113	0.118	2.28	3.95	4.34	5.35	11.50	78		25	5	5	15	24	28	35	60		15	1	20	50	95	1000				
SURG SVY	45381	Colonoscopy, flexible; with direct	10	0.147	2.65	3.87	4.46	5.00	8.00	63		21	3	5	17	20	25	30	50		9	2	8	14	20	30				
CMB SVY	45381	Colonoscopy, flexible; with direct	123	0.118	2.28	3.95	4.35	5.30	11.50	78		25	5	5	15	24	28	35	60		15	1	20	40	79	1000				
REC	45381	submucosal injection		0.100			3.67			70	1b	19	3	5			28			8a	15						-16	-36%	-0.52	-12%

Rationale 45378 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethroscopy; with treatmer	19	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	13	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestinal tract imaging, int	13	0.040			3.64			100		5					80				15									
Jun93	45382	Colonoscopy, flexible, proximal to sple		0.079			5.68			125		20		25			57				23									
	45382	10 min CS movement		0.096			5.68			100		30					47				23									
GI SVY	45382	Colonoscopy, flexible; with contr	112	0.106	2.00	4.50	5.50	6.03	15.00	100		35	5	5	20	30	40	45	90		15	3	15	30	50	1000				
SURG SVY	45382	Colonoscopy, flexible; with contr	8	0.082	2.95	4.70	5.40	7.63	10.00	126		54	4	8	18	31	45	60	60		15	0	4	9	10	60				
CMB SVY	45382	Colonoscopy, flexible; with contr	120	0.106	2.00	4.50	5.50	6.13	15.00	100		35	5	5	18	30	40	45	90		15	0	12	30	50	1000				
REC	45382	control of bleeding		0.089			4.76			96	2b	33	3	5			40			8b	15						-7	-15%	-0.92	-16%

Rationale 45378 + c stoma bleeding increment 1.40

REF	31267	Nasal/sinus endoscopy, surgical,	14	0.082			5.45			110		30					50				30									
REF	31625	Bronchoscopy, rigid or flexible, ir	13	0.087			3.36			70		10	5	10			30				15									
Jun93	45384	Colonoscopy, flexible, proximal to sple		0.095			4.69			73		16					42				15									
	45384	10 min CS movement		0.105			4.69			73		21					37				15									
GI SVY	45384	Colonoscopy, flexible; with remov	94	0.119	2.30	3.98	4.50	5.40	11.60	75		20	5	5	15	25	30	35	60		15	0	12	100	300	1000				
SURG SVY	45384	Colonoscopy, flexible; with remov	7	0.152	2.50	3.03	3.80	4.25	5.20	56		20	3	3	17	19	20	27	35		10	0	0	10	15	100				
CMB SVY	45384	Colonoscopy, flexible; with remov	101	0.127	2.30	3.90	4.50	5.40	11.60	73		20	5	5	15	24	28	35	60		15	0	10	100	300	1000				
REC	45384	hot biopsy		0.118			4.17			70	1b	19	3	5			28			8a	15						-9	-24%	-0.52	-11%

Rationale 45378 RVU + hot biopsy RUC increment 0.81

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgical,	28	0.082			5.45			110		30					50				30									
REF	91110	Gastrointestinal tract imaging, int	13	0.040			3.64			100		5					80				15									
Jun93	45385	Colonoscopy, flexible, proximal to sple		0.107			5.30			74		16					43				15									
	45385	10 min CS movement		0.133			5.30			74		26					33				15									
GI SVY	45385	Colonoscopy, flexible; with remov	130	0.140	2.00	4.41	5.25	5.84	13.50	80		25	5	5	15	25	30	40	60		15	20	200	300	400	1200				
SURG SVY	45385	Colonoscopy, flexible; with remov	15	0.137	3.79	3.90	5.00	6.88	9.00	73		25	3	5	20	23	30	45	75		10	0	10	40	78	200				
CMB SVY	45385	Colonoscopy, flexible; with remov	145	0.140	2.00	4.38	5.25	5.85	13.50	80		25	5	5	15	25	30	40	75		15	0	150	250	400	1200				
REC	45385	snare		0.122			4.67			78	2b	25	3	5			30			8b	15						-3	-9%	-0.63	-12%

Rationale 45378 RVU + snare RUC increment 1.31

REF	52342	Cystourethroscopy; with treatmer	24	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	14	0.064			4.36			120		20	10	15			45				30									
Apr02	45386	Colonoscopy, flexible, proximal to sple		0.057			4.57			121		45					54				22									
	45386	10 min CS movement		0.065			4.57			121		55					44				22									
GI SVY	45386	Colonoscopy, flexible; with transc	76	0.124	3.50	4.55	5.50	6.33	16.00	90		30	5	5	20	30	35	45	75		15	0	3	5	10	1000				
SURG SVY	45386	Colonoscopy, flexible; with transc	4	0.150	4.25	4.73	5.00	6.33	10.00	69		25	4	3	20	24	28	38	60		10	0	0	1	5	18				
CMB SVY	45386	Colonoscopy, flexible; with transc	80	0.124	3.50	4.55	5.50	6.33	16.00	90		30	5	5	20	30	35	45	75		15	0	2	5	10	1000				
REC	45386	dilation		0.079			3.87			88	2b	30	3	5			35			8b	15						-9	-20%	-0.70	-15%

Rationale 45378 RVU + dilation less than 30 mm RUC increment 0.51

REF	31267	Nasal/sinus endoscopy, surgical,	12	0.082			5.45			110		30					50				30									
REF	52342	Cystourethroscopy; with treatmer	10	0.070			5.85			140		40	10	10			60				20									
Jun93	45383	Colonoscopy, flexible, proximal to sple		0.076			5.86			107		22					65				20									
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																										
GI SVY	45388	Colonoscopy, flexible; with ablati	69	0.126	3.36	4.50	5.50	6.32	16.80	87		27	5	5	20	30	35	45	90		15	0	10	15	45	900				
SURG SVY	45388	Colonoscopy, flexible; with ablati	7	0.175	3.80	4.13	6.00	6.35	7.00	66		20	3	3	20	25	30	40	45		10	0	0	1	15	25				
CMB SVY	45388	Colonoscopy, flexible; with ablati	76	0.127	3.36	4.50	5.50	6.37	16.80	85		25	5	5	20	29	35	45	90		15	0	8	15	41	900				
REC	45388	ablation with pre and post dilation and		0.114			4.98			83	2b	25	3	5			35			8b	15									

Rationale 45378 RVU + ablation colonsocopy through stoma RUC increment 1.62

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatmer	12	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	10	0.064			4.36			120		20	10	15			45				30									
Apr00	45387	Colonoscopy, flexible, proximal to sple		0.101			5.90			105		30					45				30									
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																										
GI SVY	45389	Colonoscopy, flexible; with endos	60	0.102	3.55	5.00	6.00	7.46	19.60	114		35	5	10	12	40	45	60	90		19	0	1	3	10	275				
SURG SVY	45389	Colonoscopy, flexible; with endos	4	0.138	4.75	4.94	5.10	6.40	10.00	75		28	4	4	30	30	30	38	60		10	0	1	2	4	9				
CMB SVY	45389	Colonoscopy, flexible; with endos	64	0.104	3.55	5.00	5.99	7.46	19.60	109		35	5	8	12	40	45	60	90		17	0	1	3	9	275				
REC	45389	stent placement with pre and post dilat		0.095			5.50			103	2b	33	3	5			45			8b	17									

Rationale 45378 RVU + stent RUC increment 2.14

REF	52342	Cystourethroscopy; with treatmer	13	0.070			5.85			140		40	10	10			60				20									
REF	58560	Hysteroscopy, surgical; with divis	11	0.092			6.99			125		40					60				25									
REF	58561	Hysteroscopy, surgical; with remo	11	0.185			9.99			156		50					40				66									
CURRENT				#DIV/0!						0																				
GI SVY	45390	Colonoscopy, flexible; with endos	67	0.121	3.64	5.08	6.50	7.31	20.00	95		25	5	5	23	40	45	60	110		15	0	6	20	35	200				
SURG SVY	45390	Colonoscopy, flexible; with endos	7	0.105	5.90	7.03	7.15	8.00	12.00	101		25	3	5	35	42	60	60	120		8	0	0	2	4	12				
CMB SVY	45390	Colonoscopy, flexible; with endos	74	0.124	3.64	5.35	6.61	7.48	20.00	95		25	5	5	23	40	45	60	120		15	0	3	15	34	200				
REC	45390	EMR		0.119			6.35			93	2b	25	3	5			45			8b	15									

Rationale 45378 RVU + EMR RUC increment 2.99

REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethroscopy; with treatmer	15	0.070			5.85			140		40	10	10			60				20									
CURRENT				#DIV/0!						0																				
GI SVY	45393	Colonoscopy, flexible; with decor	94	0.107	3.50	4.50	5.50	6.85	15.00	98		33	5	5	19	30	40	50	90		15	0	3	5	10	60				
SURG SVY	45393	Colonoscopy, flexible; with decor	4	0.127	3.80	4.10	4.60	6.25	10.00	80		35	4	4	18	20	28	41	60		10	1	4	5	5	5				
CMB SVY	45393	Colonoscopy, flexible; with decor	98	0.107	3.50	4.50	5.50	6.85	15.00	98		33	5	5	18	30	40	50	90		15	0	3	5	10	60				
REC	45393	decompression		0.108			5.50			96	2b	33	3	5			40			8b	15									

Rationale 45378 RVU + c-stoma decompression RUC increment 1.42

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgical,	9	0.082			5.45			110		30					50				30									
REF	52342	Cystourethroscopy; with treatmer	9	0.070			5.85			140		40	10	10			60				20									
REF	91110	Gastrointestinal tract imaging, int	9	0.040			3.64			100		5					80				15									
CURRENT	4538X5			#DIV/0!						0																				
GI SVY	45398	Colonoscopy, flexible; with bandi	57	0.145	2.10	4.25	5.40	6.21	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250				
SURG SVY	45398	Colonoscopy, flexible; with bandi	8	0.175	4.40	4.85	6.05	7.00	8.00	70		20	5	5	21	29	30	41	60		10	0	1	4	20	200				
CMB SVY	45398	Colonoscopy, flexible; with bandi	65	0.145	2.10	4.30	5.40	6.70	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250				
REC	45398	banding		0.110			4.30			78	2b	25	3	5			30			8b	15									

Rationale There is no RUC established increment for this procedure

REF	31631	Bronchoscopy, rigid or flexible, ir	8	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestinal tract imaging, int	5	0.040			3.64			100		5					80				15									
Apr04	45391	Colonoscopy, flexible, proximal to sple		0.071			5.09			110		25	5	5			55				20									
	45391	10 min CS movement		0.086			5.09					35					45				20									
GI SVY	45391	Colonoscopy, flexible; with endos	37	0.075	2.40	4.00	4.75	6.99	10.00	110		35	5	5	20	30	45	60	90		20	0	5	10	25	98				
REC	45391	EUS		0.081			4.95			106	2b	33	3	5			45			8b	20									

Rationale 45378 RVU + EUS RUC increment 1.59

REF	58560	Hysteroscopy, surgical; with divis	6	0.092			6.99			125		40					60				25									
REF	31631	Bronchoscopy, rigid or flexible, ir	5	0.064			4.36			120		20	10	15			45				30									
Apr04	45392	Colonoscopy, flexible, proximal to sple		0.070			6.54			140		30	5	10			75				20									
	45392	10 min CS movement		0.080			6.54					40					65				20									
GI SVY	45392	Colonoscopy, flexible; with endos	35	0.068	2.65	4.60	5.50	8.03	12.50	130		35	5	10	25	45	60	75	120		20	0	1	5	13	60				
REC	45392	EUS with FNA		0.072			5.60			121	2b	33	3	5			60			8b	20									

Rationale 45378 RVU + EUS with FNA RUC increment 2.24

Established increments by family

Tab 8 - Colonoscopy through stoma Proposed Increments						
C-stoma	Description	Proposed RUC RVU	RUC Incrrement above base c-stoma (44388)		CMS 2014 increment above base c-stoma (44388)	Ileoscopy Code Rationale
44389	biopsy	3.12	0.30		NA	44388 RVU + biopsy RUC increment 0.30
44404	submucosal injection	3.13	0.31		NA	44388 RVU + submucosal injection RUC increment 0.31
44405	transendoscopic balloon dilation	3.33	0.51		NA	44388 RVU + dilation less than 30 mm RUC increment 0.51
44392	hot biopsy removal	3.63	0.81		NA	44388 RVU + hot biopsy RUC increment 0.81
44390	foreign body removal	3.83	1.01		NA	44388 RVU + Foreign body RUC increment 1.01
44394	snare removal	4.13	1.31		NA	44388 RVU + snare RUC increment 1.31
44391	control of bleeding	4.22	1.40		NA	There is no RUC established increment for this procedure
44406	EUS	4.41	1.59		NA	44388 RVU + EUS RUC increment 1.59
44408	decompression	4.24	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
44401	ablation (includes pre- and post-dilation and guide wire passage)	4.44	1.62		NA	25th percentile
44402	endoscopic stent (includes pre- and post-dilation)	4.96	2.14		NA	44388 RVU + stent RUC increment 2.14
44407	EUS with FNA	5.06	2.24		NA	44388 RVU + EUS with FNA RUC increment 2.24
44403	EMR	5.81	2.99		NA	44388 RVU + EMR RUC increment 2.99
Tab 9 - Flexible Sigmoidoscopy EUS Proposed Increments						
Flex sig EUS	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)	Ileoscopy Code Rationale
45341	EUS	2.43	1.59		NA	45330 RVU + EUS RUC increment 1.59
45342	EUS with FNA	3.08	2.24		NA	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10 - Colonoscopy through stoma Proposed Increments						
Colonoscopy	Description	Proposed RUC RVU	Increment above base colonoscopy Code (45378)		CMS 2014 increment above base colonoscopy (45378)	Ileoscopy Code Rationale
45379	foreign body removal	4.37	1.01		NA	45378 RVU + Foreign body RUC increment 1.01
45380	biopsy	3.66	0.30		NA	45378 RVU + biopsy RUC increment 0.30
45381	submucosal injection	3.67	0.31		NA	45378 RVU + submucosal injection RUC increment 0.31
45382	control of bleeding	4.76	1.40		NA	c-stoma bleeding increment (1.40)
45384	hot biopsy removal	4.17	0.81		NA	45378 RVU + hot biopsy RUC increment 0.81
45385	snare removal	4.67	1.31		NA	45378 RVU + snare RUC increment 1.31
45386	transendoscopic balloon dilation	3.87	0.51		NA	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	ablation (includes pre- and post-dilation and gu	4.98	1.62		NA	45378 RVU + ablation colonsocopy through stoma RUC incremen
45389	stent placement (includes pre- and post-dilatior	5.50	2.14		NA	45378 RVU + stent RUC increment 2.14
45390	EMR	6.35	2.99		NA	45378 RVU + EMR RUC increment 2.99
45393	decompression	4.78	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
45398	banding	4.30	0.94		NA	There is no RUC established increment for this procedure
45391	EUS	4.95	1.59		NA	45378 RVU + EUS RUC increment 1.59
45392	EUS with FNA	5.60	2.24		NA	45378 RVU + EUS with FNA RUC increment 2.24
Tab 4 - Ileoscopy RUC Approved Increments (October 2013)						
Ileoscopy Code	Description	Proposed RUC RVU	Increment above base ileoscopy Code (44380)		CMS 2014 increment above base ileoscopy (44380)	Ileoscopy Code Rationale
44382	biopsy	1.27	0.30		NA	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51		NA	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14		NA	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy RUC Approved Increments (October 2013)						
Pouchoscopy Code	Description	Proposed RUC RVU	Increment above base pouchoscopy Code (44385)		CMS 2014 increment above base pouch (44385)	Pouchoscopy Code Rationale
44386	biopsy	1.60	0.30		NA	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible Sigmoidoscopy RUC Approved Increments (October 2013)						
Flex Sig Code	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)	Pouchoscopy Code Rationale
45331	biopsy	1.14	0.30		NA	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01		NA	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81		NA	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30		NA	25th percentile
45335	submucosal injection	1.15	0.31		NA	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4		NA	25th percentile
45338	snare polypectomy	2.15	1.31		NA	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09		NA	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13		NA	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14		NA	45330 (0.84) + increment of 43266-43235 (2.14)
ERCP RUC-Approved Increments						

ERCP Code	Description	RUC RVU	Increment above base ERCP Code (43260)	CMS 2014 work RVU	CMS 2014 increment above base ERCP (43260)	RUC ERCP Code Rationale
43261	biopsy	6.25	0.30	**6.25**	**0.30**	43260 (5.95) + increment of 43202-43200 (0.30)
43275	foreign body removal	6.96	1.01	**6.96**	**1.01**	43260 (5.95) + increment of 43215-43200 (1.01)
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	**7.99**	**2.04**	43260 (5.95) + increment of 43212-43200 (2.13)
EGD RUC-Approved Increments						
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**CMS 2014 work RVU**	**CMS 2014 increment above base EGD (43235)**	**RUC EGD Code Rationale**
43239	biopsy	2.56	0.30	**2.47**	**0.30**	43235 (2.26) + increment of 43202-43200 (0.30)
43236	submucosal injection	2.57	0.31	**2.47**	**0.30**	43235 (2.26) + increment of 43201-43200 (0.31)
43249	esophageal balloon dilation < 30mm	2.77	0.51	**2.77**	**0.60**	43235 (2.26) + increment of 43220-43200 (0.51)
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	**3.18**	**1.01**	current value
43248	guide wire insertion	3.01	0.75	**3.01**	**0.84**	43235 (2.26) + increment of 43226-43200 (0.75)
43252	optical endomicroscopy	3.06	0.80	**3.06**	**0.89**	43235 (2.26) + increment of 43206-43200 (0.80)
43250	hot biopsy	3.07	0.81	**3.07**	**0.90**	43235 (2.26) + increment of 43216-43200 (0.81)
43247	foreign body removal	3.27	1.01	**3.18**	**1.01**	43235 (2.26)+ increment of 43215-43200 (1.01)
43251	snare	3.57	1.31	**3.57**	**1.40**	43235 (2.26) + increment of 43217-43200 (1.31)
43237	EUS, limited to esophagus	3.85	1.59	**3.57**	**1.40**	25th percentile
43255*	control of bleeding	4.20	1.94	**3.66**	**1.49**	25th percentile
43243*	sclerosis injection	4.37	2.11	**4.37**	**1.20**	25th percentile
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	**4.21**	**2.04**	26th percentile
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	**4.05**	**1.88**	25th percentile
43233	balloon dilation > 30mm	4.45	2.19	**4.05**	**1.88**	43235 (2.26) + increment of 43214-43200 (2.19)
43238	EUS FNA, limited to esophagus	4.50	2.24	**4.11**	**1.94**	25th percentile
43244*	band ligation	4.50	2.24	**4.5**	**2.33**	25th percentile
43259	EUS, esoph, stomach, duodenum	4.74	2.48	**4.14**	**1.40**	25th percentile
43254	endoscopic mucosal resection	5.25	2.99	**4.88**	**2.71**	25th percentile
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	**4.68**	**2.51**	43259 (4.74) + increment of FNA 43237-43238 (0.65)
Esophagoscopy RUC-Approved Increments						
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esophagoscopy Code Rationale**
43202	biopsy	1.89	0.30	**1.80**	**0.30**	Current value
43201	submucosal injection	1.90	0.31	**1.80**	**0.30**	Direct crosswalk to MPC code 64483
43220	esoph balloon dilation < 30mm	2.10	0.51	**2.10**	**0.60**	Current value
43226	dilation over guide wire insertion	2.34	0.75	**2.34**	**0.84**	Current value
43206	optical endomicroscopy	2.39	0.80	**2.39**	**0.89**	Direct crosswalk to code 12006
43216	hot biopsy	2.40	0.81	**2.40**	**0.90**	Current value
43215	foreign body removal	2.60	1.01	**2.51**	**1.01**	Current value
43204*	sclerosis injection	2.89	1.30	**2.40**	**0.90**	25th percentile
43217	snare polypectomy	2.90	1.31	**2.90**	**1.40**	Current value
43205*	band ligation	3.00	1.41	**2.51**	**1.01**	25th percentile
43231	EUS	3.19	1.60	**2.90**	**1.40**	25th percentile
43227*	control of bleeding	3.26	1.67	**2.99**	**1.49**	25th percentile
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esoph Code Rationale**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	**3.54**	**2.04**	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	**3.38**	**1.88**	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43214	balloon dilation > 30mm	3.78	2.19	**3.38**	**1.88**	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43232	EUS FNA	3.83	2.24	**3.54**	**2.04**	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43211	endoscopic mucosal resection	4.58	2.99	**4.21**	**2.71**	43254 25th percentile (5.25) - 0.78 = 4.58

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	RUC Increment	CMS 2014 Increment	Rationale
	Biopsy				
44389	C-stoma with biopsy	3.12	0.30		44388 (2.82) + increment of 43202-43200 (0.30)
45380	Colonoscopy with biopsy	3.66	0.30		45378 (3.36) + increment of 43202-43200 (0.30)
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30		45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30		44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30		44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	0.30	Current value
	Balloon dilation < 30 mm				
44405	C-stoma with transendoscopic balloon dilation	3.33	0.51		44388 (2.82) + increment of 43202-43200 (0.51)
45386	Colonoscopy with transendoscopic balloon dilation	3.87	0.51		45378 (3.36) + increment of 43202-43200 (0.51)
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51		45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51		44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	0.60	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	0.60	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	0.60	Current value
	Submucosal injection				
44404	C-stoma with submucosal injection	3.13	0.31		44388 (2.82) + increment of 43201-43200 (0.31)
45381	Colonoscopy with submucosal injection	3.67	0.31		45378 (3.36) + increment of 43201-43200 (0.31)
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31		45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	0.30	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	0.30	Direct crosswalk to MPC code 64483
	Dilation with Guide wire insertion				
43248	EGD with dilation over guide wire insertion	3.01	0.75	0.84	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	0.84	Current value
	Optical endomicroscopy				
43252	EGD with optical endomicroscopy	3.06	0.80	0.89	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	0.89	Direct crosswalk to code 12006
	Hot biopsy				
44392	C-stoma with hot biopsy	3.63	0.81		44388 (2.82) + increment of 43216-43200 (0.81)
45384	Colonoscopy with hot biopsy	4.17	0.81		45378 (3.36) + increment of 43216-43200 (0.81)
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81		45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	0.90	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	0.90	Current value
	Foreign body removal				
44390	C-stoma with foreign body removal	3.82	1.01		44388 (2.82) + increment of 43215-43200 (1.01)
45379	Colonoscopy with foreign body removal	4.37	1.01		45378 (3.36) + increment of 43215-43200 (1.01)
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01		45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01		43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	1.01	Current value
	Snare				
44394	C-stoma with snare polypectomy	4.13	1.31		44388 (2.82) + increment of 43217-43200 (1.31)
45385	Colonoscopy with snare polypectomy	4.67	1.31		45378 (3.36) + increment of 43217-43200 (1.31)
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31		45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	1.40	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	1.40	Current value
	Ablation				
44401	C-stoma with ablation (includes pre- and post-dilation and guide wire placement)	4.44	1.62		44388 (2.82) + increment of 44388-44401 (1.62)
45388	Colonoscopy with ablation (includes pre- and post-dilation and guide wire placement)	4.98	1.62		45378 (3.36) + increment of 44388-44401 (1.62)
45346	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13		45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13		43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	2.04	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	2.04	25th percentile

Endoscopic stent placement					
44402	C-stoma with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.96	2.14		44388 (2.82) + increment of 43266-43235 (2.14)
45389	Colonoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	5.5	2.14		45378 (3.36) + increment of 43266-43235 (2.14)
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14		44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14		45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	1.88	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	1.88	25th percentile

Balloon dilation > 30 mm					
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	1.88	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	1.88	25th percentile

EMR					
44403	C-stoma with endoscopic mucosal resection	5.81	2.99		44388 (2.82) + increment of (43254-43235)
45390	Colonoscopy with endoscopic mucosal resection	6.35	2.99		45378 (3.36) + increment of (43254-43235)
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	2.71	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	2.71	25th percentile

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15	
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16	
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40	

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or	1b	27	15	12	54	0.30
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single	2b	48	55	23	124	0.30
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99
Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

Tab 10 Supplemental Handout

Demographic and Sedation Questions

The 45378 surveys represent the responses of 165 physicians who collectively performed 82,310 colonoscopies in the past 12 months. Below is the demographic information from the standard RUC survey instrument for 45378 and the follow-up questions distributed via email at the request of the pre-facilitation committee. The response rate for the follow-up questions was 82%.

RUC survey questions

Primary geographic practice setting:

Rural	8%
Suburban	38%
Urban	39%

Primary type of practice:

Solo practice	6%
Multispecialty group	13%
Single specialty group	54%
Medical School Faculty Practice Plan	13%

Follow-up survey questions

Where do you perform the majority of colonoscopy procedures?

ASC	62%
Hospital	32%
Office	6%

Is your primary hospital a

Community hospital	72%
Academic Medical Center	26%
VA	2%
Public (city/county) hospital	1%

When you perform endoscopy, how many rooms most commonly do you work out of simultaneously?

1 room	89%
2 room	11%
3 room	0%

Who administers sedation for colonoscopy most commonly?

I or a nurse under my supervision/direction	46%
A separate anesthesia professional (MD/DO/CRNA)	54%

Literature Review - Colonoscopy Procedure Time

-Literature search of all peer-reviewed articles with data on colonoscopy procedure time (using Pubmed, Google Scholar, and reference list searches)
-Only included articles with data collection of total procedure time after year 2000 (14 studies identified)

Article	Year	Study Population	Time measurement	Comment
Wallace MB et al. *Gastrointestinal Endoscopy (submitted)*	2014	522 colonoscopies in RTC at Mayo Clinic	- Mean total procedure time 23.2 min (SD 8.7)	-RCT from single academic center -Not identified via CPT code -Procedure time not well-defined
Raju GS et al. *Cancer Medicine*	2013	349 patients undergoing first screening colonoscopy at MD Anderson	- Average total procedure time was 36.0 min (32.1, 39.8) for those with no polyps	-Retrospective study from single academic center -Not identified via CPT code -Procedure time not well-defined
Benson ME et al. *Digestive Diseases and Sciences*	2010	550 average risk screening colonoscopies at University of Wisconsin ASC	-Mean cecal intubation time 8.4 min -Mean withdrawal time 7.0 min when no polyps detected	- Retrospective study from single ambulatory surgery center - Not identified via CPT code - Time recorded by nurses, not well-defined
Spier BJ et al. *Gastrointestinal Endoscopy*	2010	770 colonoscopies at VA medical center fellowship program	-Mean colonoscopy procedure time 39.8 min, including all procedures	- Retrospective study from single VA medical center with fellow involvement -Includes all colonoscopies, not identified via CPT code -Procedure time recorded by nurses
Overholt BF et al. *Journal of Clinical Gastroenterology*	2010	15,955 colonoscopies at 49 ASCs in QI project	-Mean time to cecum was 7.07 min (SD 4.84) -Mean withdrawal time was 8.77 min (SD 5.86) for colonoscopies with no polyps removed	- Quality assurance review from ambulatory surgery centers only -Not identified via CPT code -Procedure time recorded by nurses, not well-defined
Yamano H et al. *Journal of Gastroenterology*	2010	120 screening colonoscopies in RCT of air vs. CO_2	-Mean examination time was 45.4 min in air group and 38.7 min in CO_2 group	-RCT from Japan testing new device, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code
Lee YT et al. *American Journal of Gastroenterology*	2009	RCT of 1000 colonoscopies at 2 centers in Hong Kong	-Total colonoscopy time was 16.7 +- 10.3 min for routine care group	-RCT from Hong Kong testing new device, not generalizable to routine practice -Not identified via CPT code -Procedure time not well-defined

Barclay RL et al. *Clinical Gastroenterology and Hepatology*	2008	2053 screening colonoscopies in 12 physician practice	-Insertion time 7.2 +- 4.4 before and 7.3 +- 4.4 after intervention -Withdrawal time 6.3 +-3.9 before and 9.8 +-5.6 after intervention	-Single practice at ASC receiving QI protocol, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code - Procedure time not well-defined
Jonas DE et al. *American Journal of Gastroenterology*	2007	110 patients with screening colonoscopy at hospital-owned endoscopy center	-Median colonoscopy time 20 minutes as recorded by research assistant (RA) -Mean colonoscopy time 24 minutes	- Only patients who consented to study at single endoscopy center - Includes all colonoscopies, not identified via CPT code - Procedure time measured by RA
Barclay RL et al. *New England Journal of Medicine*	2006	7882 colonoscopies in 12 physician private practice	- Mean colonoscopic insertion time was 7.2±4.4 minutes. - Mean withdrawal time for no polyp exams was 6.3 +- 3.9 minutes	- Single practice at ambulatory surgery center - Not identified via CPT code - Procedure time recorded by nurses - Time measurement periodically interrupted during timed endoscopy
Sanchez et al. *American Journal of Gastroenterology*	2004	-5,700 negative procedures by 35 endoscopists at Mayo Clinic	-Median of mean endoscopist procedure time 20 minutes (14.5 to 29.1 min)	-Retrospective study from single academic center - Not identified via CPT code - Procedure time was not from 'scope in' to 'scope out'
Redelmeier at al. *Pain*	2004	-345 colonoscopies from Wellsley Hospital for randomized study of pain perception	-27 minutes duration +- 15 minutes for control group	-RCT from Canada testing new technique, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code -Procedure time not well-defined
Cotton PB et al. *Gastrointestinal Endoscopy*	2003	17,868 colonoscopies performed by 69 endoscopists	-Time taken for colonoscopy (from insertion to removal of the colonoscope) was 20 to 40 minutes in 73% of cases	-Retrospective database from 4 academic medical centers, 1 VA, 1 Air force center - Not identified via CPT code -Procedure time not well-defined
Nelson et al. *Gastrointestinal Endoscopy*	2002	3196 colonoscopies in VA population	-Mean insertion time 10.5 (median 8) and total procedure time 30.6 (median 26)	- Data from 13 VA medical centers - Not identified via CPT code - Procedure time not well-defined
Wexner SD et al. *Surgical Endoscopy*	2001	Prospective database of 13,580 colonoscopies by surgeons in SAGES	-22.7 min mean procedure time (all colonoscopies)	-Database includes only surgeons -Includes all colonoscopies, not identified via CPT code -Self-reported data on times, unclear methodology

CPT Code:45378-4538X5
Specialty Society('s) ACG, AGA, ASGE, ACS, ASCRS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45391*	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392*	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)

* LOI level I for ACG, AGA and ASGE only

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 45380, colonoscopy with biopsy).

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45378	PEAC 2002	19	0	3	**45378**	**19**	**0**	**3**
45379	PEAC 2002	19	0	3	**45379**	**19**	**0**	**3**
45380	PEAC 2002	19	0	3	**45380**	**19**	**0**	**3**
45381	RUC 2002	19	0	3	**45381**	**19**	**0**	**3**
45382	PEAC 2002	19	0	3	**45382**	**19**	**0**	**3**
45384	PEAC 2002	19	0	3	**45384**	**19**	**0**	**3**
45385	PEAC 2002	19	0	3	**45385**	**19**	**0**	**3**
45386	RUC 2002	19	0	3	**45386**	**19**	**0**	**3**
45391	RUC 2004	19	0	3	**45391**	**19**	**0**	**3**
45392	RUC 2004	19	0	3	**45392**	**19**	**0**	**3**
45383	PEAC 2002	19	0	3	45388	**19**	**0**	**3**
45387	PEAC 2003	30	0	3	45389	**19**	**0**	**3**
45389	NEW	NA	NA	NA	45390	**19**	**0**	**3**
45390	NEW	NA	NA	NA	45393	**6**	**0**	**0**
45398	NEW	NA	NA	NA	45398	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above, except 45393:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

4538X4:

- Three minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility

Intra-Service Clinical Labor Activities:

Not applicable

Post-Service Clinical Labor Activities:

For all codes shown above, except 45393:

- Three minutes for a follow-up phone call to patient

CPT Code:45378-45398
Specialty Society('s) ACG, AGA, ASGE, ASCRS, ACS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: January 2014

45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45391*	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392*	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)

*LOI level I for ACG, AGA and ASGE only

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 45380, colonoscopy with biopsy).

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45378	PEAC 2002	9	70	3	**45330**	RUC 2013	**9**	**68**	**3**	**45378**	**9**	**83**	**3**
45379	PEAC 2002	9	82	3	**45332**	**RUC 2013**	**9**	**78**	**3**	**45379**	**9**	**93**	**3**
45380	PEAC 2002	9	84	3	**45331**	**RUC 2013**	**9**	**73**	**3**	**45380**	**9**	**86**	**3**
45381	RUC 2002	9	59	3	**45335**	**RUC 2013**	**9**	**73**	**3**	**45381**	**9**	**86**	**3**
45382	PEAC 2002	9	88	3	**45334**	**RUC 2013**	**9**	**78**	**3**	**45382**	**9**	**98**	**3**
45384	PEAC 2002	9	78	3	**43250**	**RUC 2013**	**9**	**78**	**3**	**45384**	**9**	**86**	**3**
45385	PEAC 2002	9	79	3	**43251**	**RUC 2013**	**9**	**78**	**3**	**45385**	**9**	**88**	**3**
45386	RUC 2002	9	62	3	**45340**	**RUC 2013**	**9**	**78**	**3**	**45386**	**9**	**93**	**3**
45391	RUC 2004	NA	NA	NA	**43237**	**RUC 2013**	**NA**	**NA**	**NA**	**45391**	**NA**	**NA**	**NA**
45392	RUC 2004	NA	NA	NA	**43238**	**RUC 2013**	**NA**	**NA**	**NA**	**45392**	**NA**	**NA**	**NA**
45383	PEAC 2002	9	93	3	**45346**	**RUC 2013**	**9**	**78**	**3**	45388	**9**	**93**	**3**
45387	PEAC 2003	NA	NA	NA	**45347**	**RUC 2013**	**NA**	**NA**	**NA**	45389	**NA**	**NA**	**NA**
45390	NEW	NA	NA	NA	**43254**	**RUC 2013**	**NA**	**NA**	**NA**	45390	**NA**	**NA**	**NA**
45393	NEW	NA	NA	NA	**45337**	**RUC 2013**	**NA**	**NA**	**NA**	45393	**NA**	**NA**	**NA**
45398	NEW	NA	NA	NA	**43244**	**RUC 2013**	**NA**	**NA**	**NA**	45398	**9**	**78**	**3**

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for

all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting. The practice expense inputs being presented correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2002		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003	
2	*Please note: If a supply has a purchase price of $100			45378		45330		45378		45379		45332		45379		45380		45331		45380		45381	
3	Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI	CMS Code	Staff Type	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	47.0	0.0	27.0	0.0	42.0	0.0	65.0	0.0	37.0	0.0	52.0	0.0	68.0	0.0	32.0	0.0	45.0	0.0	66.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	73.0	19.0	80.0	22.0	95.0	22.0	94.0	22.0	90.0	22.0	105.0	22.0	87.0	22.0	85.0	22.0	98.0	22.0	71.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	16.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	47.0	0.0	27.0	0.0	42.0	0.0	65.0	0.0	37.0	0.0	52.0	0.0	68.0	0.0	32.0	0.0	45.0	0.0	66.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	61.0	0.0	68.0	0.0	83.0	0.0	82.0	0.0	78.0	0.0	93.0	0.0	75.0	0.0	73.0	0.0	86.0	0.0	59.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE																						
13	Start: Following visit when decision for surgery or procedure made																						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3		5		5		5		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*																						
20	End: When patient enters office/facility for surgery/procedure																						
21	SERVICE PERIOD																						
22	Start: When patient enters office/facility for surgery/procedure:																						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5		3		5		5		3	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		5		3		3		5		3		3		5	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	1		5		5				5		5				5		5			
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																				
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3						3						3	
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2		2		2		2		2	
32	Intra-service																						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	15		10		25		32		20		35		18		15		28		15	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	30		10		25		48		20		35		51		15		28		49	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2002		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003	
2	*Please note: If a supply has a purchase price of $100			45378		45330		45378		45379		45332		45379		45380		45331		45380		45381	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	CMS Code	Staff Type	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
35	**Post-Service**																						
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	2												7							
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3				3		3		3		3		3		19	
39	Clean Scope	L037D	RN/LPN/MTA	18		30		30		25		30		30		22		30		30			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																				
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2						2						2	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a						n/a						n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a						n/a						n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a						n/a						n/a	
47	**End: Patient leaves office**																						
48	**POST-SERVICE Period**																						
49	**Start: Patient leaves office/facility**																						
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2002		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003	
2	*Please note: If a supply has a purchase price of $100			45378		45330		45378		45379		45332		45379		45380		45331		45380		45381	
3	Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI	CMS Code	Staff Type	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
59	End: with last office visit before end of global period																						
60	MEDICAL SUPPLIES**	CODE	UNIT																				
61	*SCRUB, DRESS, DRAPE*																						
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1		1		1	
63	gown, patient	SB026	item																				
64	gown, staff, impervious	SB027	item	3		2		2		3		2		2		3		2		2			
65	cap, surgical	SB001	item	3		3		3		3		3		3		3		3		3		3	
66	cover, thermometer probe	SB004	item																				
67	mask, surgical	SB033	item																				
68	mask, surgical, with face shield	SB034	item	3		3		3		3		3		3		3		3		3		3	
69	paper, exam table	SB036	foot																				
70	pillow case	SB037	item																				
71	shoe covers, surgical	SB039	pair	3		3		3		3		3		3		3		3		3		3	
72	scrub brush (impregnated)	SM023	item	2		1		1				1		1				1		1		3	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1				1		1				1		1			
74	basin, emesis	SJ010	item	1						1						1						1	
75	denture cup	SJ016	item																				
76	swab-pad, alchohol	SJ053	item	1						2						2							
77	*MODERATE SEDATION*																						
78	pack, moderate sedation	SA044	pack	1		1		0		1		1		0		1		1		0		1	
79	electrode, ECG (single)	SD053	item																			1	
80	nasal cannula	SD100	item	1						1						1						1	
81	bite block	SD006	item																			1	
82	*PROCEDURE INSTRUMENTS / SUPPLIES*																						
83	endoscope anti-fog solution	SM014	ml			1		1				1		1				1		1			
84	endoscopic cytology brush	SD067	item	1		1		1		1		1		1		1		1		1			
85	endoscopic biopsy forceps	SD066	item															1		1			
86	endoscopic polypectomy snare	SD068	item							1		1		1									
87	endoscopic clip	SD282	item																				
88	guidewire, STIFF	SD090	item																				
89	endoscopic balloon, dilation	SD019	item													1							
90	cautery, monopolar, blade, extended shaft	SF015	item													1							
91	needle, micropigmentation (tattoo)	SC079	item																				
92	skin marking ink (tattoo)	SK073	ml																				
93	needle, variceal injection	SC044	item																			1	
94	syringe 5-6ml	SC057	item																			3	
95	cautery, patient ground pad with cord	SF021	item																				
96	cautery, bipolar cord	SF012	item																				
97	cautery, bipolar, probe, endoscopy	SD284	item																				
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																				
99	canister, suction	SD009	item	1		1		1		1		1		1		1		1		1		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1				1		1			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1						1						1							
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1		1			
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																				
104	water, distilled	SK087	oz	6		5		5		6		5		5		6		5		5			
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		10		1		1		10		1		1			
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1		1			
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1		1			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3							
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4		4		2	
110	iv tubing (extension)	SC019	item	1						1						1							

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2002		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003	
2	*Please note: If a supply has a purchase price of $100			45378		45330		45378		45379		45332		45379		45380		45331		45380		45381	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
111	kit, needle - free injection system	SA021	item																			**1**	
112	***SCOPE CLEANING***																						
113	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**				**1**		**1**			
114	gloves, non-sterile	SB022	pair																			**1**	
115	basin, irrigation	SJ009	item																			**1**	
116	cleaning brush, endoscope	SM010	item	**1**						**1**						**1**						**1**	
117	enzymatic detergent	SM015	oz	**1**						**1**						**1**							
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**6**						**6**						**6**							
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	**1**						**1**						**1**							
120	**hemorrhoidal banding system**	**NEW**																					
121	**EQUIPMENT**	**CODE**																					
122	videoscope, gastroscopy	ES034																					
123	videoscope, sigmoidoscopy	**NEW**				**54**						**64**						**59**					
124	videoscope, colonoscopy	ES033		**48**				**69**		**57**				**79**		**60**				**72**		**54**	
125	stretcher	EF018				**68**		**0**				**78**		**0**				**73**		**0**			
126	stretcher, endoscopy	EF020		**60**						**60**						**60**						**54**	
127	table, power	EF031		**48**		**24**		**0**		**57**		**34**		**0**		**60**		**29**		**0**		**54**	
128	video system, endoscopy (processor, digital capture, mon	ES031		**48**		**24**		**39**		**57**		**34**		**49**		**60**		**29**		**42**		**54**	
129	light, surgical	EF014		**48**						**57**						**60**						**54**	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**92**		**47**		**0**		**110**		**57**		**0**		**113**		**52**		**0**		**111**	
131	IV infusion pump	EQ032		**92**		**47**		**0**		**110**		**57**		**0**		**113**		**52**		**0**		**111**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																					
133	suction machine (Gomco)	EQ235		**48**		**24**		**39**		**57**		**34**		**49**		**60**		**29**		**42**			
134	table, instrument, mobile	EF027		**92**		**24**		**0**		**110**		**34**		**0**		**113**		**29**		**0**		**111**	
135	cart, endoscopy imaging equipment	ES003		**48**																		**54**	
136	radiofrequency generator, endoscopy	EQ369																					
137	electrosurgical generator, gastrocautery	EQ113														**60**							
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**40**		**30**		**30**		**40**		**30**		**30**		**40**		**30**		**30**			
139	for catheter, RF ablation, endoscopic)	EQ356																					

	A	B	C	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
1				Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45335)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45334)		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250)		PEAC 2002	
2	***Please note: If a supply has a purchase price of $100**			45335		45381		45382		45334		45382		45384		43250		45384		45385	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**85.0**	**22.0**	**98.0**	**22.0**	**100**	**22.0**	**90.0**	**22.0**	**110.0**	**22.0**	**90.0**	**22.0**	**90.0**	**22.0**	**98.0**	**22.0**	**91.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**73.0**	**0.0**	**86.0**	**0.0**	**88**	**0.0**	**78.0**	**0.0**	**98.0**	**0.0**	**78.0**	**0.0**	**78.0**	**0.0**	**86.0**	**0.0**	**79.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																				
13	**Start: Following visit when decision for surgery or procedure made**																				
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																				
20	**End: When patient enters office/facility for surgery/procedure**																				
21	**SERVICE PERIOD**																				
22	**Start: When patient enters office/facility for surgery/procedure:**																				
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**				**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**				**5**		**5**		**3**		**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**5**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**3**		**5**		**5**				**5**		**5**		**1**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																		
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA											**3**						**6**	
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
32	**Intra-service**																				
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**28**		**30**		**20**		**40**		**30**		**20**		**28**		**22**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**15**		**28**		**57**		**20**		**40**		**42**		**20**		**28**		**43**	

	A	B	C	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of $100**			**45335**		**45381**		**45382**		**45334**		**45382**		**45384**		**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																				
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA					**7**												**15**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**25**		**3**		**3**		**13**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**		**30**		**30**		**30**				**30**		**30**			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																		
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA											**2**						**2**	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)													**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)													**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)													**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**																				
48	**POST-SERVICE Period**																				
49	**Start: Patient leaves office/facility**																				
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of $100**			**45335**		**45381**		**45382**		**45334**		**45382**		**45384**		**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																				
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																		
61	***SCRUB, DRESS, DRAPE***																				
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																		
64	gown, staff, impervious	SB027	item	**2**		**2**		**3**		**2**		**2**		**3**		**2**		**2**		**3**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item																		
67	mask, surgical	SB033	item																		
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot																		
70	pillow case	SB037	item																		
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**1**		**1**				**1**		**1**				**3**		**1**			
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**				**1**		**1**				**1**		**1**			
74	basin, emesis	SJ010	item					**1**						**1**		**1**				**1**	
75	denture cup	SJ016	item													**1**					
76	swab-pad, alchohol	SJ053	item					**2**												**2**	
77	***MODERATE SEDATION***																				
78	pack, moderate sedation	SA044	pack	**1**		**0**		**1**		**1**		**0**		**1**		**1**		**0**		**1**	
79	electrode, ECG (single)	SD053	item																		
80	nasal cannula	SD100	item					**1**						**1**						**1**	
81	bite block	SD006	item													**1**					
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																				
83	endoscope anti-fog solution	SM014	ml	**1**		**1**				**1**		**1**				**1**		**1**			
84	endoscopic cytology brush	SD067	item					**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item													**1**		**1**			
86	endoscopic polypectomy snare	SD068	item																	**1**	
87	endoscopic clip	SD282	item							**1**		**1**									
88	guidewire, STIFF	SD090	item																		
89	endoscopic balloon, dilation	SD019	item																		
90	cautery, monopolar, blade, extended shaft	SF015	item					**1**						**1**							
91	needle, micropigmentation (tattoo)	SC079	item	**1**		**1**															
92	skin marking ink (tattoo)	SK073	ml	**2**		**2**															
93	needle, variceal injection	SC044	item	**1**		**1**															
94	syringe 5-6ml	SC057	item	**3**		**3**															
95	cautery, patient ground pad with cord	SF021	item							**1**		**1**				**1**		**1**			
96	cautery, bipolar cord	SF012	item							**1**		**1**				**1**		**1**			
97	cautery, bipolar, probe, endoscopy	SD284	item							**1**		**1**									
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																		
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**				**1**		**1**				**1**		**1**			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item					**1**						**1**		**1**				**1**	
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item													**1**					
104	water, distilled	SK087	oz	**5**		**5**		**6**		**5**		**5**		**6**		**5**		**5**		**6**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**10**		**1**		**1**		**10**		**1**		**1**		**10**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item					**1**		**1**		**1**		**1**		**1**		**1**			
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**				**1**		**1**				**1**		**1**			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item					**3**						**3**						**3**	
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**		**4**		**4**			
110	iv tubing (extension)	SC019	item					**1**						**1**						**1**	

	A	B	C	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of $100**			**45335**		**45381**		**45382**		**45334**		**45382**		**45384**		**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
111	kit, needle - free injection system	SA021	item																		
112	***SCOPE CLEANING***																				
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**				**1**		**1**				**1**		**1**			
114	gloves, non-sterile	SB022	pair											**3**							
115	basin, irrigation	SJ009	item																		
116	cleaning brush, endoscope	SM010	item					**1**						**1**						**1**	
117	enzymatic detergent	SM015	oz					**1**						**1**						**1**	
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz					**6**						**6.4**						**6**	
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item					**1**						**1**						**1**	
120	**hemorrhoidal banding system**	**NEW**																			
121	**EQUIPMENT**	**CODE**																			
122	videoscope, gastroscopy	ES034														**64**					
123	videoscope, sigmoidoscopy	**NEW**		**59**						**64**											
124	videoscope, colonoscopy	ES033				**72**		**66**				**84**		**51**				**72**		**52**	
125	stretcher	EF018		**73**		**0**				**78**		**0**				**78**		**0**			
126	stretcher, endoscopy	EF020						**60**						**60**						**60**	
127	table, power	EF031		**29**		**0**		**66**		**34**		**0**		**51**		**34**		**0**		**52**	
128	video system, endoscopy (processor, digital capture, mon	ES031		**29**		**42**		**66**		**34**		**54**		**51**		**34**		**42**		**52**	
129	light, surgical	EF014												**51**						**52**	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**52**		**0**		**119**		**57**		**0**		**104**		**57**		**0**		**105**	
131	IV infusion pump	EQ032		**52**		**0**		**119**		**57**		**0**		**104**		**57**		**0**		**105**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110												**51**						**52**	
133	suction machine (Gomco)	EQ235		**29**		**42**		**66**		**34**		**54**		**51**		**34**		**42**		**52**	
134	table, instrument, mobile	EF027		**29**		**0**		**119**		**34**		**0**		**104**		**34**		**0**		**105**	
135	cart, endoscopy imaging equipment	ES003						**66**						**51**						**52**	
136	radiofrequency generator, endoscopy	EQ369																			
137	electrosurgical generator, gastrocautery	EQ113						**66**		**34**		**54**				**34**		**42**			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**40**		**30**		**30**		**40**		**30**		**30**		**40**	
139	for catheter, RF ablation, endoscopic)	EQ356																			

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of $100**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**74.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**62.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		2		2		2		2		2	
32	**Intra-service**																
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**		**14**		**20**		**35**		**20**		**35**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**		**54**		**20**		**35**		**20**		**35**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of $100**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**		**20**		**30**		**30**		**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA														
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)																
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)																
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)																
47	**End: Patient leaves office**																
48	**POST-SERVICE Period**																
49	**Start: Patient leaves office/facility**																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of $100**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**														
61	***SCRUB, DRESS, DRAPE***																
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**2**													
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**2**		**2**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**3**		**1**		**1**		**1**		**1**		**1**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	basin, emesis	SJ010	item	**1**													
75	denture cup	SJ016	item	**1**													
76	swab-pad, alchohol	SJ053	item														
77	***MODERATE SEDATION***																
78	pack, moderate sedation	SA044	pack	**1**		**0**		**1**		**1**		**0**		**1**		**0**	
79	electrode, ECG (single)	SD053	item														
80	nasal cannula	SD100	item														
81	bite block	SD006	item	**1**													
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																
83	endoscope anti-fog solution	SM014	ml	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item														
86	endoscopic polypectomy snare	SD068	item	**1**		**1**											
87	endoscopic clip	SD282	item														
88	guidewire, STIFF	SD090	item					**1**						**1**		**1**	
89	endoscopic balloon, dilation	SD019	item					**1**		**1**		**1**		**1**		**1**	
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item														
95	cautery, patient ground pad with cord	SF021	item	**1**		**1**											
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	SD284	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit											**1**		**1**	
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**													
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**													
104	water, distilled	SK087	oz	**5**		**5**				**5**		**5**		**5**		**5**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**		**4**	
110	iv tubing (extension)	SC019	item														

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2	***Please note: If a supply has a purchase price of $100**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
111	kit, needle - free injection system	SA021	item														
112	***SCOPE CLEANING***																
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
114	gloves, non-sterile	SB022	pair														
115	basin, irrigation	SJ009	item														
116	cleaning brush, endoscope	SM010	item														
117	enzymatic detergent	SM015	oz														
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
120	**hemorrhoidal banding system**	**NEW**															
121	**EQUIPMENT**	**CODE**															
122	videoscope, gastroscopy	ES034		**64**													
123	videoscope, sigmoidoscopy	**NEW**						**88**		**64**				**64**			
124	videoscope, colonoscopy	ES033				**74**						**79**				**79**	
125	stretcher	EF018		**78**		**0**		**62**		**78**		**0**		**78**		**0**	
126	stretcher, endoscopy	EF020															
127	table, power	EF031		**34**		**0**		**68**		**34**		**0**		**34**		**0**	
128	video system, endoscopy (processor, digital capture, mon	ES031		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
129	light, surgical	EF014															
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**0**		**91**		**57**		**0**		**57**		**0**	
131	IV infusion pump	EQ032		**57**		**0**		**91**		**57**		**0**		**57**		**0**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110															
133	suction machine (Gomco)	EQ235		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
134	table, instrument, mobile	EF027		**34**		**0**		**68**		**34**		**0**		**34**		**0**	
135	cart, endoscopy imaging equipment	ES003															
136	radiofrequency generator, endoscopy	EQ369						**68**						**34**		**49**	
137	electrosurgical generator, gastrocautery	EQ113		**34**		**44**		**68**						**34**		**49**	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**20**		**30**		**30**		**30**		**30**	
139	for catheter, RF ablation, endoscopic)	EQ356														**49**	

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1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of $100**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**3**		**3**		**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**						**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA															**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA															**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA															**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA															**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA															**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA															**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN															**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA															**20**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN															**20**	

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2	***Please note: If a supply has a purchase price of $100**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN															**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA															**3**	
39	Clean Scope	L037D	RN/LPN/MTA															**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA															**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA															**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**

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1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of $100**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack															**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item															**2**	
65	cap, surgical	SB001	item															**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item															**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair															**3**	
72	scrub brush (impregnated)	SM023	item															**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item															**1**	
74	basin, emesis	SJ010	item																
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item																
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack															**0**	
79	electrode, ECG (single)	SD053	item																
80	nasal cannula	SD100	item																
81	bite block	SD006	item																
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml															**1**	
84	endoscopic cytology brush	SD067	item															**1**	
85	endoscopic biopsy forceps	SD066	item																
86	endoscopic polypectomy snare	SD068	item																
87	endoscopic clip	SD282	item																
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item																
90	cautery, monopolar, blade, extended shaft	SF015	item																
91	needle, micropigmentation (tattoo)	SC079	item																
92	skin marking ink (tattoo)	SK073	ml																
93	needle, variceal injection	SC044	item																
94	syringe 5-6ml	SC057	item																
95	cautery, patient ground pad with cord	SF021	item																
96	cautery, bipolar cord	SF012	item																
97	cautery, bipolar, probe, endoscopy	SD284	item																
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item															**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item															**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item																
102	syringe 50-60ml	SC056	item															**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz															**5**	
105	gauze, non-sterile 4in x 4in	SG051	item															**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item															**1**	
107	paper, photo printing (8.5 x 11)	SK058	item															**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item																
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item															**4**	
110	iv tubing (extension)	SC019	item																

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				Crosswalk Code from RUC 10/2013		Recommendation (FACILITY ONLY)		Crosswalk Code from RUC 01/2013		Recommendation (FACILITY ONLY)		Recommendation (x-walk 43244 RUC 10/2013)		Recommendation (FACILITY ONLY)		Crosswalk RUC 01/2013 (FACILITY ONLY)		Recommendation (x-walk 43244)	
2	***Please note: If a supply has a purchase price of $100**			45347		45389		43254		45390		45337		45393		43244		45398	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
111	kit, needle - free injection system	SA021	item																
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack															**1**	
114	gloves, non-sterile	SB022	pair																
115	basin, irrigation	SJ009	item																
116	cleaning brush, endoscope	SM010	item																
117	enzymatic detergent	SM015	oz																
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
120	**hemorrhoidal banding system**	**NEW**																**1**	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**																	
124	videoscope, colonoscopy	ES033																**64**	
125	stretcher	EF018																**0**	
126	stretcher, endoscopy	EF020																	
127	table, power	EF031																**0**	
128	video system, endoscopy (processor, digital capture, mon	ES031																**34**	
129	light, surgical	EF014																	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011																**0**	
131	IV infusion pump	EQ032																**0**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																	
133	suction machine (Gomco)	EQ235																**34**	
134	table, instrument, mobile	EF027																**0**	
135	cart, endoscopy imaging equipment	ES003																	
136	radiofrequency generator, endoscopy	EQ369																	
137	electrosurgical generator, gastrocautery	EQ113																	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005																**30**	
139	for catheter, RF ablation, endoscopic)	EQ356																	

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of $100**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**2**		**3**		**3**		**2**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**		**5**		**5**		**3**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA												
24	Obtain vital signs	L037D	RN/LPN/MTA												
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA												
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA												
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA												
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA												
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA												
31	Sedate/apply anesthesia	L051A	RN												
32	**Intra-service**														
33	Assist physician in performing procedure	L037D	RN/LPN/MTA												
34	Assist physician/moderate sedation (% of physician time)	L051A	RN												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of $100**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN												
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA												
39	Clean Scope	L037D	RN/LPN/MTA												
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA												
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA												
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**		**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**		**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**		**n/a**				**n/a**	
47	**End: Patient leaves office**														
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				PEAC Review		Crosswalk Code from RUC 04/2013		Recommendation (FACILITY ONLY)		PEAC Review		Crosswalk Code from RUC 04/2013		Recommendation (FACILITY ONLY)	
2	*Please note: If a supply has a purchase price of $100			45391		43237		45391		45392		43238		45392	
3	Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI	CMS Code	Staff Type	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
59	End: with last office visit before end of global period														
60	MEDICAL SUPPLIES**	CODE	UNIT												
61	*SCRUB, DRESS, DRAPE*														
62	pack, minimum multi-specialty visit	SA048	pack												
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item												
65	cap, surgical	SB001	item												
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item												
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair												
72	scrub brush (impregnated)	SM023	item												
73	drape, non-sterile, sheet 40in x 60in	SB006	item												
74	basin, emesis	SJ010	item												
75	denture cup	SJ016	item												
76	swab-pad, alchohol	SJ053	item												
77	*MODERATE SEDATION*														
78	pack, moderate sedation	SA044	pack												
79	electrode, ECG (single)	SD053	item												
80	nasal cannula	SD100	item												
81	bite block	SD006	item												
82	*PROCEDURE INSTRUMENTS / SUPPLIES*														
83	endoscope anti-fog solution	SM014	ml												
84	endoscopic cytology brush	SD067	item												
85	endoscopic biopsy forceps	SD066	item												
86	endoscopic polypectomy snare	SD068	item												
87	endoscopic clip	SD282	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	SD284	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item												
100	tubing, suction, non-latex (6ft uou)	SD132	item												
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item												
102	syringe 50-60ml	SC056	item												
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item												
104	water, distilled	SK087	oz												
105	gauze, non-sterile 4in x 4in	SG051	item												
106	cup, biopsy-specimen non-sterile 4oz	SL035	item												
107	paper, photo printing (8.5 x 11)	SK058	item												
108	applicator, cotton-tipped, non-sterile 6in	SG008	item												
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item												
110	iv tubing (extension)	SC019	item												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of $100**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
111	kit, needle - free injection system	SA021	item												
112	***SCOPE CLEANING***														
113	pack, cleaning and disinfecting, endoscope	SA042	pack												
114	gloves, non-sterile	SB022	pair												
115	basin, irrigation	SJ009	item												
116	cleaning brush, endoscope	SM010	item												
117	enzymatic detergent	SM015	oz												
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz												
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item												
120	**hemorrhoidal banding system**	**NEW**													
121	**EQUIPMENT**	**CODE**													
122	videoscope, gastroscopy	ES034													
123	videoscope, sigmoidoscopy	**NEW**													
124	videoscope, colonoscopy	ES033													
125	stretcher	EF018													
126	stretcher, endoscopy	EF020													
127	table, power	EF031													
128	video system, endoscopy (processor, digital capture, mon	ES031													
129	light, surgical	EF014													
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011													
131	IV infusion pump	EQ032													
132	electrocauter-hyfrecator, up to 45 watts	EQ110													
133	suction machine (Gomco)	EQ235													
134	table, instrument, mobile	EF027													
135	cart, endoscopy imaging equipment	ES003													
136	radiofrequency generator, endoscopy	EQ369													
137	electrosurgical generator, gastrocautery	EQ113													
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005													
139	for catheter, RF ablation, endoscopic)	EQ356													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**47.0**	**0.0**	**27.0**	**0.0**	**42.0**	**0.0**	**65.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**68.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**73.0**	**19.0**	**80.0**	**22.0**	**95.0**	**22.0**	**94.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**	**87.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**16.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**47.0**	**0.0**	**27.0**	**0.0**	**42.0**	**0.0**	**65.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**68.0**	**0.0**	**32.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**61.0**	**0.0**	**68.0**	**0.0**	**83.0**	**0.0**	**82.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**	**75.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**5**		**3**		**5**		**5**		**3**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**		**5**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**1**		**5**		**5**				**5**		**5**				**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	**3**						**3**						**3**			
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**10**		**25**		**32**		**20**		**35**		**18**		**15**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**30**		**10**		**25**		**48**		**20**		**35**		**51**		**15**	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**												**7**			
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**				**3**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**18**		**30**		**30**		**25**		**30**		**30**		**22**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**						**2**			
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**						**n/a**			
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**						**n/a**			
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**						**n/a**			
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**3**		**2**		**2**		**3**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**2**		**1**		**1**				**1**		**1**				**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**				**1**		**1**				**1**	
74	basin, emesis	SJ010	item	**1**						**1**						**1**			
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item	**1**						**2**						**2**			
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item																
80	nasal cannula	SD100	item	**1**						**1**						**1**			
81	bite block	SD006	item																
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**				**1**	
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item															**1**	
86	endoscopic polypectomy snare	SD068	item							**1**		**1**		**1**					
87	endoscopic clip	SD282	item																
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item													**1**			
90	cautery, monopolar, blade, extended shaft	SF015	item													**1**			
91	needle, micropigmentation (tattoo)	SC079	item																
92	skin marking ink (tattoo)	SK073	ml																
93	needle, variceal injection	SC044	item																
94	syringe 5-6ml	SC057	item																
95	cautery, patient ground pad with cord	SF021	item																
96	cautery, bipolar cord	SF012	item																
97	cautery, bipolar, probe, endoscopy	SD284	item																
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1				1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1						1						1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz	6		5		5		6		5		5		6		5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		10		1		1		10		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3			
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4	
110	iv tubing (extension)	SC019	item	1						1						1			
111	kit, needle - free injection system	SA021	item																
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1				1	
114	gloves, non-sterile	SB022	pair																
115	basin, irrigation	SJ009	item																
116	cleaning brush, endoscope	SM010	item	1						1						1			
117	enzymatic detergent	SM015	oz	1						1						1			
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6						6						6			
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1						1			
120	**hemorrhoidal banding system**	**NEW**																	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**				54						64						59	
124	videoscope, colonoscopy	ES033		48				69		57				79		60			
125	stretcher	EF018				68		83				78		93				73	
126	stretcher, endoscopy	EF020		60						60						60			
127	table, power	EF031		48		24		39		57		34		49		60		29	
128	video system, endoscopy (processor, digital capture, mo	ES031		48		24		39		57		34		49		60		29	
129	light, surgical	EF014		48						57						60			
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		92		47		57		110		57		67		113		52	
131	IV infusion pump	EQ032		92		47		57		110		57		67		113		52	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																	
133	suction machine (Gomco)	EQ235		48		24		72		57		34		92		60		29	
134	table, instrument, mobile	EF027		92		24		57		110		34		67		113		29	
135	cart, endoscopy imaging equipment	ES003		48															
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113														60			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30		40		30	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**45.0**	**0.0**	**66.0**	**0.0**	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**98.0**	**22.0**	**71.0**	**22.0**	**85.0**	**22.0**	**98.0**	**22.0**	**100**	**22.0**	**90.0**	**22.0**	**110.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**45.0**	**0.0**	**66.0**	**0.0**	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**86.0**	**0.0**	**59.0**	**0.0**	**73.0**	**0.0**	**86.0**	**0.0**	**88**	**0.0**	**78.0**	**0.0**	**98.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**				**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**3**		**5**		**5**				**5**		**5**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**5**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**5**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**				**5**		**5**		**3**		**5**		**5**			
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA			**3**												**3**	
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**28**		**15**		**15**		**28**		**30**		**20**		**40**		**30**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**28**		**49**		**15**		**28**		**57**		**20**		**40**		**42**	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA									**7**							
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**19**		**3**		**3**		**3**		**3**		**3**		**25**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**				**30**		**30**		**30**		**30**		**30**			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA			**2**												**2**	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**												**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**												**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**												**n/a**	
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**				**2**		**2**		**3**		**2**		**2**		**3**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**1**		**3**		**1**		**1**				**1**		**1**			
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**				**1**		**1**				**1**		**1**			
74	basin, emesis	SJ010	item			**1**						**1**						**1**	
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item									**2**							
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item			**1**													
80	nasal cannula	SD100	item			**1**						**1**						**1**	
81	bite block	SD006	item			**1**													
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml	**1**				**1**		**1**				**1**		**1**			
84	endoscopic cytology brush	SD067	item	**1**								**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item	**1**															
86	endoscopic polypectomy snare	SD068	item																
87	endoscopic clip	SD282	item											**1**		**1**			
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item																
90	cautery, monopolar, blade, extended shaft	SF015	item									**1**						**1**	
91	needle, micropigmentation (tattoo)	SC079	item					**1**		**1**									
92	skin marking ink (tattoo)	SK073	ml					**2**		**2**									
93	needle, variceal injection	SC044	item			**1**		**1**		**1**									
94	syringe 5-6ml	SC057	item			**3**		**3**		**3**									
95	cautery, patient ground pad with cord	SF021	item											**1**		**1**			
96	cautery, bipolar cord	SF012	item											**1**		**1**			
97	cautery, bipolar, probe, endoscopy	SD284	item											**1**		**1**			
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**				**1**		**1**				**1**		**1**			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item									**1**						**1**	
102	syringe 50-60ml	SC056	item	**1**				**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz	**5**				**5**		**5**		**6**		**5**		**5**		**6**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**				**1**		**1**		**10**		**1**		**1**		**10**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**								**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item	**1**				**1**		**1**				**1**		**1**			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item									**3**						**3**	
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**2**		**4**		**4**		**4**		**4**		**4**		**4**	
110	iv tubing (extension)	SC019	item									**1**						**1**	
111	kit, needle - free injection system	SA021	item			**1**													
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**				**1**		**1**				**1**		**1**			
114	gloves, non-sterile	SB022	pair			**1**												**3**	
115	basin, irrigation	SJ009	item			**1**													
116	cleaning brush, endoscope	SM010	item			**1**						**1**						**1**	
117	enzymatic detergent	SM015	oz									**1**						**1**	
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz									**6**						**6.4**	
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item									**1**						**1**	
120	**hemorrhoidal banding system**	**NEW**																	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**						**59**						**64**					
124	videoscope, colonoscopy	ES033		**72**		**54**				**72**		**66**				**84**		**51**	
125	stretcher	EF018		**86**				**73**		**86**				**78**		**98**			
126	stretcher, endoscopy	EF020				**54**						**60**						**60**	
127	table, power	EF031		**42**		**54**		**29**		**42**		**66**		**34**		**54**		**51**	
128	video system, endoscopy (processor, digital capture, mo	ES031		**42**		**54**		**29**		**42**		**66**		**34**		**54**		**51**	
129	light, surgical	EF014				**54**												**51**	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**60**		**111**		**52**		**60**		**119**		**57**		**72**		**104**	
131	IV infusion pump	EQ032		**60**		**111**		**52**		**60**		**119**		**57**		**72**		**104**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																**51**	
133	suction machine (Gomco)	EQ235		**78**				**29**		**78**		**66**		**34**		**102**		**51**	
134	table, instrument, mobile	EF027		**60**		**111**		**29**		**60**		**119**		**34**		**72**		**104**	
135	cart, endoscopy imaging equipment	ES003				**54**						**66**						**51**	
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113										**66**		**34**		**54**			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**				**30**		**30**		**40**		**30**		**30**		**40**	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**98.0**	**22.0**	**91.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**86.0**	**0.0**	**79.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**								
13	**Start: Following visit when decision for surgery or procedure made**								
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**1**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA					**6**	
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**	
32	**Intra-service**								
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**28**		**22**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**28**		**43**	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**								
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA					**15**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**13**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA					**2**	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**								
48	**POST-SERVICE Period**								
49	**Start: Patient leaves office/facility**								
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**								
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
61	***SCRUB, DRESS, DRAPE***								
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**	
63	gown, patient	SB026	item						
64	gown, staff, impervious	SB027	item	**2**		**2**		**3**	
65	cap, surgical	SB001	item	**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item						
67	mask, surgical	SB033	item						
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**	
69	paper, exam table	SB036	foot						
70	pillow case	SB037	item						
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**3**		**1**			
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**			
74	basin, emesis	SJ010	item	**1**				**1**	
75	denture cup	SJ016	item	**1**					
76	swab-pad, alchohol	SJ053	item					**2**	
77	***MODERATE SEDATION***								
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item						
80	nasal cannula	SD100	item					**1**	
81	bite block	SD006	item	**1**					
82	***PROCEDURE INSTRUMENTS / SUPPLIES***								
83	endoscope anti-fog solution	SM014	ml	**1**		**1**			
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item	**1**		**1**			
86	endoscopic polypectomy snare	SD068	item					**1**	
87	endoscopic clip	SD282	item						
88	guidewire, STIFF	SD090	item						
89	endoscopic balloon, dilation	SD019	item						
90	cautery, monopolar, blade, extended shaft	SF015	item						
91	needle, micropigmentation (tattoo)	SC079	item						
92	skin marking ink (tattoo)	SK073	ml						
93	needle, variceal injection	SC044	item						
94	syringe 5-6ml	SC057	item						
95	cautery, patient ground pad with cord	SF021	item	**1**		**1**			
96	cautery, bipolar cord	SF012	item	**1**		**1**			
97	cautery, bipolar, probe, endoscopy	SD284	item						
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit						
99	canister, suction	SD009	item	**1**		**1**		**1**	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**				**1**	
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**					
104	water, distilled	SK087	oz	**5**		**5**		**6**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**10**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**			
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item					**3**	
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**			
110	iv tubing (extension)	SC019	item					**1**	
111	kit, needle - free injection system	SA021	item						
112	***SCOPE CLEANING***								
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**			
114	gloves, non-sterile	SB022	pair						
115	basin, irrigation	SJ009	item						
116	cleaning brush, endoscope	SM010	item					**1**	
117	enzymatic detergent	SM015	oz					**1**	
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz					**6**	
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item					**1**	
120	**hemorrhoidal banding system**	**NEW**							
121	**EQUIPMENT**	**CODE**							
122	videoscope, gastroscopy	ES034		**64**					
123	videoscope, sigmoidoscopy	**NEW**							
124	videoscope, colonoscopy	ES033				**72**		**52**	
125	stretcher	EF018		**78**		**86**			
126	stretcher, endoscopy	EF020						**60**	
127	table, power	EF031		**34**		**42**		**52**	
128	video system, endoscopy (processor, digital capture, mo	ES031		**34**		**42**		**52**	
129	light, surgical	EF014						**52**	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**60**		**105**	
131	IV infusion pump	EQ032		**57**		**60**		**105**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110						**52**	
133	suction machine (Gomco)	EQ235		**34**		**78**		**52**	
134	table, instrument, mobile	EF027		**34**		**60**		**105**	
135	cart, endoscopy imaging equipment	ES003						**52**	
136	radiofrequency generator, endoscopy	EQ356							
137	electrosurgical generator, gastrocautery	EQ113		**34**		**42**			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**40**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**74.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**62.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		2		2		2		2		2	
32	**Intra-service**																
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**		**14**		**20**		**35**		**20**		**35**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**		**54**		**20**		**35**		**20**		**35**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**		**20**		**30**		**30**		**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA														
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)																
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)																
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)																
47	**End: Patient leaves office**																
48	**POST-SERVICE Period**																
49	**Start: Patient leaves office/facility**																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**														
61	***SCRUB, DRESS, DRAPE***																
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**2**													
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**2**		**2**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**3**		**1**		**1**		**1**		**1**		**1**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	basin, emesis	SJ010	item	**1**													
75	denture cup	SJ016	item	**1**													
76	swab-pad, alchohol	SJ053	item														
77	***MODERATE SEDATION***																
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item														
80	nasal cannula	SD100	item														
81	bite block	SD006	item	**1**													
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																
83	endoscope anti-fog solution	SM014	ml	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item														
86	endoscopic polypectomy snare	SD068	item	**1**		**1**											
87	endoscopic clip	SD282	item														
88	guidewire, STIFF	SD090	item					**1**						**1**		**1**	
89	endoscopic balloon, dilation	SD019	item					**1**		**1**		**1**		**1**		**1**	
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item														
95	cautery, patient ground pad with cord	SF021	item	**1**		**1**											
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	SD284	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit											**1**		**1**	
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**													
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**													
104	water, distilled	SK087	oz	**5**		**5**				**5**		**5**		**5**		**5**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**		**4**	
110	iv tubing (extension)	SC019	item														
111	kit, needle - free injection system	SA021	item														
112	***SCOPE CLEANING***																
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
114	gloves, non-sterile	SB022	pair														
115	basin, irrigation	SJ009	item														
116	cleaning brush, endoscope	SM010	item														
117	enzymatic detergent	SM015	oz														
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
120	**hemorrhoidal banding system**	**NEW**															
121	**EQUIPMENT**	**CODE**															
122	videoscope, gastroscopy	ES034		**64**													
123	videoscope, sigmoidoscopy	**NEW**						**88**		**64**				**64**			
124	videoscope, colonoscopy	ES033				**74**						**79**				**79**	
125	stretcher	EF018		**78**		**88**		**62**		**78**		**93**		**78**		**93**	
126	stretcher, endoscopy	EF020															
127	table, power	EF031		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
128	video system, endoscopy (processor, digital capture, mo	ES031		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
129	light, surgical	EF014															
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**62**		**91**		**57**		**67**		**57**		**67**	
131	IV infusion pump	EQ032		**57**		**62**		**91**		**57**		**67**		**57**		**67**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110															
133	suction machine (Gomco)	EQ235		**34**		**82**		**68**		**34**		**92**		**34**		**92**	
134	table, instrument, mobile	EF027		**34**		**62**		**68**		**34**		**67**		**34**		**67**	
135	cart, endoscopy imaging equipment	ES003															
136	radiofrequency generator, endoscopy	EQ356						**68**						**34**		**49**	
137	electrosurgical generator, gastrocautery	EQ113		**34**		**44**		**68**						**34**		**49**	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**20**		**30**		**30**		**30**		**30**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**3**		**3**		**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**						**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA															**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA															**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA															**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA															**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA															**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA															**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN															**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA															**20**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN															**20**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN															**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA															**3**	
39	Clean Scope	L037D	RN/LPN/MTA															**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA															**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA															**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack															**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item															**2**	
65	cap, surgical	SB001	item															**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item															**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair															**3**	
72	scrub brush (impregnated)	SM023	item															**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item															**1**	
74	basin, emesis	SJ010	item																
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item																
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack															**1**	
79	electrode, ECG (single)	SD053	item																
80	nasal cannula	SD100	item																
81	bite block	SD006	item																
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml															**1**	
84	endoscopic cytology brush	SD067	item															**1**	
85	endoscopic biopsy forceps	SD066	item																
86	endoscopic polypectomy snare	SD068	item																
87	endoscopic clip	SD282	item																
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item																
90	cautery, monopolar, blade, extended shaft	SF015	item																
91	needle, micropigmentation (tattoo)	SC079	item																
92	skin marking ink (tattoo)	SK073	ml																
93	needle, variceal injection	SC044	item																
94	syringe 5-6ml	SC057	item																
95	cautery, patient ground pad with cord	SF021	item																
96	cautery, bipolar cord	SF012	item																
97	cautery, bipolar, probe, endoscopy	SD284	item																
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item															**1**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item															**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item																
102	syringe 50-60ml	SC056	item															**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz															**5**	
105	gauze, non-sterile 4in x 4in	SG051	item															**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item															**1**	
107	paper, photo printing (8.5 x 11)	SK058	item															**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item																
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item															**4**	
110	iv tubing (extension)	SC019	item																
111	kit, needle - free injection system	SA021	item																
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack															**1**	
114	gloves, non-sterile	SB022	pair																
115	basin, irrigation	SJ009	item																
116	cleaning brush, endoscope	SM010	item																
117	enzymatic detergent	SM015	oz																
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
120	**hemorrhoidal banding system**	**NEW**																**1**	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**																	
124	videoscope, colonoscopy	ES033																**64**	
125	stretcher	EF018																**78**	
126	stretcher, endoscopy	EF020																	
127	table, power	EF031																**34**	
128	video system, endoscopy (processor, digital capture, mo	ES031																**34**	
129	light, surgical	EF014																	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011																**52**	
131	IV infusion pump	EQ032																**52**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																	
133	suction machine (Gomco)	EQ235																**62**	
134	table, instrument, mobile	EF027																**52**	
135	cart, endoscopy imaging equipment	ES003																	
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113																	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005																**30**	

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**2**		**3**		**3**		**2**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**		**5**		**5**		**3**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA												
24	Obtain vital signs	L037D	RN/LPN/MTA												
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA												
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA												
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA												
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA												
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA												
31	Sedate/apply anesthesia	L051A	RN												
32	**Intra-service**														
33	Assist physician in performing procedure	L037D	RN/LPN/MTA												
34	Assist physician/moderate sedation (% of physician time)	L051A	RN												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN												
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA												
39	Clean Scope	L037D	RN/LPN/MTA												
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA												
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA												
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**		**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**		**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**		**n/a**				**n/a**	
47	**End: Patient leaves office**														
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack												
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item												
65	cap, surgical	SB001	item												
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item												
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair												
72	scrub brush (impregnated)	SM023	item												
73	drape, non-sterile, sheet 40in x 60in	SB006	item												
74	basin, emesis	SJ010	item												
75	denture cup	SJ016	item												
76	swab-pad, alchohol	SJ053	item												
77	***MODERATE SEDATION***														
78	pack, moderate sedation	SA044	pack												
79	electrode, ECG (single)	SD053	item												
80	nasal cannula	SD100	item												
81	bite block	SD006	item												
82	***PROCEDURE INSTRUMENTS / SUPPLIES***														
83	endoscope anti-fog solution	SM014	ml												
84	endoscopic cytology brush	SD067	item												
85	endoscopic biopsy forceps	SD066	item												
86	endoscopic polypectomy snare	SD068	item												
87	endoscopic clip	SD282	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	SD284	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item												
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item												
102	syringe 50-60ml	SC056	item												
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item												
104	water, distilled	SK087	oz												
105	gauze, non-sterile 4in x 4in	SG051	item												
106	cup, biopsy-specimen non-sterile 4oz	SL035	item												
107	paper, photo printing (8.5 x 11)	SK058	item												
108	applicator, cotton-tipped, non-sterile 6in	SG008	item												
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item												
110	iv tubing (extension)	SC019	item												
111	kit, needle - free injection system	SA021	item												
112	***SCOPE CLEANING***														
113	pack, cleaning and disinfecting, endoscope	SA042	pack												
114	gloves, non-sterile	SB022	pair												
115	basin, irrigation	SJ009	item												
116	cleaning brush, endoscope	SM010	item												
117	enzymatic detergent	SM015	oz												
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz												
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item												
120	**hemorrhoidal banding system**	**NEW**													
121	**EQUIPMENT**	**CODE**													
122	videoscope, gastroscopy	ES034													
123	videoscope, sigmoidoscopy	**NEW**													
124	videoscope, colonoscopy	ES033													
125	stretcher	EF018													
126	stretcher, endoscopy	EF020													
127	table, power	EF031													
128	video system, endoscopy (processor, digital capture, mo	ES031													
129	light, surgical	EF014													
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011													
131	IV infusion pump	EQ032													
132	electrocauter-hyfrecator, up to 45 watts	EQ110													
133	suction machine (Gomco)	EQ235													
134	table, instrument, mobile	EF027													
135	cart, endoscopy imaging equipment	ES003													
136	radiofrequency generator, endoscopy	EQ356													
137	electrosurgical generator, gastrocautery	EQ113													
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

High Resolution Anoscopy

At the February 2014 CPT Editorial Panel meeting, the Panel approved the deletion of two Category III codes (0226T and 0227T) and created two CPT Category I codes (46601 and 46607) to report high resolution anoscopy.

46601 ***Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed***
The RUC reviewed the survey results from 41 physicians and surgeons representing colorectal surgery, gynecology, infectious disease, internal medicine, and family practice. The RUC agreed with the specialty societies that pre-service time of 13 minutes, intra-service time of 20 minutes and immediate post-service time of 10 minutes were appropriate for this service. Four additional minutes of positioning time above the standard pre-time package was approved to account for positioning the patient prone or lateral decubitus with buttocks effaced.

The RUC compared 46601 to the key reference service 57420 *Colposcopy of the entire vagina, with cervix if present* (work RVU= 1.60) and noted that both services require a similar colposcopy examination and have nearly identical total time, 43 minutes compared to 42.6 minutes. The RUC agreed 46601 should be valued the same as 57420 and accepted the societies's recommendation of the 25th percentile work RVU of 1.60. The RUC also reviewed MPC codes 57452 *Colposcopy of the cervix including upper/adjacent vagina* (work RVU= 1.50) and 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90) and agreed that these two MPC services provide appropraite rank order references above and below the recommended value for 46601. **The RUC recommends a work RVU of 1.60 for CPT code 46601.**

46607 ***Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple***
The RUC reviewed the survey results from 40 physicians and surgeons representing colorectal surgery, gynecology, infectious disease, internal medicine, and family practice. The RUC agreed with the specialty societies that pre-service time of 27 minutes (including injected and topical anesthesia), intra-service time of 25 minutes and immediate post-service time of 10 minutes were appropriate for this service. Four additional minutes of positioning time above the standard pre-time package was approved to account for positioning the patient prone or lateral decubitus with buttocks effaced.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared 46607 to the key reference service 57421 *Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix* (work RVU= 2.20) and noted that both services require a similar colposcopy examination with biopsy(s). The RUC discussed the difference in intraservice time, 25 minutes for the survey code compared to 20 minutes for the reference, and determine this difference may be the result of the survey sample and number of biopsies taken, but that the total work for both codes was the same. The RUC agreed 46607 should be valued the same as 57421 and accepted the societies's recommendation of the 25th percentile work RVU of 2.20. The RUC also reviewed CPT codes 64517 *Injection, anesthetic agent; superior hypogastric plexus* (work RVU= 2.20, intra time= 25 minutes) and 43226 *Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire* (work RVU= 2.34, intra time= 25 minutes) and agreed that these two services provide appropriate rank order references at and above the recommended value for 46607. **The RUC recommends a work RVU of 2.20 for CPT code 46607.**

Practice Expense
The RUC reviewed the direct practice expense inputs and noted that these new codes were mostly crosswalked from similar codes 57420 *Colposcopy of the entire vagina, with cervix if present* and code 57421 *Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix.* Several changes were made to the surveyed code input to adjust to standards and an additional piece of equipment was added- suction machine (Gomco) (EQ235). The RUC approved the direct practice expense with minor modifications as approved by the Practice Expense Subcommittee.

New Technology:
CPT codes 46601 and 46607 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Digestive System** **Anus** **Endoscopy** *Surgical endoscopy always includes diagnostic endoscopy.*				

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▲46600 (e)		Anoscopy; diagnostic, including ~~with or without~~ collection of specimen(s) by brushing or washing, when performed (separate procedure) *(Do not report 46600 in conjunction with 46020, 0249T)* (For diagnostic high-resolution anoscopy [HRA], use ~~0226T~~46601)	000	0.55 (No Change)
●46601	DD1	diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed (Do not report 46601 in conjunction with 69990)	000	1.60
46606 *with biopsy, single or multiple* (For high resolution anoscopy [HRA] with biopsy, use 46607 ~~0227T~~)				
●46607	DD2	with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple (Do not report 46607 in conjunction with 69990)	000	2.20

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Operating Microscope

The surgical microscope …

Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component (15756-15758, 15842, 19364, 19368, 20955-20962, 20969-20973, 22551, 22552, 22856-22861, 26551-26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43496, 46601, 46607, 49906, 61548, 63075-63078, 64727, 64820-64823, 65091-68850, 0184T, ~~0226T, 0227T,~~ 0308T).

+69990 *Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)*

Category III

~~0226T Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed~~

~~0227T with biopsy(ies)~~

(0226T has been deleted. To report, use 46601)

(0227T has been deleted. To report, use 46607)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:46601 Tracking Number DD2 Original Specialty Recommended RVU: **1.60**
Presented Recommended RVU: **1.60**
Global Period: 000 RUC Recommended RVU: **1.60**

CPT Descriptor: Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old male presents with an abnormal anal cytology. He is HIV positive and engages in sex with men (MSM). Anoscopy with high-resolution magnification (HRA) and chemical agent enhancement for evaluation of anal dysplasia is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review and update medical chart, including current medications and allergies. Review prior cytology and biopsy reports and treatments if applicable. Explain the procedure and obtain consent. Verify that all required supplies are available. Confirm that colposcopic instruments are present and functioning properly. Position patient (either prone with buttocks effaced or left lateral decubitus). Drape patient.

Description of Intra-Service Work: As indicated, the anus is swabbed to obtain a cytology sample. Visual inspection of the perineum is performed. Digital anorectal examination is performed, assessing sphincter tone, as well as the presence or absence of any anal canal masses. The perianal tissue is also palpated for masses. An anoscope coated with lubricant and lidocaine jelly is then placed in the anal canal and the obturator is removed. A swab with acetic acid is inserted through the anoscope. The anoscope is removed, leaving the swab behind. After a few minutes, the swab is removed. The anoscope will then be reinserted and a high-resolution colposcope is used to examine the interior of the anus. Visual inspection is performed. Fecal matter is removed with suction as needed. Additional acetic acid soaked swabs will be inserted throughout the examination as necessary. Swabs are also inserted as needed to stretch the mucosa to assist with visualization. After the first pass exam, the anoscope is removed. Acetic acid is applied to the perianal tissue and the perianal area is inspected for neoplastic or pre-neoplastic changes. The high resolution anoscopy exam is repeated at least once (ie, acetic acid swabs, insert anoscope, high resolution exam). The exam shows no evidence of neoplastic or pre-neoplastic changes. Accordingly biopsies are not performed. The anoscope is removed.

Description of Post-Service Work: Answer patient questions and provide instructions for follow-up. Document procedure including relevant anatomic findings and follow-up treatment plan in medical chart with copy to referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Guy Orangio, MD, FACS		
Specialty(s):	ASCRS, ASCCP, IANS		
CPT Code:	46601		
Sample Size:	780	**Resp N:** 41	**Response:** 5.2 %
Description of Sample:	Random request of society membership American Society of Colon and Rectal Surgeons (500) American Society for Colposcopy and Cervical Pathology (200) International Anal Neoplasia Society (80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	100.00	700.00
Survey RVW:	0.90	1.60	**1.80**	2.00	2.60
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	7.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	46601	**Recommended Physician Work RVU: 1.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**0.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57420	000	1.60	**RUC Time**

CPT Descriptor Colposcopy of the entire vagina, with cervix if present;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,358

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 53.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 46601**	**Key Reference CPT Code:** 57420	**Source of Time** **RUC Time**
Median Pre-Service Time	13.00	14.10	

Median Intra-Service Time	20.00	18.50
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**43.00**	**42.60**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.14	2.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.50
Urgency of medical decision making	2.41	2.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.77	3.36
Physical effort required	2.91	2.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.41	2.27
Outcome depends on the skill and judgment of physician	3.86	3.55
Estimated risk of malpractice suit with poor outcome	3.27	3.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.50	2.41
Intra-Service intensity/complexity	3.59	3.36
Post-Service intensity/complexity	2.50	2.41

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Overview – Codes 46601 and 46607

In February 2014, the CPT Editorial Panel approved conversion of Category III codes 0226T and 0227T to Category I codes 46601 and 46607. These codes are used to report high resolution anoscopy (HRA). Rates of anal cancer are higher among men who have sex with men (MSM), whether HIV infected or uninfected, compared with the general population. Before the HIV epidemic, the anal cancer incidence among MSM was estimated to be as high as 37:100,000. This incidence is comparable to the incidence of cervical cancer in women before the introduction of screening using Papanicolaou (Pap) tests. Current rates in an HIV-infected MSM population are estimated to be as high as 70-144 per 100,000.

HRA utilization varies across states and is dependent on governmental and insurance carrier coverage. There are several national guidelines currently in place including: the American Society of Colon and Rectal Surgeons Practice parameters for anal squamous neoplasms (2012); The New York State Department of Health AIDS Institute guideline for routine screening for anal cancer among HIV infected persons, including cytology and high resolution anoscopy (2007); The U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau Guide for HIV/AIDS Clinical Care (2011); and the US Department of Veterans Affairs guideline for primary care of veterans with HIV (2011).

Survey Sample

A survey request was sent to a random selection of members of the ASCRS, ASCCP, and IANS.

- ASCRS, American Society of Colon and Rectal Surgeons. A national society dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and disorders affecting the colon, rectum and anus.
- ASCCP, American Society for Colposcopy and Cervical Pathology. A national society committed to improving health through the study, prevention, diagnosis, and management of lower genital tract disorders.
- IANS, International Anal Neoplasia Society. An international society devoted to prevention and treatment of anal intraepithelial neoplasia and anal cancer.

Physicians who participate in the health care of MSM, men and women with HIV disease, other at-risk groups, and women with HPV-related disease will typically perform this service. The primary providers would be colorectal surgeons, general surgeons, gynecologists, internists, family practitioners, and infectious disease physicians. Survey responses were received from all of these providers.

46601 Recommendation

Pre-time Package

Package 5 (Procedure without or immediate local anesthesia care) is appropriate, with additional time for patient positioning prone or lateral decubitus with buttocks effaced.

Key Reference Service

KRS 57420 is an almost identical service. Although the surface area of the vagina is greater than the anus, code 46601 typically includes multiple passes and a high resolution exam of the perianal tissue. The times for both codes are almost identical.

We recommend 1.60 work RVUs for code 46601. This is the survey 25th percentile.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0226T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty colorectal surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National estimate not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 135
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is equal to the 2012 Medicare utilization for 0226T. HRA will rarely be provided to patients in the Medicare-aged population, but may be provided to non-Medicare aged persons on disability who have Medicare coverage.

Specialty Colorectal surgery Frequency 4 Percentage 2.96 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45520

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:46607 Tracking Number DD2 Original Specialty Recommended RVU: **2.20**

Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **2.20**

CPT Descriptor: Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old male presents with an abnormal anal cytology. He is HIV positive and engages in sex with men (MSM). Anoscopy with high-resolution magnification (HRA) and chemical agent enhancement with biopsy(ies) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review and update medical chart, including current medications and allergies. Review prior cytology and biopsy reports and treatments if applicable. Explain the procedure and obtain consent. Verify that all required supplies are available. Confirm that colposcopic instruments are present and functioning properly. Position patient (either prone with buttocks effaced or left lateral decubitus). Drape patient.

Description of Intra-Service Work: As indicated, the anus is swabbed to obtain a cytology sample. Visual inspection of the perineum is performed. Digital anorectal examination is performed, assessing sphincter tone, as well as the presence or absence of any anal canal masses. The perianal tissue is also palpated for masses. An anoscope coated with lubricant and lidocaine jelly is then placed in the anal canal and the obturator is removed. A swab with acetic acid is inserted through the anoscope. The anoscope is removed, leaving the swab behind. After a few minutes, the swab is removed. The anoscope will then be reinserted and a high-resolution colposcope is used to examine the interior of the anus. Visual inspection is performed. Fecal matter is removed with suction as needed. Additional acetic acid soaked swabs will be inserted throughout the examination as necessary. Swabs are also inserted as needed to stretch the mucosa to assist with visualization. Abnormal areas are stained with Lugol's solution. Topical lidocaine cream is applied to those areas that require local anesthesia for biopsy, followed by lidocaine injection. Biopsy(s) is/are taken and bleeding is controlled with silver nitrate as needed. After the first pass exam, the anoscope is removed. The high resolution anoscopy exam may be repeated several times, including between biopsies. Acetic acid is swabbed on the perineum and the perineum is examined with the colposcope. Additional biopsy(s) are taken as needed. At the end of the exam, the anoscope is removed.

Description of Post-Service Work: Answer patient questions and provide instructions for follow-up. Document procedure including relevant anatomic findings and follow-up treatment plan in medical chart with copy to referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Guy Orangio, MD, FACS				
Specialty(s):	ASCRS, ASCCP, IANS				
CPT Code:	46607				
Sample Size:	780	**Resp N:**	40	**Response:** 5.1 %	
Description of Sample:	Random request of society membership American Society of Colon and Rectal Surgeons (500) American Society for Colposcopy and Cervical Pathology (200) International Anal Neoplasia Society (80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	15.00	**40.00**	138.00	800.00
Survey RVW:	1.50	2.20	**2.43**	2.59	3.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	9.00	20.00	**25.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	46607	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57421	000	2.20	**RUC Time**

CPT Descriptor Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	2.23	**RUC Time**	934,549

CPT Descriptor 2 Cystourethroscopy (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 46607**	**Key Reference CPT Code:** 57421	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	15.00	

Median Intra-Service Time	25.00	20.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**62.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.45	3.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.80
Urgency of medical decision making	2.75	2.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.15	3.60
Physical effort required	3.20	2.80
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.90	2.75
Outcome depends on the skill and judgment of physician	4.25	4.00
Estimated risk of malpractice suit with poor outcome	3.80	3.70

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.85	2.65
Intra-Service intensity/complexity	4.00	3.60
Post-Service intensity/complexity	2.95	2.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Overview – Codes 46601 and 46607

In February 2014, the CPT Editorial Panel approved conversion of Category III codes 0226T and 0227T to Category I codes 46601 and 46607. These codes are used to report high resolution anoscopy (HRA). Rates of anal cancer are higher among men who have sex with men (MSM), whether HIV infected or uninfected, compared with the general population. Before the HIV epidemic, the anal cancer incidence among MSM was estimated to be as high as 37:100,000. This incidence is comparable to the incidence of cervical cancer in women before the introduction of screening using Papanicolaou (Pap) tests. Current rates in an HIV-infected MSM population are estimated to be as high as 70-144 per 100,000.

HRA utilization varies across states and is dependent on governmental and insurance carrier coverage. There are several national guidelines currently in place including: the American Society of Colon and Rectal Surgeons Practice parameters for anal squamous neoplasms (2012); The New York State Department of Health AIDS Institute guideline for routine screening for anal cancer among HIV infected persons, including cytology and high resolution anoscopy (2007); The U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau Guide for HIV/AIDS Clinical Care (2011); and the US Department of Veterans Affairs guideline for primary care of veterans with HIV (2011).

Survey Sample

A survey request was sent to a random selection of members of the ASCRS, ASCCP, and IANS.

- ASCRS, American Society of Colon and Rectal Surgeons. A national society dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and disorders affecting the colon, rectum and anus.
- ASCCP, American Society for Colposcopy and Cervical Pathology. A national society committed to improving health through the study, prevention, diagnosis, and management of lower genital tract disorders.
- IANS, International Anal Neoplasia Society. An international society devoted to prevention and treatment of anal intraepithelial neoplasia and anal cancer.

Physicians who participate in the health care of MSM, men and women with HIV disease, other at-risk groups, and women with HPV-related disease will typically perform this service. The primary providers would be colorectal surgeons, general surgeons, gynecologists, internists, family practitioners, and infectious disease physicians. Survey responses were received from all of these providers.

46607 Recommendation

Pre-time Package

Package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate, with additional time for patient positioning prone or lateral decubitus with buttocks effaced.

Key Reference Comparison

KRS 57421 is an almost identical service. Although the surface area of the vagina is greater than the anus, code 46607 typically includes multiple passes and a high resolution exam of the perianal tissue. Both procedures include biopsies.

We recommend 2.20 work RVUs for code 46607. This is the survey 25th percentile.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0227T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty colorectal surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National estimate not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 119
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is equal to the 2012 Medicare utilization for 0227T. HRA will rarely be provided to patients in the Medicare-aged population, but may be provided to non-Medicare aged persons on disability who have Medicare coverage.

Specialty Colorectal surgery Frequency 25 Percentage 21.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45520

ISSUE: High resolution anoscopy (HRA)

TAB: 14

					RVW				Total	PRE	PRE			INTRA				POST	SURVEY EXPERIENCE			
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th MAX	P-SD	MIN	25th	MED	75th MAX
REF	57420	Colposcopy of the entire vagina,	22	0.057			1.60		42.6		14.1					18.5		10				
CURRENT	0226T	Anoscopy, high resolution (HRA)																				
SVY	46601X	Anoscopy; diagnostic, with high-	41	0.049	0.90	1.60	1.80	2.00 2.60	60		20	5	5	7	15	20	25 60	10	0	5	20	100 700
REC	46601	Anoscopy; diagnostic, with high-		0.055			1.60		43	5	7	5	1			20		10				
REF	57421	Colposcopy of the entire vagina,	20	0.082			2.20		45		15					20		10				
CURRENT	0227T	Anoscopy, high resolution (HRA)																				
SVY	46607X	Anoscopy; with high-resolution m	40	0.060	1.50	2.20	2.43	2.59 3.50	70		25	5	5	9	20	25	35 60	10	1	15	40	138 800
REC	46607	Anoscopy; with high-resolution m		0.058			2.20		62	6A	17	5	5			25		10				

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

CPT Long Descriptor:

46601 Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

46607 Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

Global Period 000 Meeting Date: 04/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ASCRS Advisor reviewed the PE details for a similar set of colposcopy codes, updating clinical staff time for standards and necessary supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference codes are similar colposcopy procedures and were the key reference codes for physician work. These codes were reviewed by the RUC (not PEAC) in 2002.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Additional 3 min (total = 5 min) to assist physician with positioning the patient prone or lateral decubitus with buttocks effaced. Additional 3 min (total=5 min) for additional supply set up including instruments, solutions, topicals, injectables, specimen supplies, and test the colposcope for proper function.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A these are new codes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The patient is called to confirm that no enema or other cleansing should be performed prior to coming in for the procedure and to confirm which medications to continue or stop (ie, ASA, NSAID).

~~Intra-~~Day of Service Clinical Labor Activities:

Activity	X1	X7
Pre-service		
Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**
Obtain vital signs ***(BP, pulse, weight)***	**3**	**3**
Provide pre-service education/obtain consent ***(review procedure)***	**2**	**2**
Prepare room, equipment, supplies ***(in addition to standard set up, additional time to set up instruments, solutions, topicals, injectables, specimen supplies, and test the colposcope for proper function)***	**5**	**5**
Prepare and position patient/ monitor patient/ set up IV ***(prone or lateral decubitus with buttocks effaced)***	**5**	**5**

Activity	X1	X7
Sedate/apply anesthesia ***(prior to biopsy)***		**2**
Intra-service		
Assist physician in performing procedure ***(100% of physician time)***	**20**	**25**
Post-Service		
Clean room/equipment by physician staff ***(monitoring patient at same time)***	**3**	**3**
Clean Surgical Instrument Package (***The four most common types of forceps set out are the Tischler, Baby Tischler, Eppendorfer, and Kevorkian biopsy forceps. Total value between $500-$1499 = basic pack)***		**10**
Complete diagnostic forms, lab & X-ray requisitions ***(biopsy specimen(s))***		**3**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions ***(instruct on bathing/cleansing, diet, activity, follow-up)***	**3**	**3**

Post-Service Clinical Labor Activities:

N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

46601 Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

46607 Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

Global Period 000 Meeting Date: 04/2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The ASCRS Advisor reviewed the PE details for a similar set of colposcopy codes, updating clinical staff time for standards and necessary supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The reference codes are similar colposcopy procedures and were the key reference codes for physician work. These codes were reviewed by the RUC (not PEAC) in 2002.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A these are new codes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

When this service is performed in a facility, the physician's clinical staff will: Complete pre-service referral forms. Coordinate pre-surgery services. Schedule space and equipment in facility. Contact patient to review the procedure and provide pre-service instructions. Contact patient day before to confirm adherence to bathing and medication instructions and confirm appointment.

~~Intra-~~Day of Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED 4-24-14**			**REF-RUC-02**				**REF-RUC-02**			
2	***Please note: If a supply has a purchase price of $100 or**			**57420**		**46601**		**57421**		**46607**	
3	**Meeting Date: April 2014** **Tab: 14** **Specialty: ASCRS**	**CMS Code**	**Staff Type**	Colposcopy of the entire vagina, with cervix if		Anoscopy; diagnostic, with high-resolution magnification		Colposcopy of the entire vagina, with cervix if		Anoscopy; with high-resolution magnification (HRA) (eg,	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**57**	**11**	**44**	**15**	**64**	**11**	**62**	**15**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**11**	**11**	**3**	**15**	**11**	**11**	**3**	**15**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**46**	**0**	**41**	**0**	**53**	**0**	**59**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA				**3**				**3**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA				**3**				**3**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA				**3**				**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**	**7**		**3**	**7**	**7**		**3**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			**3**	**3**			**3**	**3**
17	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA	**4**	**4**			**4**	**4**		
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**5**		**2**		**5**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA							**0**	
28	*Other Clinical Activity - specify:										
29	**Intra-service**										
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**20**		**17**		**25**	
32	**Post-Service**										
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					**2**			
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**4**		**3**		**4**		**3**	
36	Clean Scope	L037D	RN/LPN/MTA								
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA							**10**	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA					**3**		**3**	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
41	*Other Clinical Activity - *specify:*										
45	**End: Patient leaves office**										
46	**POST-SERVICE Period**										
47	**Start: Patient leaves office/facility**										
48	Conduct phone calls/call in prescriptions										
57	**End: with last office visit before end of global period**										
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
59	pack, minimum multi-specialty visit	SA048	pack			**1**				**1**	
60	pack, pelvic exam	SA051	pack	**1**				**1**			
61	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
62	gloves, non-sterile	SB022	pair	**1**		**2**		**1**		**3**	
63	mask, surgical, with face shield	SB034	item			**1**				**1**	
64	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**	
65	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml			**5**				**5**	
66	anoscope	SD003	item			**1**				**1**	
67	canister, suction	SD009	item	**1**		**1**		**1**		**1**	
68	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**		**1**		**1**	
69	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**1**		**1**		**1**	
70	swab, procto 16in	SJ052	item			**8**				**12**	
71	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**				**2**			
72	acetic acid 5%	SH001	ml	**2.1**		**10**		**2.1**		**10**	
73	stain, Lugol's	SL136	ml	**2**				**2**		**2**	
74	LMX 4% anesthetic cream	SH092	gm							**2**	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					**10**			
76	syringe-needle 10ml 26g	SC063	item					**1**			
77	gloves, sterile	SB024	pair	**1**				**1**		**1**	
78	swab-pad, alcohol	SJ053	item							**1**	
79	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml							**5**	
80	needle, 18-27g	SC029	item					**1**		**1**	
81	needle, 30g	SC031	item					**1**		**1**	
82	silver nitrate applicator	SJ046	item							**2**	
83	gauze, non-sterile 2in x 2in	SG050	item	**8**		**8**		**8**		**8**	
84	cup, biopsy-specimen sterile 4oz	SL036	item					**1**		**2**	
85	tubed culture media	SL146	item			**0.5**				**0.5**	
86	Monsel's soln	SJ036	ml					**2**			
87	povidone soln (Betadine)	SJ041	ml	**5**				**5**			
88	autoclave bag	SM002	item					**2**			
89	autoclave tape	SM003	yd					**0.67**			
90	**EQUIPMENT**	**CODE**									
91	table, power	EF031		**46**		**33**		**53**		**38**	
92	colposcope	ES004		**46**		**30**		**53**		**35**	
93	light, fiberoptic headlight w-source	EQ170		**46**				**53**			
94	suction machine (Gomco)	EQ235				**30**				**35**	
95	instrument pack, basic ($500-$1499)	EQ137								**45**	

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED 4-24-14**			**REF-RUC-02**				**REF-RUC-02**			
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3	**Meeting Date: April 2014** **Tab: 14** **Specialty: ASCRS**	**CMS Code**	**Staff Type**	Colposcopy of the entire vagina, with cervix if		Anoscopy; diagnostic, with high-resolution magnification		Colposcopy of the entire vagina, with cervix if		Anoscopy; with high-resolution magnification (HRA) (eg,	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**57**	**11**	**44**	**15**	**64**	**11**	**62**	**15**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**11**	**11**	**3**	**15**	**11**	**11**	**3**	**15**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**46**	**0**	**41**	**0**	**53**	**0**	**59**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA				**3**				**3**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA				**3**				**3**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA				**3**				**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**	**7**		**3**	**7**	**7**		**3**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			**3**	**3**			**3**	**3**
17	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA	**4**	**4**			**4**	**4**		
18	**End: When patient enters office/facility for surgery/procedure**										
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21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**5**		**2**		**5**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA							**0**	
28	*Other Clinical Activity - specify:										
29	**Intra-service**										
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**20**		**17**		**25**	
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34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					**2**			
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**4**		**3**		**4**		**3**	
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59	pack, minimum multi-specialty visit	SA048	pack			**1**				**1**	
60	pack, pelvic exam	SA051	pack	**1**				**1**			
61	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
62	gloves, non-sterile	SB022	pair	**1**		**2**		**1**		**3**	
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64	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**	
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67	canister, suction	SD009	item	**1**		**1**		**1**		**1**	
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69	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**1**		**1**		**1**	
70	swab, procto 16in	SJ052	item			**8**				**12**	
71	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**				**2**			
72	acetic acid 5%	SH001	ml	**2.1**		**10**		**2.1**		**10**	
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76	syringe-needle 10ml 26g	SC063	item					**1**			
77	gloves, sterile	SB024	pair	**1**				**1**		**1**	
78	swab-pad, alcohol	SJ053	item							**1**	
79	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml							**5**	
80	needle, 18-27g	SC029	item					**1**		**1**	
81	needle, 30g	SC031	item					**1**		**1**	
82	silver nitrate applicator	SJ046	item							**2**	
83	gauze, non-sterile 2in x 2in	SG050	item	**8**		**8**		**8**		**8**	
84	cup, biopsy-specimen sterile 4oz	SL036	item					**1**		**2**	
85	tubed culture media	SL146	item			**0.5**				**0.5**	
86	Monsel's soln	SJ036	ml					**2**			
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88	autoclave bag	SM002	item					**2**			
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90	**EQUIPMENT**	**CODE**									
91	table, power	EF031		**46**		**33**		**53**		**49**	
92	colposcope	ES004		**46**		**30**		**53**		**35**	
93	light, fiberoptic headlight w-source	EQ170		**46**				**53**			
94	suction machine (Gomco)	EQ235				**30**				**35**	
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5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
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8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**46**	**0**	**41**	**0**	**53**	**0**	**59**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10	**PRE-SERVICE**										
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15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**7**	**7**		**3**	**7**	**7**		**3**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			**3**	**3**			**3**	**3**
17	*Other Clinical Activity - *specify:*	L037D	RN/LPN/MTA	**4**	**4**			**4**	**4**		
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23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**5**		**2**		**5**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA							**0**	
28	*Other Clinical Activity - specify:										
29	**Intra-service**										
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**20**		**17**		**25**	
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36	Clean Scope	L037D	RN/LPN/MTA								
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA							**10**	
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60	pack, pelvic exam	SA051	pack	**1**				**1**			
61	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
62	gloves, non-sterile	SB022	pair	**1**		**2**		**1**		**3**	
63	mask, surgical, with face shield	SB034	item			**1**				**1**	
64	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**	
65	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml			**5**				**5**	
66	anoscope	SD003	item			**1**				**1**	
67	canister, suction	SD009	item	**1**		**1**		**1**		**1**	
68	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**		**1**		**1**	
69	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**		**1**		**1**		**1**	
70	swab, procto 16in	SJ052	item			**8**				**12**	
71	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**				**2**			
72	acetic acid 5%	SH001	ml	**2.1**		**10**		**2.1**		**10**	
73	stain, Lugol's	SL136	ml	**2**				**2**		**2**	
74	LMX 4% anesthetic cream	SH092	gm							**2**	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					**10**			
76	syringe-needle 10ml 26g	SC063	item					**1**			
77	gloves, sterile	SB024	pair	**1**				**1**		**1**	
78	swab-pad, alcohol	SJ053	item							**1**	
79	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml							**5**	
80	needle, 18-27g	SC029	item					**1**		**1**	
81	needle, 30g	SC031	item					**1**		**1**	
82	silver nitrate applicator	SJ046	item							**2**	
83	gauze, non-sterile 2in x 2in	SG050	item	**8**		**8**		**8**		**8**	
84	cup, biopsy-specimen sterile 4oz	SL036	item					**1**		**2**	
85	tubed culture media	SL146	item			**0.5**				**0.5**	
86	Monsel's soln	SJ036	ml					**2**			
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88	autoclave bag	SM002	item					**2**			
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90	**EQUIPMENT**	**CODE**									
91	table, power	EF031		**46**		**41**		**53**		**49**	
92	colposcope	ES004		**46**		**30**		**53**		**35**	
93	light, fiberoptic headlight w-source	EQ170		**46**				**53**			
94	suction machine (Gomco)	EQ235				**30**				**35**	
95	instrument pack, basic ($500-$1499)	EQ137								**45**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Cryoablation Treatment of Liver Tumor

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe percutaneous cryosurgical ablation of liver tumor(s).

47383 ***Ablation, 1 or more liver tumor(s), percutaneous, cryoablation***
The RUC reviewed the survey results from 30 radiologists and interventional radiologists and agreed that the following physician time components are accurate for this new technology procedure: pre-service time of 53 minutes, with 14 additional minutes of positioning over the standard 2b pre time package, intra-service time of 90 minutes and immediate post-service time of 28 minutes (the standard post-service package to 8B). The RUC agreed that 14 additional minutes of pre-service position time over the standard pre-time package are necessary to account for the time for placement of three to four ablation probes, as well as to verify that the patient is safe and that the equipment and tethered probes can transit safely when the patient is transported on a moving gantry in and out of the scanner multiple times while also maintaining a sterile field. The RUC also agreed that a half discharge day (99238) is appropriate. Finally, the RUC agreed that one 99212 office visit during the 10-day global period was justified for reviewing biopsy results, examining wounds and assessing pain and functional status.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were not appropriate for this service. To determine an appropriate work value, the RUC compared the surveyed code to MPC code 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy* (work RVU= 9.13) and agreed that since both services have identical intra-service time of 90 minutes and similar total times (206 minutes versus 217 minutes), they should be valued the same. Therefore, the RUC recommends a direct crosswalk to code 50593. To further justify a work RVU of 9.13 for 47383, the RUC reviewed CPT code 20245 *Biopsy, bone, open; deep (eg, humerus, ischium, femur)* (work RVU= 8.95, intra-time of 90 minutes) and noted that the surveyed code has identical intra-service time and slightly more intensity, and should therefore be valued slightly higher than the reference code. **The RUC recommends a work RVU of 9.13 for CPT code 47383.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct PE inputs for this new service and noted that several of the inputs crosswalk from the radiofrequency ablation of liver tumor code 47382. The PE Subcommittee noted that image guidance codes 76940, 77013 or 77022 will be reported separately from 47383.

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The assist physician section of the PE recommendation for 47383 includes time for the RN/LPN/MTA (L037D) to circulate (line 47 – 25% of total physician time). An input for CT room (EL007) was included as that is the most common form of image guidance use for cryoablation of liver tumors, though there is no typical imaging modality as it can also be performed with MR or ultrasound.

There are three new equipment items specifically related to these types of procedures: the cryosurgery system, helium tanks and argon tanks. Appropriate invoices are attached. The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the revised PE spreadsheet as modified by the PE Subcommittee.

New Technology
CPT code 47383 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙●47383	EE1	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation (For imaging guidance and monitoring, see 76940, 77013, 77022)	010	9.13
Diagnostic Ultrasound **Ultrasonic Guidance Procedures** ***76940*** *Ultrasound guidance for, and monitoring of, parenchymal tissue ablation* (Do not report 76940 in conjunction with 20982, 20983, 50250, 50542, 76942, 76998, 0340T) (For ablation, see 32998, 47370-47382, 47383, 50592, 50593)				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiologic Guidance **Computed Tomography Guidance**				
77013		*Computed tomography guidance for, and monitoring of, parenchymal tissue ablation* (Do not report 77013 in conjunction with 20982) (For percutaneous ablation, see 32998, 47382, 47383, 50592, 50593)		
Magnetic Resonance Guidance				
77022		Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation **(**Do not report 77022 in conjunction with 0071T, 0072T) (For percutaneous ablation, see 32998, 47382, 47383, 50592, 50593) *(For focused ultrasound ablation treatment of uterine leiomyomata, see Category III codes 0071T, 0072T)*		

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SOCIETY OF
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April 1, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Tabs 4 and 15 Cryoablation

Dear Dr. Levy:

The Society of Interventional Radiology (SIR) is enclosing RUC recommendations for Tabs 4 and 15 Cryoablation. The SIR and the American College of Radiology (ACR) conducted RUC surveys for CPT Codes 47383X *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation* and 2098X1 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*. CPT Code 20982 was also included in the "February 2014 CPT Coding Changes File" and was assigned a tracking number. The specialty societies did not conduct a RUC survey for CPT Code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance*. CPT Code 20982 has a very low frequency, 164 Medicare claims in 2012. The societies were concerned that running a concurrent survey for this low frequency code could jeopardize the success of the RUC surveys for the new codes.

We look forward to presenting our RUC recommendations at the upcoming April RUC meeting. If you have any questions, please don't hesitate to contact trishacrishock@gmail.com.

Sincerely,

Jerry Niedzwiecki, MD
SIR RUC Advisor

cc: Sherry Smith
Susan Clark
Zeke Silva, MD

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47383 Tracking Number EE1 Original Specialty Recommended RVU: **9.13**
Presented Recommended RVU: **9.13**
Global Period: 010 RUC Recommended RVU: **9.13**

CPT Descriptor: Ablation, 1 or more liver tumor(s), percutaneous, cryoablation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with metastatic colon cancer and previous partial hepatectomy for liver metastases was referred by her oncologist due to a 3.8 cm liver metastasis that was seen on imaging to be growing despite chemotherapy. The patient was deemed inoperable and was referred to Interventional Radiology for percutaneous cryoablation.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 27% , Overnight stay-less than 24 hours 67% , Overnight stay-more than 24 hours 7%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 50%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 53%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of previously acquired imaging studies including multiplanar reformatted images is performed to assess tumor involvement and adjacent structures. The proposed procedure is discussed with the patient and family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record. .

Description of Intra-Service Work: Following discussion of risks and benefits, informed consent is obtained. The patient is placed in the supine position on the CT gantry table. The patient is placed on physiologic monitors. A time out is performed. Moderate conscious sedation is administered. The right upper quadrant of the patient's abdomen is prepped and draped in sterile fashion and local anesthetic is given. Prior CT imaging is used to plan probe placement for cryoablation. The patient, sterile field, and cryoablation probes are assessed for safe transit in and out of the scanner to ensure that the leads, lines, and probe cables will not be tethered.

The patient is positioned in the CT scanner and the liver is scanned. (CT guidance is separately reported). Imaging is performed for localization/targeting purposes for selection of the site for initial cryoablation probe placement and for avoidance of critical structures. Based on the imaging, a plan is made for four 17-gauge cryoablation probes to be placed percutaneously into the tumor. Each site is marked on the skin. Local anesthetic using lidocaine is used at each site to include skin and subcutaneous structures and the liver capsule. Each probe is placed according to the CT parameters. Follow-up imaging scans are performed to guide and confirm correct placement. 15 minute freeze, 10 minute thaw, and 15 minute freeze cycles are applied with periodic CT monitoring of the iceball. After a 10 minute active thaw, the cryoablation

probes are removed. End-of-procedure CT shows a small perihepatic hematoma. The needle sites are cleaned and covered with sterile adhesive dressings. The patient is sent to the recovery room in stable condition.

Description of Post-Service Work: The procedure is documented in the chart using a short post-procedure note. Appropriate care orders following cryoablation. The patient is evaluated for post-procedure complications. The patient is transferred from the procedure table to the recovery area and monitored. From the recovery room, the patient is admitted overnight to an observation bed for pain control and for hemodynamic monitoring. Admission orders are written. Serum myoglobin levels and platelet levels are monitored and managed as needed. Recovery care and targeted examination findings are documented in a progress/discharge note. The procedure is formally documented in the medical record by dictating an operative report. The report is subsequently reviewed and authenticated after transcription is completed.

The patient is discharged home the following morning with prescriptions for antibiotics and opioid analgesic medication. Cryoablation outcome and patient status are communicated to the patient's family and copies of reports are sent to the patient's referring physician. Upon discharge, the patient is advised to contact the treating physician for treatment related issues such as fever or pain. The patient is scheduled for a follow-up appointment within 7-10 days.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	SIR and ACR		
CPT Code:	47383		
Sample Size:	1170	**Resp N:** 30	**Response:** 2.5 %
Description of Sample:	ACR - 750 Random US MD Members SIR - 345 Random US MD Members SIR - 75 Target US MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	50.00
Survey RVW:	9.00	15.17	**16.00**	17.00	25.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	72.50	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47383	**Recommended Physician Work RVU: 9.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**1.00**	**14.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	16.00	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
47382	010	15.22	**RUC Time**

CPT Descriptor Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50593	010	9.13	**RUC Time**	1,747

CPT Descriptor 1 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 86.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 47383**	**Key Reference CPT Code:** 47382	**Source of Time** **RUC Time**
Median Pre-Service Time	53.00	30.00	

Median Intra-Service Time	90.00	180.00
Median Immediate Post-service Time	28.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	16.0	16.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**206.00**	**275.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.08	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.31	4.19
Urgency of medical decision making	3.42	3.35
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.58	4.15
Physical effort required	4.50	4.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.46	4.19
Outcome depends on the skill and judgment of physician	4.62	4.58
Estimated risk of malpractice suit with poor outcome	3.77	3.69

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.04	4.04
Intra-Service intensity/complexity	4.46	4.19
Post-Service intensity/complexity	3.88	3.77

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Rationale for Cryoablation

Cryoablation therapy has been an accepted treatment for both benign and malignant tumors in various parts of the body for many years. In fact, cryoablation of liver tumors predates radiofrequency ablation in its use in the liver with pub med references as early as 1997 reporting safety and potential survival benefits in non-surgical candidates with liver metastases. There has been progressive improvement in the cryoablation systems with lower profile probes, more predictable ablation zones (ice balls), and more portable, smaller foot print systems allowing transport out of the operating rooms into the CT suites and interventional suites. As a result, the use of cryoablation has steadily grown. These systems are identical to those used for cryoablation of prostate.

Similarly, there is growing data that cryoablation of bone and soft tissue tumors in patients failing medical therapy, surgery, radiation, and other local treatments is an important treatment option for painful bone metastases or solitary tumors avoiding significant morbidity and mortality due to its minimally invasive nature. Given the growing data, these two new ablation codes were brought through CPT and were subsequently surveyed by the SIR and ACR.

We believe that they represent emerging technologies with relatively fewer number of centers performing them and suggest that they be identified as "new technology."

Pre service time

The patient is typically an older patient with co-morbidities and a cancer diagnosis having completed multiple previous therapies. As a result, their work-up including chart and imaging review, and review of previous therapies is not straight forward and often detailed and lengthy. They typically are higher risk for surgery, which is why they are referred for this minimally invasive local therapy.

With respect to their positioning, they are typically of a lower performance status (ECOG 2-3) or in the case of bone ablation are in pain and positioning on the table requires more time. When performing these procedures, the positioning, sterile prep and drape includes the patient, *and* the ablation probes. Unlike most surgical procedures, the patient is also transported on the moving gantry in and out of the scanner multiple times while maintaining sterile field. This takes significantly more in pre service time to verify that the patient is safe and that the equipment, and tethered probes can transit safely in the pre time period. The survey respondent rightly suggested that there was additional time in the work up and then positioning of these patients and **we are therefore asking for package 4 to be considered as these are difficult patients and given the multiple modalities and moving patient, difficult procedures. We are asking for additional positioning time for a total of 15 minutes.**

These procedures are typically performed under monitored anesthesia or moderate sedation in the hospital setting.

Intra time and RVW

In reviewing the survey, the expert consensus panel frankly had difficulty understanding the low intra times reported given all of the work required to place as many as 3-4 probes (typical) and then the minimum 28 minutes of active ablation time based on the manufacturer's and literature based freeze-thaw-freeze algorithm as well as the intra times of similar ablation procedures in the database. A reasonable explanation is the low number of surveys and emerging nature of this therapy.

It is the expert panel's opinion that the families of ablation procedures are relative in their work, difficulty, and risk. It is logical that the survey respondents would have cross walked the RVW value for the surveyed code, percutaneous liver cryoablation to the most commonly chosen reference code percutaneous liver RFA (47382, RVW 15.22), but they do not have the times associated with the reference codes and therefore the intra times were discordant. The surveyed code percutaneous liver cryoablation (47383) is analogous to percutaneous liver RFA (47382, intra time 180, intra service RVW 12.76) and laproscopic cryoablation of liver (47370, intra time180, intra RVW 12.49). It is the panel's assertion that they should have relativity with respect to time and RVW in the database as equivalent local liver tumor therapies. We cannot resolve the large difference in intra times between the reference service and the surveyed code. The expert panel also reviewed the existing values for CPT Code 50593 *Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy*, another code included on the RSL. That code has a work value of 9.13, the same intra time of 90 minutes and the same visit pattern. Although the consensus panel feels strongly that the new liver cyroablation code should be valued slightly higher than CPT Code 50593, they do not see a RUC acceptable way to make that recommendation. As such, they **are recommending a crosswalk value of 9.13, the exising value of CPT Code 50593.** The Society feels strongly that this code should be flagged in the RUC database as "Do Not Use for Validation" at this time.

Similarly, percutaneous bone cryoablation is similar to bone RFA (intra time 80, RVW 7.27) however the survey data revealed that bone cryoablation takes longer (intra time 115). The expert consensus panel looked at cross walking the cryoablation bone code to the existing RFA bone code 20982 however the vignette describes a healthy 17 year old with an osteoid osteoma tumor < 1 cm in size. This represents a healthier patient with small benign tumor in distinction to the surveyed patient who has metastatic cancer, much larger tumor. It is this reason that the cross walk to renal cryoablation is a more logical and preserves the rank order in the family. The expert panel then reviewed the bone survey results in relation to the new liver cryoablation code and the larger ablation/cryo family and recommend that CPT Code 20983 also be crosswalked to CPT Code 50593. The procedures are all

comparable in time, intensity and technique. The expert panel again feels that the low survey response and the new technology nature of these services lends itself to crosswalk values until the technology is further diffused. As such, **we are recommending that an RVW value of 9.13 be given to cryoablation for bone tumors (20983).** The following table brackets the surveyed codes in the family of ablation therapies as further rationale for our recommended value. We have taken the liberty of extracting out the intra time equivalent RVWs for the 90 day global codes understanding the limitations of this reverse building block method.

	Descriptor	Global	Intra Time	Work RVU	IWPUT
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	010	45	6.41	0.700
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	000	60	5.68	0.070
50392	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	010	60	6.80	0.075
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	000	80	7.27	0.071
20983	New bone	000	115	9.13	0.061
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	010	90	9.13	0.064
47383	New liver	010	90	9.13	0.065
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	090	100	13.60	0.083
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	090	180	20.80	0.069
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	010	180	15.22	0.071

Post service time

The survey respondents indicated that 30 minutes of immediate post time was typical and that a same day E and M is being provided to coordinated discharge. Patients are typically seen in the office for a focused visit reviewing biopsy results, examining wounds, assessing pain and functional status, discussing next steps in the treatment algorithm including the planning of post-procedure imaging.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. One of the following Imaging Guidance and Tissue Monitoring CPT Codes:
76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
77013 Computed Tomography guidance for, and monitoring of, parenchymal tissue ablation
77022 Magnetic Resonance guidance for and monitoring of, parenchymal tissue ablation

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 47399

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Radiology Frequency 300 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 47382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Cryoablation

TAB: Tab 15

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
REF	47382	Ablation, 1 or more liver tumor(s), percutaneous, rad	26	0.071			15.22			275	30					180			30						0.5					1					
CURRENT	47399	Unlisted procedure, liver		#DIV/0!						0																									
SVY	47383	Ablation, 1 or more liver tumor(s), percutaneous, cry	30	0.121	9.00	15.50	16.00	17.00	25.00	289	60	20	15	45	70	90	120	180	30					1	1.0					1	0	1	5	10	50
REC	47383			0.070			9.13			206	33	15	5			90			28						0.5					1					
		Target	*6*	*0.072*	*15.00*	*16.13*	*16.75*	*17.68*	*20.00*	*362*	*68*	*25*	*15*	*90*	*98*	*120*	*165*	*180*	*53*					*1*	*1.0*				*1*		*1*	*2*	*6*	*8*	*40*
		Random	*24*	*0.044*	*9.00*	*15.08*	*16.00*	*17.00*	*25.00*	*284*	*60*	*20*	*10*	*45*	*60*	*90*	*120*	*150*	*30*					*1*	*1.0*				*1*		*0*	*0*	*5*	*10*	*50*

CPT Code: 20983 and 47383
Specialty Society('s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptor(s):

20983 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*

Global Periods: 010

CPT Long Descriptor(s):

47383 *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation*

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Standard RUC surveys were conducted for physician work. SIR and ACR convened an expert panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty has included two CPT codes as reference on the PE spreadsheet. The first code is CPT code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance,* which is being used as a reference for the new bone cryoablation code 20983. The second code being included as a reference is CPT Code 47382 *Ablation, one or more liver tumor(s), percutaneous, radiofrequency*. That is being used as a reference for the new liver cryoablation code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The new liver cryoablation code 47383 does not include image guidance. Imaging is to be reported separately when performed. The three codes that may be reported for image guidance

are CPT codes 76940, 77013 or 77022. Those three image guidance codes do not include direct practice expense inputs. As such, we have modified the 'assist physician" section of the PE recommendations to reflect current PE 'standard' for interventional procedures for image guidance.

- Line 46 – recommended 75% total physician time for tech to acquire images (current 'standard' for interventional procedures)
- Line 47 – added RN/LPN/MTA time to account for the 25% circulator

We have included CT in the inputs – as that is the most typical form of image guidance used for livery cryoablation.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

The patient is greeted, gowning is provided and patient is escorted to procedure room. The nurse obtains vital signs, interviews the patient for allergies, medications and coagulopathy. Procedure is explained and informed consent is witnessed. The nurse prepares the room, equipment and supplies after consulting with the M.D regarding the supplies to be used. The patient is positioned, skin is prepped and the patient is draped. RN administers conscious sedation. The tech assists the M.D. performing procedure. The patient is escorted to the observation area. RN performs sequential vital signs over 1 hour observation. The tech completes all the necessary paperwork. The room is cleaned. The patient is given discharge instructions.

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit (47383)

CPT Code: 20983 and 47383
Specialty Society('s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Periods: 000 **Meeting Date:** April 2014

CPT Long Descriptor(s):

20983 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation*

Global Periods: 010

CPT Long Descriptor(s):

47383 *Ablation, 1 or more liver tumor(s), percutaneous, cryoablation*

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Standard RUC surveys were conducted for physician work. SIR and ACR convened an expert panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for this newly created CPT code.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty has included two CPT codes as reference on the PE spreadsheet. The first code is CPT code 20982 *Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance,* which is being used as a reference for the new bone cryoablation code 20983. The second code being included as a reference is CPT Code 47382 *Ablation, one or more liver tumor(s), percutaneous, radiofrequency*. That is being used as a reference for the new liver cryoablation code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The expert panel is including minutes in the pre time period to perform critical tasks that are the standard care for these cryoablation patients.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions
- Follow Up Office Visit (CPT Code 47383)

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**292**	**23**	**420**	**33**	**406**	**56**	**342**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			***17***	***23***	***24***	***30***	***14***	***23***	***24***	***30***
8		*L037D*	*RN/LPN/MTA*	*11*	*23*	*18*	*30*	*14*	*23*	*18*	*30*
9		*L046A*	*CT Tech*	*6*		*6*				*6*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			***275***	***0***	***393***	***0***	***365***	***6***	***291***	***6***
11		*L037D*	*RN/LPN/MTA*	*26*	*0*	*49*		*15*	*6*	*43*	*6*
12		*L041B*	*RT*		*0*			*153*	*0*		*0*
13		*L051A*	*RN*	*97*	*0*	*132*		*197*	*0*	*152*	*0*
14		*L046A*	*CT Tech*	*152*		*212*				*96*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			***0***	***0***	***3***	***3***	***27***	***27***	***27***	***27***
16		*L037D*	*RN/LPN/MTA*	*0*	*0*	*3*	*3*	*27*	*27*	*0*	*0*
18	**PRE-SERVICE**										
19	**Start: Following visit when decision for surgery or procedure made**										
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	3	10	3	10	3	10
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		5
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			7	7	3		7	7
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
25	Availability of prior images confirmed	L037D	RN/LPN/MTA								
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	*L046A*	*CT Tech*	6		6				6	
27	*Other Clinical Activity - *specify:*										
28	**End: When patient enters office/facility for surgery/procedure**										
29	**SERVICE PERIOD**										
30	**Start: When patient enters office/facility for surgery/procedure:**										
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
32	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
33	Provide pre-service education/obtain consent	L041B	RT					2			
34		L037D	RN/LPN/MTA	6							
35	Prepare room, equipment, supplies	L041B	RT					2			
36		*L046A*	CT Tech	6		6				4	
37	Setup scope (non facility setting only)										
38	Prepare and position patient/ monitor patient/ set up IV	L051A	RN					2			
39		*L046A*	CT Tech	2		2				2	
40	Sedate/apply anesthesia	L051A	RN	2		2				2	
41	*Other Clinical Activity - specify:										
42	**Intra-service**										
43	Assist Physician (CS)	L051A	RN	80		115		180		90	
44	Assist Physician	L041B	RT					144			
45		L046A	CT Tech	144		115				90	
46	Aquire images (75%)	L046A	CT Tech			86					
47	circulator (25%)	L037D	RN/LPN/MTA			29				23	
48	**Post-Service**										
49	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15	
50	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN							45	
51	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		1		3	
52	Clean Scope/EQUIPMENT	L041B	RT					5			
53	Clean RFA Equipment	L037D	RN/LPN/MTA	3		3				3	
54	Clean Surgical Instrument Package										
55	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3	
56	Review/read X-ray, lab, and pathology reports										
57	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
58	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			2					
59	Review examination with interpreting MD	L046A	CT Tech								
60	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1					
61	*Other Clinical Activity - *specify:*										
62	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	*L037D*	*RN/LPN/MTA*	**n/a**		n/a		**n/a**	6	**n/a**	6
63	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		**n/a**		**n/a**	
64	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		**n/a**		**n/a**	
65	**End: Patient leaves office**										
66	**POST-SERVICE Period**										
67	**Start: Patient leaves office/facility**										
68	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			3	3				
69	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	99211 16 minutes		16								
71	99212 27 minutes	L037D	27					**1**	**1**	**1**	**1**
72	99213 36 minutes		36								
73	99214 53 minutes		53								
74	99215 63 minutes		63								
75	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**
76	*Other Clinical Activity - *specify:*										
77	**End: with last office visit before end of global period**										
78	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
79	pack, minimum multi-specialty visit	SA048	pack	1		1		2	1	2	**1**
80	pack, conscious sedation	SA044	pack	1		1		1		1	
81	**kit, probe, radiofrequency, Xii-enhanced RF probe**	**SA100**	**item**					**1**			
82	**probe, cryoablation, renal**	**SD233**	**item**			**3**				**4**	
83	**probe, radiofrequency, 3 array (StarBurstSDE)**	**SD109**	**item**	**1**							
84	kit, introducer, radiofrequency, Xii-enhanced RF probe	SA096	item					1			
85	tray, shave prep	SA067	tray	1		1		1		1	
86	drape, sterile, fenestrated 16in x 29in	SB011	item	3		1		1		1	
87	drape, sterile, three-quarter sheet	SB014	item	1		1		1		1	
88	drape-towel, sterile 18in x 26in	SB019	item	4		4		1		4	
89	gloves, sterile	SB024	pair	2		2		2		2	
90	gown, surgical, sterile	SB028	item	2		2		2		2	
91	mask, surgical, with face shield	SB034	item	1		4		2		4	
92	shoe covers, surgical	SB039	pair	3		4		2		4	
93	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
94	needle, 18-27g	SC029	item	2		2		2		2	
95	syringe 10-12ml	SC051	item	1		1		1		1	
96	syringe 20ml	SC053	item	1		1		1		1	

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
97	gas, helium	SD079	cu ft			455				455	
98	gas, argon	SD227	cu ft			575				575	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1		1		1	
100	gauze, sterile 4in x 4in	SG055	item	3				3			
101	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	SG057	item			1				1	
102	steri-strip (6 strip uou)	SG074	item	1		1				1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	12		12		12		12	
104	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10		10	
105	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
106	water, sterile for irrigation (250-1000ml uou)	SH074	item					1		1	
107	povidone soln (Betadine)	SJ041	ml	60		60		60		60	
108	tincture of benzoin, swab	SJ060	item	1		1		1		1	
109	cup-container, sterile, graduated 1000ml	SL038	item	1		1		1		1	
110	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			3				3	
111	applicator, sponge-tipped	SG009	item	4				4			
112	cup, biopsy-specimen sterile 4oz	SL036	item	1				1			
113	silver nitrate applicator	SJ046	item	1				1			
114	tray, biopsy procedure	SA061	tray	1				1			
115	cautery, patient ground pad w-cod	SF021	items	1							
116	**EQUIPMENT**	**CODE**									
117	drill system, surgical, large (Stryker)	EQ106		152		45					
118	cryosurgery system (for tumor ablation)	EQ302				134				104	
119	room CT	EL007				134		153		104	
120	table instrument, mobile	EF027				134		242		166	
121	ECG, 3 channel (with SpO2, NIBP, temp, resp)	EQ011		142		194		242		166	
122	IV infusion pump	EQ032		142		194		242		166	
123	light, exam	EQ168		152		194				106	
124	stretcher	EF018				60				166	
125	table, exam	EF023		142				27		27	27
126	IMRT CT-based simulator	ER005		152							
127	radiofrequency infusion pump (angiodynamics)	EQ323						153			
128	radiofrequency generator (Angiodynamics), liver RFA	EQ322						153			
129	radiofrequency generator (Neuro)	EQ214		152							
130											
131											

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**292**	**23**	**420**	**33**	**406**	**56**	**342**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			***17***	***23***	***24***	***30***	***14***	***23***	***24***	***30***
8		*L037D*	*RN/LPN/MTA*	*11*	*23*	*18*	*30*	*14*	*23*	*18*	*30*
9		*L046A*	*CT Tech*	*6*		*6*				*6*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			***275***	***0***	***393***	***0***	***365***	***6***	***291***	***6***
11		*L037D*	*RN/LPN/MTA*	*26*	*0*	*49*		*15*	*6*	*43*	*6*
12		*L041B*	*RT*		*0*			*153*	*0*		*0*
13		*L051A*	*RN*	*97*	*0*	*132*		*197*	*0*	*152*	*0*
14		*L046A*	*CT Tech*	*152*		*212*				*96*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			***0***	***0***	***3***	***3***	***27***	***27***	***27***	***27***
16		*L037D*	*RN/LPN/MTA*	*0*	*0*	*3*	*3*	*27*	*27*	*0*	*0*
18	**PRE-SERVICE**										
19	**Start: Following visit when decision for surgery or procedure made**										
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	3	10	3	10	3	10
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		5
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			7	7	3		7	7
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
25	Availability of prior images confirmed	L037D	RN/LPN/MTA								
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	*L046A*	*CT Tech*	6		6				6	
27	*Other Clinical Activity - *specify:*										
28	**End: When patient enters office/facility for surgery/procedure**										
29	**SERVICE PERIOD**										
30	**Start: When patient enters office/facility for surgery/procedure:**										
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3	
32	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
33	Provide pre-service education/obtain consent	L041B	RT					2			
34		L037D	RN/LPN/MTA	6							
35	Prepare room, equipment, supplies	L041B	RT					2			
36		*L046A*	CT Tech	6		6				4	
37	Setup scope (non facility setting only)										
38	Prepare and position patient/ monitor patient/ set up IV	L051A	RN					2			
39		*L046A*	CT Tech	2		2				2	
40	Sedate/apply anesthesia	L051A	RN	2		2				2	
41	*Other Clinical Activity - specify:										
42	**Intra-service**										
43	Assist Physician (CS)	L051A	RN	80		115		180		90	
44	Assist Physician	L041B	RT					144			
45		L046A	CT Tech	144		115				90	
46	Aquire images (75%)	L046A	CT Tech			86					
47	circulator (25%)	L037D	RN/LPN/MTA			29				23	
48	**Post-Service**										
49	Monitor pt. following moderate sedation	L051A	RN	15		15		15		15	
50	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN							45	
51	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		1		3	
52	Clean Scope/EQUIPMENT	L041B	RT					5			
53	Clean RFA Equipment	L037D	RN/LPN/MTA	3		3				3	
54	Clean Surgical Instrument Package										
55	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3		3	
56	Review/read X-ray, lab, and pathology reports										
57	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
58	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			2					
59	Review examination with interpreting MD	L046A	CT Tech								
60	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1					
61	*Other Clinical Activity - *specify:*										
62	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	*L037D*	*RN/LPN/MTA*	**n/a**		n/a		**n/a**	6	**n/a**	6
63	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		**n/a**		**n/a**	
64	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		**n/a**		**n/a**	
65	**End: Patient leaves office**										
66	**POST-SERVICE Period**										
67	**Start: Patient leaves office/facility**										
68	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			3	3				
69	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	99211 16 minutes		16								
71	99212 27 minutes	L037D	27					**1**	**1**	**1**	**1**
72	99213 36 minutes		36								
73	99214 53 minutes		53								
74	99215 63 minutes		63								
75	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**
76	*Other Clinical Activity - *specify:*										
77	**End: with last office visit before end of global period**										
78	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
79	pack, minimum multi-specialty visit	SA048	pack	1		1		2	1	2	**1**
80	pack, conscious sedation	SA044	pack	1		1		1		1	
81	**kit, probe, radiofrequency, Xii-enhanced RF probe**	**SA100**	**item**					**1**			
82	**probe, cryoablation, renal**	**SD233**	**item**			**3**				**4**	
83	**probe, radiofrequency, 3 array (StarBurstSDE)**	**SD109**	**item**	**1**							
84	kit, introducer, radiofrequency, Xii-enhanced RF probe	SA096	item					1			
85	tray, shave prep	SA067	tray	1		1		1		1	
86	drape, sterile, fenestrated 16in x 29in	SB011	item	3		1		1		1	
87	drape, sterile, three-quarter sheet	SB014	item	1		1		1		1	
88	drape-towel, sterile 18in x 26in	SB019	item	4		4		1		4	
89	gloves, sterile	SB024	pair	2		2		2		2	
90	gown, surgical, sterile	SB028	item	2		2		2		2	
91	mask, surgical, with face shield	SB034	item	1		4		2		4	
92	shoe covers, surgical	SB039	pair	3		4		2		4	
93	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
94	needle, 18-27g	SC029	item	2		2		2		2	
95	syringe 10-12ml	SC051	item	1		1		1		1	
96	syringe 20ml	SC053	item	1		1		1		1	

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING 04-24-2014**			**REFERENCE CODE**		**SURVEYED CODE**		**REFERENCE CODE**		**SURVEYED CODE**	
2	**Meeting Date: April 2014 Tab: 4 and 15 Cryoablation Specialty: SIR and ACR**			**20982**		**20983**		**47382**		**47383**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever	**CMS Code**	**Staff Type**	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance		Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,		Ablation, one or more liver tumor(s), percutaneous, radiofrequency		Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**010**	**010**	**010**	**010**
97	gas, helium	SD079	cu ft			455				455	
98	gas, argon	SD227	cu ft			575				575	
99	scalpel with blade, surgical (#10-20)	SF033	item	1		1		1		1	
100	gauze, sterile 4in x 4in	SG055	item	3				3			
101	gauze, x-ray detectable, sterile 4in x 4in (10 pack uou)	SG057	item			1				1	
102	steri-strip (6 strip uou)	SG074	item	1		1				1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	12		12		12		12	
104	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10		10	
105	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1		1	
106	water, sterile for irrigation (250-1000ml uou)	SH074	item					1		1	
107	povidone soln (Betadine)	SJ041	ml	60		60		60		60	
108	tincture of benzoin, swab	SJ060	item	1		1		1		1	
109	cup-container, sterile, graduated 1000ml	SL038	item	1		1		1		1	
110	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			3				3	
111	applicator, sponge-tipped	SG009	item	4				4			
112	cup, biopsy-specimen sterile 4oz	SL036	item	1				1			
113	silver nitrate applicator	SJ046	item	1				1			
114	tray, biopsy procedure	SA061	tray	1				1			
115	cautery, patient ground pad w-cod	SF021	items	1							
116	**EQUIPMENT**	**CODE**									
117	drill system, surgical, large (Stryker)	EQ106		152		45					
118	cryosurgery system (for tumor ablation)	EQ302				134				104	
119	room CT	EL007				134		153		104	
120	table instrument, mobile	EF027				134		242		104	
121	ECG, 3 channel (with SpO2, NIBP, temp, resp)	EQ011		142		194		242		164	
122	IV infusion pump	EQ032		142		194		242		164	
123	light, exam	EQ168		152		194				164	
124	stretcher	EF018				60				240	
125	table, exam	EF023		142				27		27	27
126	IMRT CT-based simulator	ER005		152							
127	radiofrequency infusion pump (angiodynamics)	EQ323						153			
128	radiofrequency generator (Angiodynamics), liver RFA	EQ322						153			
129	radiofrequency generator (Neuro)	EQ214		152							
130											
131											

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Cystourethroscopy Insertion Transprostatic Implant

At the February 2014 CPT Editorial Panel meeting two new codes were created to describe the endoscopic placement of a transprostatic implant for the treatment of obstructive uropathy from benign prostatic hyperplasia (BPH).

52441 ***Cystorurethroscopy, Insertion of Transprostatic implant, single implant***
The specialty society indicated and the RUC agreed that the survey respondents overestimated the work required to perform CPT code 52441. The specialty society recommended that CPT code 52441 be crosswalked to CPT code 43244 *Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices* (work RVU = 4.50), as both services require the same physician work and time to perform. The RUC recommends 42 minutes pre-service, 30 minutes intraservice and 21 minutes immediate post-service time for 52441.

For additional support the RUC referenced the following codes, all of which require similar intra-service time, work and have recently reviewed by the RUC: 43243*Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* (work RVU = 4.37, 30 minutes intraservice time), 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU = 4.62, 30 minutes intraservice time) and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71, 30 minutes intraservice time). **The RUC recommends a work RVU of 4.50 for CPT code 52441.**

52442 ***Cystourethroscopy, insertion of transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure***
The specialty society indicated and the RUC agreed that the survey respondents overestimated the work required to perform CPT code 52442. The specialty society recommended that CPT code 52442 be crosswalked to 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.20). CPT code 64480 has similar time and intensity measures to CPT code 52442 and appropriately accounts for the work required to perform this service. The urologists reported to the RUC that at a minimum of 4 implants are used on a typical patient during this procedure.

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For additional support the RUC referenced the following CPT code 15136 *Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 1.50, 15 minutes of intraservice time), which has the same intraserivce time and a similar work RVU. **The RUC recommends a work RVU of 1.20 for CPT code 52442.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.

New Technology
CPT codes 52441 and 52442 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●52441	FF1	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	000	4.50
✚●52442	FF2	each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) (Use 52442 in conjunction with 52441) (To report removal of implant(s) use 52310) (For insertion of a permanent urethral stent, use 52282. For insertion of a temporary prostatic urethral stent, use 53855)	ZZZ	1.20

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April 11, 2014

RE: TAB 16 5244X1 and 5244X2 CYSTOURETHROSCOPY WITH INSERTION OF TRANSPROSTATIC IMPLANT

Dear RUC Committee Members:

As part of supporting documentation to develop practice expense inputs for 5244X1 and 5244X2, original manufacturer invoices were requested and obtained from several practices. Some of these invoices contained practice information. Unfortunately, the incorrect invoices were submitted to accompany the RUC practice expense materials. The invoices received were not redacted to remove the practice information.

Revised redacted copies have been provided to committee members and should replace the previously supplied invoices. The previous invoices should be destroyed.

On behalf of the American Urological Association, an apology for this oversight is expressed.

Sincerely,

Norman D. Smith, M.D.
AUA RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52441 Tracking Number FF1 Original Specialty Recommended RVU: **6.41**

Presented Recommended RVU: **4.50**
Global Period: 000 RUC Recommended RVU: **4.50**

CPT Descriptor: Cystourethrooscopy, Insertion of Transprostatic implant; single implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male has benign prostatic hyperplasia and bothersome voiding symptoms. The patient has an elevated International Prostate Symptom Score (IPSS), a low peak urinary flow rate, and elevated post-void residual volume. His symptoms have failed to improve on medical therapy. Cystoscopy excludes a significant median lobe component, and ultrasound shows the patient's prostate is 20 grams. After discussion of treatment options, the patient elects a permanent adjustable transprostatic implant procedure with a single implant.

Percentage of Survey Respondents who found Vignette to be Typical: 32%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting?

Description of Pre-Service Work:

- Obtain and review records and previous history, laboratory studies and all imaging studies before the procedure;
- Confirm oral sedative and antibiotic have been taken at appropriate interval prior to procedure;
- Take patient to the cystoscopy suite;
- Surgical time-out is done identifying the patient, procedure to be done, and appropriate equipment and supplies are in the room;
- Place patient on cystoscopy table in dorsal-lithotomy position;
  Pad elbows, knees and ankles
- Prep and drape the perineum;
- Connect irrigation tubing and light source to cystoscope;
- Drain bladder using straight catheter;
- Instill 30 ml of 2% Xylocaine jelly into bladder;
- Inject 10 cc of Xylocaine jelly into urethra;
- Use penile claim to contain Xylocaine in the urinary tract;
- Wait 20 minutes for Xylocaine to take effect and numb urethra;
- Attach camera and "white balance"; check video equipment.

Description of Intra-Service Work:

- Once adequate anesthesia is achieved, a 20F cystoscope sheath is inserted into the meatus.
- The cystoscope is advanced toward the bladder to assess the precise location of the prostatic obstruction, the intended location for implants and the amount of compression required to apply to the obstructing lateral lobes so as to achieve the intended result.
- Press the cystoscope against the prostate lobe to determine the level of opening that should be created.
- Once the locations of the implantation sites are confirmed, the urologist proceeds with placement of the first implant.
- With the sheath in the bladder, the telescope bridge is replaced with the implant delivery device and the telescope lens reintroduced into the device.
- The first treatment site is determined by orienting the delivery device tip in an anterolateral direction (typically 2 to 3 o'clock position) in the bladder and slowly moving the device distally within the prostatic fossa approximately 1.5 cm from the bladder neck.
- The distal tip of the delivery device is then angled laterally at least 20 degrees at this position so as to compress the lateral lobe and assure proper needle trajectory.
- Prior to deploying the implant, the urologist confirms cystoscopically that adequate tissue is captured both anterior and posterior to the implant.
- The trigger is pulled, thereby deploying a needle containing the implant through the prostate.
- The needle is then retracted, allowing one end of the implant to be delivered to the capsular surface of the prostate.

- The implant is then tensioned to assure capsular seating and removal of slack monofilament.
- The device is then angled back toward midline and slowly advanced proximally (typically 3 to 4 mm) until cystoscopic verification of the monofilament being centered in the delivery bay.
- The urethral end piece is then affixed to the monofilament, thereby tailoring the size and tension of the implant. Excess filament is then severed.
- After each implant is deployed, the device is then readvanced into the bladder and the delivery device is replaced with cystoscope and bridge, allowing the bladder to drain between attachments.
- The physician then inspects the degree of prostatic compression achieved at the site so as to ultimately shape an anterior channel through the prostatic fossa.
- If additional implants are necessary, those implants are then placed in the prostate (see intra-service time for 5244X2.)
- A final cystoscopy is conducted first to inspect the location and state of the implant(s) to assure proper seating and location.
- Finally, cystoscopy is conducted with irrigation turned off to assure that the prostatic channel remains patent without irrigation pressure.
- The bladder is then filled with 100 to 200 ml of saline to assist the patient in a post procedure trial to void, conducted before he is discharged.
- An indwelling urinary catheter with drainage bag is placed.

Description of Post-Service Work:

- Remove drapes;
- Bring patient's legs out of dorsal-lithotomy position;
- Move patient off of table and take to recovery area;
- Monitor vital signs as appropriate;
- Discuss findings with patient and family as appropriate;
- Give post-operative instruction sheet;
- Write prescriptions;
- Schedule follow-up appointment;
- Dictate operative report;
- Contact referring physician or primary care physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Norm Smith, MD, Tom Turk, MD, Phil Wise, MD and Martin Dineen, MD		
Specialty(s):	Urology		
CPT Code:	52441		
Sample Size:	55	**Resp N:** 38	**Response:** 69.0 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		1.00	**3.00**	6.75	30.00
Survey RVW:	4.25	6.41	**7.00**	8.00	17.30
Pre-Service Evaluation Time:			**49.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	25.00	**30.00**	45.00	60.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	52441	**Recommended Physician Work RVU: 4.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**5.00**	**15.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**21.00**	**21.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	6

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 47.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 52441**	**Key Reference CPT Code:** 52282	**Source of Time** **RUC Time**

Median Pre-Service Time	42.00	40.00
Median Intra-Service Time	30.00	50.00
Median Immediate Post-service Time	21.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**93.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.00
Urgency of medical decision making	2.56	2.72
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.94	3.28
Physical effort required	3.56	2.89
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.22	3.00
Outcome depends on the skill and judgment of physician	4.00	3.44
Estimated risk of malpractice suit with poor outcome	3.39	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	2.89
Intra-Service intensity/complexity	3.94	3.28
Post-Service intensity/complexity	3.06	2.72

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This survey was administered according to AMA/Specialty Society Instructions for Specialty Societies Developing Work Value Recommendations and the following explains our process and summarizes our recommendations:

The American Urological Association requested a random sample of approximately 2000 urologists from our general membership database. These individuals represented specialization in urology, practice circumstances, practice settings and geographic areas. An email from the Chair of our Health Policy Council was sent to these individuals to determine if they perform the procedure being reviewed and if they would be willing to complete the AMA/Specialty Society Relative Value Scale Update Committee physician work survey. The individuals who indicated they performed the procedure and would be willing to participate in the survey were sent a link to the online RUC survey and were given a specific deadline to complete the survey. Of the 55 urologists who agreed to participate, 38 completed the survey for a 69% response rate.

The AUA expert panel reviewed the survey material. The survey results show a median RVU of 7 and a 25th percentile RVU of 6.41.

This procedure can be performed in an office setting with local anesthesia and oral medication so a pre-service time package of 6A NF procedure with local/topical anesthesia care requiring wait time was chosen by the AUA expert panel. The panel also believes that five minutes of positioning time is required for the patient to be placed in the dorsal lithotomy position. The additional time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

The AUA also requests an extra fifteen minutes for the dress, scrub and wait time, given that the local anesthesia instilled in the bladder/urethra prior to the implantation of the transprostatic device requires at least twenty minutes to numb the prostate and surrounding area. The current pre-service package 6A allows for five minutes of anesthesia time. This does not include any additional time for the dress and scrub time.

The AUA expert panel has reviewed the survey data and recommends the physician work RVU of 6.41 at the 25th percentile.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This information is from the CPT Code Change Proposal

Specialty Urology Frequency 6000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Information taken from Code Change Proposal

Specialty Urology Frequency 4500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 52282

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52442 Tracking Number FF2 Original Specialty Recommended RVU: **2.00**

Presented Recommended RVU: **1.20**
Global Period: ZZZ RUC Recommended RVU: **1.20**

CPT Descriptor: Cystourethroscopy, insertion of transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The initial implant has been placed (reported with 5244X1) and the patient now undergoes additional placement.

Percentage of Survey Respondents who found Vignette to be Typical: 38%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 17%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 17%

Description of Pre-Service Work: Description of Pre-service Work is included with base code 5244X1.

Description of Intra-Service Work:

- The additional treatment site is determined by pressing the cystoscope against the prostate lobe to determine the level of opening that should be created.
- The cystoscope is advanced into the bladder.
- With the sheath in the bladder, the telescope bridge is replaced with a new implant delivery device and the telescope lens reintroduced into the device.
- The distal tip of the delivery device is then oriented to either the 2 to 3 o'clock or 9 to 10 o'clock position and retracted into the prostatic fossa to the intended delivery site.
- The device is then angled laterally at least 20 degrees at this position so as to compress the lateral lobe and assure proper needle trajectory.
- Prior to deploying the implant, the urologist confirms cystoscopically that adequate tissue is captured both anterior and posterior to the implant.
- The trigger is pulled, thereby deploying a needle containing the implant through the prostate.
- The needle is then retracted, allowing one end of the implant to be delivered to the capsular surface of the prostate.
- The implant is then tensioned to assure capsular seating and removal of slack monofilament.
- The device is then angled back toward midline and slowly advanced proximally (typically 3 to 4 mm) until cystoscopic verification of the monofilament being centered in the delivery bay.
- The urethral end piece is then affixed to the monofilament, thereby tailoring the size and tension of the implant.

- Excess filament is then severed.
- The delivery device is advanced into the bladder.
- The delivery device is replaced with cystoscope and bridge.
- The physician then inspects the degree of prostatic compression achieved at the site and determines where the next implant should be delivered so as to ultimately shape an anterior channel through the prostatic fossa.
- (For additional implant, the above sequence is repeated with the physician installing the cystoscope and reinspecting successful placement of each implant and degree of lateral lobe obstruction remaining. If there is persistent obstruction distally, the above sequence is repeated with further implants delivered and inspected until a satisfactory result is obtained, namely a reshaping of the prostate that offers a continuous channel through the anterior aspect of the prostatic fossa.)

Description of Post-Service Work: Description of Post-service Work is included in the base code 5244X1.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Norm Smith, MD, Tom Turk, MD, Phil Wise, MD and Martin Dineen, MD		
Specialty(s):	Urology		
CPT Code:	52442		
Sample Size:	54	**Resp N:** 39	**Response:** 72.2 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		1.00	**3.00**	7.50	40.00
Survey RVW:	1.40	2.00	**3.00**	4.85	17.30
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	52442	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49412	ZZZ	1.50	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	150,115

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450,314

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 38.4 **%**

TIME ESTIMATES (Median)	CPT Code: 52442	Key Reference CPT Code: 49412	Source of Time RUC Time
Median Pre-Service Time	0.00		
Median Intra-Service Time	25.00	20.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**0.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.07	2.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	2.67
Urgency of medical decision making	2.73	2.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.93	2.73
Physical effort required	3.20	2.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.33	2.53
Outcome depends on the skill and judgment of physician	4.07	2.87
Estimated risk of malpractice suit with poor outcome	2.87	2.27

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.80	2.47
Intra-Service intensity/complexity	3.73	3.07

Post-Service intensity/complexity	3.00	2.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This survey was administered according to AMA/Specialty Society Instructions for Specialty Societies Developing Work Value Recommendations and the following explains our process and summarizes our recommendations:

The American Urological Association requested a random sample of approximately 2000 urologists from our general membership database. These individuals represented specialization in urology, practice circumstances, practice settings and geographic areas. An email from the Chair of our Health Policy Council was sent to these individuals to determine if they perform the procedure being reviewed and if they would be willing to complete the AMA/Specialty Society Relative Value Scale Update Committee physician work survey. The individuals who indicated they performed the procedure and would be willing to participate in the survey were sent a link to the online RUC survey and were given a specific deadline to complete the survey. Of the 54 urologists who agreed to participate, 39 completed the survey for a 72% response rate.

The AUA expert panel reviewed the survey material for this add-on code used in conjunction with the base code 52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant. The survey results show a median RVU of 3 and a 25th percentile RVU of 2.

The pre- and post-service work is included in the base code 52441.

The AUA expert panel has reviewed the survey data and recommends the physician work RVU of 2 at the 25th percentile.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Information taken from Code Change Proposal

Specialty Urology Frequency 24000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 16,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Information taken from Code Change Proposal

Specialty Urology Frequency 16000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 49412

SS Rec Summary

ISSUE: 5244X1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant:

TAB: 16

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	52282	Cystourethroscopy, with insertion of permanent urethral stent		0.096			6.39			120	40					50			30																			
CURRENT				#DIV/0!						0																													
SVY	52441	*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant ;*	38	0.168	4.25	6.41	7.00	8.00	17.30	124	49	10	10	15	25	30	45	60	25																			
REC	52441		38	0.110	4.50					97	17	5	20			30			25																			

CPT Code: 52441
Specialty Society('s) American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant**

Global Period 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The AUA Practice Expense Workgroup consists of six urologists from across the country and an additional non-conflicted physician who performs the procedure. The supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the ambulatory surgical center, outpatient hospital and inpatient hospital setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Although CPT code 52282 Cystourethroscopy, with insertion of permanent urethral stent is the code chosen by the physician work survey the majority of the time, this procedure is only performed in the facility setting. Therefore, we will use CPT code 52287as the reference code for practice expense since this procedure is performed in the office setting. This procedure is a different procedure from the surveyed code; however, there are some similarities in the practice expense.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

CPT Code: 52441
Specialty Society('s) American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant**

Global Period 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The AUA Practice Expense Workgroup consists of six academic and private practice urologists from across the country and an additional non-conflicted physician who performs the procedure. The panel requests input for supplies and equipment from several urology practices, reviews the information, makes recommendations and submits them to the AMA. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the physician office setting.

You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Although CPT code 52282 Cystourethroscopy, with insertion of permanent urethral stent is the code chosen by the physician work survey the majority of the time, this procedure is only performed in the facility setting. Therefore, we will use CPT code 52287as the reference code for practice expense since this procedure is performed in the office setting. This procedure is a different procedure from the surveyed code; however, there are some similarities in the practice expense.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment (cystoscope, video, etc.) and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.

- Assist the physician with the anesthesia prior to the procedure.

Service Clinical Labor Activities:

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect cystoscope in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointmentt is set up for patient while checking out.

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014 Tab: 16 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**78.0**	**15.0**	**88.0**	**0.0**	**25.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**78.0**	**0.0**	**88.0**	**0.0**	**25.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms				**3**	**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services				**3**	**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility				**3**	**0**	**0**	**0**	**0**
15	Provide pre-service education/obtain consent				**3**	**0**	**0**	**0**	**0**
16	Follow-up phone calls & prescriptions				**3**	**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**		**3**			
22	Obtain vital signs			**3**		**3**			
23	Provide pre-service education/obtain consent			**3**		**3**			
24	Prepare room, equipment, supplies			**2**		**2**			
25	Setup scope (non facility setting only)			**5**		**5**			
26	Prepare and position patient/ monitor patient/ set up IV			**2**		**2**			
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure 100%			**20**		**30**		**25**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**2**		**2**			
35	Clean room/equipment by physician staff			**3**		**3**			
36	Clean Scope			**30**		**30**			
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**		**5**			
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014 Tab: 16 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	water, sterile for irrigation (250-1000ml uou)	SH074	item	**1**		1			
60	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		1			
61	pack, urology cystoscopy visit	SA058	pack	**1**		1			
62	pack, minimum multi-specialty visit	SA048	pack	**1**		1			
63	catheter, Foley	SD024	item			1			
64	leg or urinary drainage bag	SJ031	item			1			
65	catheter, straight	SD030	item	**1**		1			
66	tray, catheter insertion (w-o catheter)	SA063	item			1			
67	gloves, sterile	SB024	pair	**4**		**3**			
68	syringe, Toomey	SC062	item	**1**		1			
69	drape-towel, sterile 18in x 26in	SB019	item			**2**			
70	underpad 2ft x 3ft (Chux)	SB044	item			1			
71	drape, sterile, for Mayo stand	SB012	item	**1**		1			
72	lubricating jelly (K-Y)(5 gm uou)	SJ032	item	**1**		1			
73	scissors	SA027	item	**1**		1			
74	syringe, 50-60 ml	SC056	item	**1**		1			
75	stop cock, 3-way	SC049	item			1			
76	needle, 30 g	SC031	item	**2**		2			
77	Sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**4**		4			
78	10 cc syringe	SC051	item	**4**		**2**			
79	gown, staff, impervious	SB027	item			**1**			
80	mask, surgical, with face shield	SB034	item			**1**			
81	cap, surgical	SB001	item			**2**			
82	shoe covers, surgical	SB039	item			2			
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**50**		**50**			
84	lidocaine, 2% jelly topical (Xylocaine)	SH048	ml	**10**		**0**			
85	sodium chloride, 0.9% inj (10 ml uou)	SH066	ml	**3**		3			
86	**Urolift Implant and implantation device**	**NEW**	**item**	**Invoice**		**1**		**1**	
87	**Equipment**								
88	cystoscope, flexible, Fiberscope	ES018		**78**		74		25	
89	Video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**78**		44		25	
90	light, fiberoptic headlight w source	EQ170		**78**		44		25	
91	table, power	EF031		**78**		44		25	
92	mobile back table with wheels	EF027		**78**		44		25	

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014 Tab: 16 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**78.0**	**15.0**	**88.0**	**0.0**	**25.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**78.0**	**0.0**	**88.0**	**0.0**	**25.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms				**3**	**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services				**3**	**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility				**3**	**0**	**0**	**0**	**0**
15	Provide pre-service education/obtain consent				**3**	**0**	**0**	**0**	**0**
16	Follow-up phone calls & prescriptions				**3**	**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**		**3**			
22	Obtain vital signs			**3**		**3**			
23	Provide pre-service education/obtain consent			**3**		**3**			
24	Prepare room, equipment, supplies			**2**		**2**			
25	Setup scope (non facility setting only)			**5**		**5**			
26	Prepare and position patient/ monitor patient/ set up IV			**2**		**2**			
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure 100%			**20**		**30**		**25**	
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**2**		**2**			
35	Clean room/equipment by physician staff			**3**		**3**			
36	Clean Scope			**30**		**30**			
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014** **Tab: 16** **Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**		**5**			
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014 Tab: 16 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	water, sterile for irrigation (250-1000ml uou)	SH074	item	**1**		1			
60	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		1			
61	pack, urology cystoscopy visit	SA058	pack	**1**		1			
62	pack, minimum multi-specialty visit	SA048	pack	**1**		1			
63	catheter, Foley	SD024	item			1			
64	leg or urinary drainage bag	SJ031	item			1			
65	catheter, straight	SD030	item	**1**		1			
66	tray, catheter insertion (w-o catheter)	SA063	item			1			
67	gloves, sterile	SB024	pair	**4**		**3**			
68	syringe, Toomey	SC062	item	**1**		1			
69	drape-towel, sterile 18in x 26in	SB019	item			**2**			
70	underpad 2ft x 3ft (Chux)	SB044	item			1			
71	drape, sterile, for Mayo stand	SB012	item	**1**		1			
72	lubricating jelly (K-Y)(5 gm uou)	SJ032	item	**1**		1			
73	scissors	SA027	item	**1**		1			
74	syringe, 50-60 ml	SC056	item	**1**		1			
75	stop cock, 3-way	SC049	item			1			
76	needle, 30 g	SC031	item	**2**		2			
77	Sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**4**		4			
78	10 cc syringe	SC051	item	**4**		**2**			
79	gown, staff, impervious	SB027	item			**1**			
80	mask, surgical, with face shield	SB034	item			**1**			
81	cap, surgical	SB001	item			**2**			
82	shoe covers, surgical	SB039	item			2			
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**50**		**50**			
84	lidocaine, 2% jelly topical (Xylocaine)	SH048	ml	**10**		**0**			

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 52287**		**CPT Code # 52441**		**CPT Code # +52442**	
3	**Meeting Date: April 2014** **Tab: 16** **Specialty: American Urological Association**	**CMS Code**	**Staff Type**	Cystourethroscopy with injection(s) for chemodenervation of the bladder		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
4	**LOCATION**	**L037D**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
85	sodium chloride, 0.9% inj (10 ml uou)	SH066	ml	**3**		3			
86	**Urolift Implant and implantation device**	**NEW**	**item**	**Invoice**		**1**		**1**	
87	**Equipment**								
88	cystoscope, flexible, Fiberscope	ES018		**78**		74			
89	Video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**78**		44			
90	light, fiberoptic headlight w source	EQ170		**78**		44			
91	table, power	EF031		**78**		44			
92	mobile back table with wheels	EF027		**78**		44			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

April 2014

Myelography

The RAW identified a number of codes related to myelography services through the 75% reported together screen. In October 2013, the CPT Editorial Panel established four new bundled Category I codes to report the injection procedure for contrast myelography along with the accompanying radiological S&I. The RUC also reviewed the base CPT code 62284 *Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)* to ensure relativity across the family.

The specialty societies requested withdrawal of the Myelography family from review at the January 2014 RUC meeting. At the time of survey, the reference service list in the myelography survey instrument mistakenly included a CPT code that was pending CMS review, and may undergo refinement in 2014. As a result, the survey instrument was unintentionally misleading. Since the code in question was chosen as the key reference code for four of the five surveyed myelography codes, the RUC determined that the data was invalid. These codes, along with 72240, 72255, 72265 and 72270, were instead reviewed at the April 2014 RUC meeting.

62302 ***Myelography via lumbar injection, including radiological supervision and interpretation; cervical***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 62302: pre-service time of 24 minutes, intra-service time of 26 minutes and immediate post-service time of 10 minutes. The RUC agreed that four additional minutes should be added to the positioning time above standard pre-time package 1A to place the patient in the prone position.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 2.29 is appropriate for this service. To justify a work RVU of 2.29, the RUC compared the surveyed code to CPT code 72156 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical* (work RVU= 2.29, intra time= 25 minutes) and agreed that since both services have comparable physician work and identical intra-service time, they should be valued similarly. The RUC also reviewed key reference code 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU= 2.29) and noted that while the reference code has less intra-service time, 15 minutes compared to 26 minutes, the reference service is more intense compared to 62302. The additional time in the surveyed code revolves around the work of the cervical myelogram and the radiological supervision and interpretation. **The RUC recommends a work RVU of 2.29 for CPT code 62302.**

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62303 ***Myelography via lumbar injection, including radiological supervision and interpretation; thoracic***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 62303: pre-service time of 24 minutes, intra-service time of 25 minutes and immediate post-service time of 10 minutes. The RUC agreed that four additional minutes should be added to the positioning time above the standard pre-time package 1A to place the patient in the prone position.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 2.29 is appropriate for this service. To justify a work RVU of 2.29, the RUC compared the surveyed code to CPT code 72157 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic* (work RVU= 2.29) and agreed that since both services have comparable physician work and identical intra-service time, they should be valued similarly. The RUC also compared this service to the cervical myelography with radiological S&I, 62302, and determined that, with essentially the same time components and physician work, the two codes should be valued the same. **The RUC recommends a work RVU of 2.29 for CPT code 62303.**

62304 ***Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 62304: pre-service time of 24 minutes, intra-service time of 25 minutes and immediate post-service time of 10 minutes. The RUC agreed that four additional minutes should be added to the positioning time above the standard pre-time package 1A to place the patient in the prone position.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 2.25 is appropriate for this service. To justify a work RVU of 2.25, the RUC compared the surveyed code to CPT code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU= 2.29) and agreed that since both services have comparable physician work and identical intra-service time they should be valued similarly. In addition, the RUC reviewed 64517 *Injection, anesthetic agent; superior hypogastric plexus* (work RVU= 2.20) and agreed that, with identical intra-service time and comparable physician work, this reference code and 62304 should be valued similarly. **The RUC recommends a work RVU of 2.25 for CPT code 62304.**

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62305 ***Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 62305: pre-service time of 25 minutes, intra-service time of 30 minutes and immediate post-service time of 10 minutes. The RUC agreed that five additional minutes should be added to the positioning time above the standard pre-time package to place the patient in the prone position and also to match the median survey positioning time of 6 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 2.35 is appropriate for this service. To justify a work RVU of 2.35, the RUC compared the surveyed code to key reference service 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* (work RVU= 3.00) and agreed that while both services have identical intra-service time of 30 minutes, the reference code has more total time and is thus accurately valued higher than 62305. The RUC also reviewed CPT code 52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service* (work RVU= 2.37, intra time= 30 minutes) and agreed that, with identical intra-service time and comparable physician work, this reference code and 62305 should be valued similarly. **The RUC recommends a work RVU of 2.35 for CPT code 62305.**

62284 ***Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 62284: pre-service time of 24 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed that four additional minutes should be added to the positioning time above the standard pre time package to place the patient in the prone position. The RUC also agreed with the specialty societies that the current intra-service time of 15 minutes, lower than the survey median time of 20 minutes, is more appropriate for this service as the current time was just surveyed in October 2010.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 1.54, lower than the survey's 25th percentile, is appropriate for this service. To justify a work value of 1.54, the RUC compared the surveyed code to the key reference service 64493 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level* (work RVU= 1.52) and noted that both codes have identical intra-service time and comparable physician work. Therefore, both codes should be valued similarly. The RUC also reviewed MPC code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90, intra time= 15 minutes) and noted that while this service has identical intra-service time to 62284, the reference code has more total time and is accurately valued higher than the surveyed code. **The RUC recommends a work RVU of 1.54 for CPT code 62284.**

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72240 ***Myelography, cervical, radiological supervision and interpretation***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 72240: pre-service time of 5 minutes, intra-service time of 16 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 0.91, lower than the survey's 25th percentile, is appropriate for this service. To justify a work value of 0.91, the RUC compared the surveyed code to MPC code 76805 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU= 0.99) and noted that since both services have identical intra-service time, 15 minutes, and comparable physician work, the recommended value for 72240 is appropriate relative to this similar reference code. The RUC also reviewed CPT code 78227 *Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed* (work RVU= 0.90, intra time= 15 minutes) and agreed that this service is analogous to the surveyed code and should be valued similarly. **The RUC recommends a work RVU of 0.91 for CPT code 72240.**

72255 ***Myelography, thoracic, radiological supervision and interpretation***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 72255: pre-service time of 5 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 0.91, lower than the survey's 25th percentile, is appropriate for this service. To justify a work value of 0.91, the RUC compared the surveyed code to CPT codes 76511 *Ophthalmic ultrasound, diagnostic; quantitative A-scan only* (work RVU= 0.94) and 78278 *Acute gastrointestinal blood loss imaging* (work RVU= 0.99) and agreed that both these services, with identical time compared to 72240, accurately place the recommended value relative to similar services across the RBRVS. The RUC also compared 72255 to 72240 and noted that both services are nearly identical in physician work and time and should thus be valued identically. **The RUC recommends a work RVU of 0.91 for CPT code 72255.**

72265 ***Myelography, lumbosacral, radiological supervision and interpretation***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 72265: pre-service time of 5 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 0.83, lower than the survey's 25th percentile, is appropriate for this service. To justify a work value of 0.83, the RUC compared the surveyed code to CPT codes 95867 *Needle electromyography; cranial nerve supplied muscle(s), unilateral* (work RVU= 0.79) and 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85) and noted that both these services have identical intra time compared to 72265 and provide accurate relativity above and below the recommended value. The RUC also noted that this recommended value maintains the appropriate intensity/complexity to the cervical and thoracic codes. **The RUC recommends a work RVU of 0.83 for CPT code 72265.**

72270 ***Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation***

The RUC reviewed the survey results from 37 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are accurate for 72270: pre-service time of 5 minutes, intra-service time of 20 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 1.33, lower than the survey's 25th percentile, is appropriate for this service. To justify a work value of 1.33, the RUC compared the surveyed code to MPC code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40, intra time= 18 minutes) and agreed that with nearly identical physician time components both services should be valued similarly. In addition, the RUC reviewed MPC code 73721 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material* (work RVU= 1.35) and noted that since this code has identical physician time and comparable physician work to 72270, the current value for this surveyed code is appropriate. **The RUC recommends a work RVU of 1.33 for CPT code 72270.**

Practice Expense

The RUC reviewed the direct PE inputs and noted that for the existing codes (62284, 72240, 42255, 72265 and 72270) there are decreases across the current clinical labor time, with supplies and equipment mostly crosswalked as well. For the new codes (62302-4) the inputs are largely consistent with the combined component injection and myelography codes, with reductions in the clinical labor time to reflect efficiencies gained now that the codes are bundled. The RUC approved the direct practice expense with minor modifications as approved by the Practice Expense Subcommittee.

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●62302	O1	Myelography via lumbar injection, including radiological supervision and interpretation; cervical (Do not report 62302 in conjunction with 62284, 62303, 62304, 62305, 72240, 72255, 72265, 72270)	000	2.29
●62303	O2	thoracic (Do not report 62303 in conjunction with 62284, 62302, 62304, 62305, 72240, 72255, 72265, 72270)	000	2.29
●62304	O3	lumbosacral (Do not report 62304 in conjunction with 62284, 62302, 62303, 62305, 72240, 72255, 72265, 72270)	000	2.25
●62305	O4	2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) (Do not report 62305 in conjunction with 62884, 62302, 62303, 62304, 72240, 72255, 72265, 72270) (For myelography lumbar injection and imaging performed by different physicians or other qualified health care professionals, see 62284 or, 72240, 72255, 72265, 72270) (For injection procedure at C1-C2, use 61055)	000	2.35
61055		Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment ~~(eg, C1-C2)~~ (For radiological supervision and interpretation, see Radiology) (Do not report 61055 in conjunction with 62302, 62303, 62304, 62305)		

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▲62284	O5	Injection procedure for myelography and/or computed tomography, ~~spinal~~ lumbar (other than C1-C2 and posterior fossa) (For injection procedure at C1-C2, use 61055) (When both 62284 and 72240, 72255, 72265, 72270 are performed by the same physician or other qualified health care professional for myelography, see 62302, 62303, 62304, 62305) (Do not report 62284 in conjunction with 62302, 62303, 62304, 62305, 72240, 72255, 72265, 72270) *(*For radiological supervision and interpretation, see Radiology)	000	1.54 (No Change)
72240	O6	Myelography, cervical, radiological supervision and interpretation (For complete cervical myelography via injection procedure at C1-C2, see 61055, ~~62284~~, 72240) (When both 62284 and 72240 are performed by the same physician or other qualified health care professional for cervical myelography, use 62302) (Do not report 72240 in conjunction with 62284, 62302, 62303, 62304, 62305)	XXX	0.91 (No Change)
72255	O7	Myelography, thoracic, radiological supervision and Interpretation (For complete thoracic myelography via injection procedure at C1-C2, see 61055, ~~62284~~, 72255) (When both 62284 and 72255 are performed by the same physician or other qualified health care professional for thoracic myelography, use 62303) (Do not report 72255 in conjunction with 62284, 62302, 62303, 62304, 62305)	XXX	0.91 (No Change)

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72265	O8	Myelography, lumbosacral, radiological supervision and Interpretation (For complete lumbosacral myelography via injection procedure at C1-C2, see 61055, ~~62284~~, 72265) (When both 62284 and 72265 are performed by the same physician or other qualified health care professional for lumbosacral myelography, use 62304) (Do not report 72265 in conjunction with 62284, 62302, 62303, 62304, 62305)	XXX	0.83 (No Change)
72270	O9	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation (For complete myelography of 2 or more regions ~~of entire spinal canal~~ via injection procedure at C1-C2, see 61055, ~~62284~~, 72270) (When both 62284 and 72270 are performed by the same physician or other qualified health care professional for myelography of 2 or more regions, use 62305) (Do not report 72270 in conjunction with 62284, 62302, 62303, 62304, 62305)	XXX	1.33 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62302 Tracking Number O1 Original Specialty Recommended RVU: **2.45**
Presented Recommended RVU: **2.29**
Global Period: 000 RUC Recommended RVU: **2.29**

CPT Descriptor: Myelography via lumbar injection, including radiological supervision and interpretation; cervical

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old patient status post prior anterior cervical discectomy and fusion (ACDF) presents with new left upper extremity radiculopathy. A cervical myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position.
Exam indications, medical records, hydration status, and lab studies are reviewed, particularly serum coagulation and renal function studies. Prior imaging studies (if performed) are reviewed evaluating for thecal sac termination, relationship with any spinal instrumentation,canal stenoses, conus medullaris termination, and head CT (if available) for contraindications. A focused patient interview is conducted regarding potential risks of intrathecal contrast injection, including the history of spinal interventions and/or seizures. Allergy history and a list of current medications are reviewed with the patient. Informed consent is obtained, explaining risks, benefits and alternatives to the procedure. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position. The patient is secured to the tabletop by a support device. Positioning is adjusted for optimal needle placement. The physician dresses in radiation attire and instructs radiologic technologists in imaging equipment required and the proper settings for the imaging equipment. A procedural time-out is performed. The lower back is prepared and draped in sterile fashion. Local anesthesia is administered first subcutaneously, then down to the level of the posterior elements.

Description of Intra-Service Work: A spinal needle is advanced under fluoroscopic guidance into the spinal canal and sequentially into the thecal sac. Care is taken to avoid damage to the nerve roots, conus medullaris and cauda equina. The stylet is removed from the needle. Egress of cerebrospinal fluid (CSF) from the needle hub is confirmed and fluid quality is evaluated. Iodinated contrast media is drawn up. The syringe-tubing combination is attached and intrathecal contrast is then slowly instilled over several minutes using intermittent fluoroscopy. During contrast injection, the patient is questioned for symptoms. Real time assessment of flow of contrast media from the needle and mixture with cerebrospinal fluid is assessed. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and

differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. The stylet is then replaced, the needle removed slowly and a bandage is applied.
The table is then tilted into the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the cervical region. The table is returned to a horizontal position. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. Prone images are taken in AP, lateral and both oblique projections. Additional images may be obtained with patient's head turned, or with lateral flexion. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.

Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: The patient is assisted to gently turn supine, and is moved onto a stretcher. The patient is questioned for symptoms and moved to a recovery area, with appropriate post-procedural care orders. The patient is observed in the department and assessed for hydration status, allergic reactions, new headache, and back or lower extremity symptoms. The patient is counseled regarding hydration, resuming medications, and typical signs and symptoms of spinal headache. Further instruction is given regarding limitations following the procedure (e.g., no driving). Physician contact information is given to the patient to be used as needed (i.e. post-procedure headache, fever, and/or worsening pain).
A brief procedure note is written in the medical record. Following observation, the patient is interviewed and released.
Formal interpretation of the recorded fluoroscopic images and standard digital images is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	62302				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	50.00	180.00
Survey RVW:	1.00	2.29	**2.50**	2.80	4.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	10.00	15.00	**26.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62302	**Recommended Physician Work RVU: 2.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**26.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 40.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 62302**	**Key Reference CPT Code:** 64479	**Source of Time** RUC Time

Median Pre-Service Time	24.00	24.00
Median Intra-Service Time	26.00	15.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**60.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

(of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.13	3.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.20	2.93
Urgency of medical decision making	2.87	2.67

Technical Skill/Physical Effort (Mean)

Technical skill required	2.93	3.07
Physical effort required	3.07	3.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.13	2.73
Outcome depends on the skill and judgment of physician	3.27	3.07
Estimated risk of malpractice suit with poor outcome	3.07	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.07	2.87
Intra-Service intensity/complexity	3.27	3.07
Post-Service intensity/complexity	2.73	2.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013

64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 62302 [Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa), cervical myelogram, and, supervision and interpretation cervical myelogram]
Our expert panel recommends a work RVU value 2.45, with procedure times of 24 minutes of pre-service, 26 minutes of intra-service, and 10 minutes of post-service. The recommended work RVU is between our survey 25th percentile and survey median. The recommended intra-service time is our survey median. This code bundles the 62284 injection code plus the cervical myelogram 72240; therefore, an additional 0.91 incremental work RVU over the injection code wRVU of 1.54 is recommended. Pre-service package 1A, with 4 additional minutes of positioning, is required to place the patient prone is most appropriate for this procedure. The intra-service time includes time needed for tilting the patient, and obtaining real time fluoroscopic images and subsequent spot x-rays are obtained in the AP, lateral, and oblique projections. This requires repositioning of the image intensifier, the table, and, occasionally, the patient prior to obtaining each image. Cervical myelography is more technically challenging and time consuming than thoracic or lumbar myelography, as it requires a more extreme Trendelenberg table tilt, and longer intra-service time so that contrast can diffuse further cephalad into the spinal canal. A post service time of 10 minutes is recommended.

KRS for 62302
The most chosen KRS for 62302 was 64479, image-guided transforaminal injection of the cervical or thoracic spine (chosen by 41% of survey respondents). 62302 compares favorably to 64479. Both involve image guided procedures of the spine, allowing for a natural comparison. The injection procedure for 64479 is more difficult; however, the work after the injection procedure differentiates these two codes. 62302 includes a cervical myelogram. This requires the physician to tilt the patient for adequate opacification of the cervical spinal canal; however, the physician must be careful not to tilt the table too quickly as rapid contrast spillage through the foramen magnum can induce major motor seizure. This is a time consuming process as every patient has different spinal curvature and varying degrees of spinal stenosis requiring slow tilting of the table with intermittent fluoroscopic

observation to locate the intraspinal contrast column. After contrast has reached the intended destination, the physician obtains spot fluoroscopic x-rays in the frontal, lateral, and oblique planes of the region being studied. Dynamic maneuvers can also be performed at this time to assess for spinal, lateral recess, or foraminal stenosis, which may not be apparent on static imaging or cross sectional imaging. After all images are obtained, the physician is then not only responsible for dictating a procedure note and reviewing the procedure related x-rays, but also for reviewing and dictating the diagnostic myelographic x-rays, as well as comparing these x-rays to prior studies. The post procedure work for 62302 requires additional intra-service time of 11 minutes more than the KRS, with only a small difference in work RVU balancing the intensity differences between the initial injection procedures described above.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62302	**Inj for myelogram & C myelo**	**2.29**	**24**	**26**	**10**	**60**	**0.068**
64479	Inj spine C/T trasfor. epi	2.29	24	15	10	49	0.108

MPC for 62302

The surveyed code is compared to MPC code 64483 (injection lumbosacral w/imaging; transforaminal). Both 62302 and 64483 involve image guided procedures of the spine, allowing for a natural comparison. The work after the injection procedure differentiates these two codes. 62302 includes a cervical myelogram. The post procedure work for 62302 requires additional intra-service time of 11 minutes more than the MPC, with a smaller difference noted in work RVU.

Summary:

Our expert panel recommends a new work value for 62302 of 2.45 RVU with recommended service period times of 24, 26, and 10 minutes. We believe this compares favorably with the key reference service, 64479, and MPC code, 64483. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62302	**Inj for myelogram & C myelo**	**2.29**	**24**	**26**	**10**	**60**	**0.068**
64483	Injection L/S w/imaging; transfor.	1.90	24	15	10	49	0.082

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72240, 62284

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 19822
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 6228X1 will be provided 19,822 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 17096 Percentage 86.24 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,086
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 62302 will be provided approximately 6,607 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 5699 Percentage 86.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62284

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62303 Tracking Number O2 Original Specialty Recommended RVU: **2.45**
Presented Recommended RVU: **2.29**
Global Period: 000 RUC Recommended RVU: **2.29**

CPT Descriptor: Myelography via lumbar injection, including radiological supervision and interpretation; thoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 36-year-old patient status post motor vehicle accident with lower thoracic vertebral compression, treated by spinal instrumentation, presents with increasing spastic gait and urinary incontinence. A thoracic myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position.
Exam indications, medical records, hydration status, and lab studies are reviewed, particularly serum coagulation and renal function studies. Prior imaging studies (if performed) are reviewed evaluating for thecal sac termination, relationship with any spinal instrumentation,canal stenoses, conus medullaris termination, and head CT (if available) for contraindications. A focused patient interview is conducted regarding potential risks of intrathecal contrast injection, including the history of spinal interventions and/or seizures. Allergy history and a list of current medications are reviewed with the patient. Informed consent is obtained, explaining risks, benefits and alternatives to the procedure. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position. The patient is secured to the tabletop by a support device. Positioning is adjusted for optimal needle placement. The physician dresses in radiation attire and instructs radiologic technologists in imaging equipment required and the proper settings for the imaging equipment. A procedural time-out is performed. The lower back is prepared and draped in sterile fashion. Local anesthesia is administered first subcutaneously, then down to the level of the posterior elements.

Description of Intra-Service Work: A spinal needle is advanced under fluoroscopic guidance into the spinal canal and sequentially into the thecal sac. Care is taken to avoid damage to the nerve roots, conus medullaris and cauda equina. The stylet is removed from the needle. Egress of cerebrospinal fluid (CSF) from the needle hub is confirmed and fluid quality is evaluated. Iodinated contrast media is drawn up. The syringe-tubing combination is attached and intrathecal contrast is then slowly instilled over several minutes using intermittent fluoroscopy. During contrast injection, the patient is questioned for symptoms. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and

differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. Real time assessment of flow of contrast media from the needle and mixture with cerebrospinal fluid is assessed. The stylet is then replaced, the needle removed slowly and a bandage is applied.
The table is then tilted into the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the thoracic region. The table is returned to a horizontal position. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. Prone images are taken in AP, lateral and both oblique projections. Additional images may be obtained with patient's head turned, or with lateral flexion. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: The patient is assisted to gently turn supine, and is moved onto a stretcher. The patient is questioned for symptoms and moved to a recovery area, with appropriate post-procedural care orders. The patient is observed in the department and assessed for hydration status, allergic reactions, new headache, and back or lower extremity symptoms. The patient is counseled regarding hydration, resuming medications, and typical signs and symptoms of spinal headache. Further instruction is given regarding limitations following the procedure (e.g., no driving). Physician contact information is given to the patient to be used as needed (i.e. post-procedure headache, fever, and/or worsening pain).
A brief procedure note is written in the medical record. Following observation, the patient is interviewed and released.
Formal interpretation of the recorded fluoroscopic images and standard films is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	62303				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	30.00	140.00
Survey RVW:	1.00	2.29	**2.50**	2.80	3.31
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	10.00	15.00	**25.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62303	**Recommended Physician Work RVU: 2.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 37.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 62303**	**Key Reference CPT Code:** 64479	**Source of Time** RUC Time

Median Pre-Service Time	24.00	24.00
Median Intra-Service Time	25.00	15.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**59.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	2.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.36	2.79
Urgency of medical decision making	3.07	2.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.00	3.00
Physical effort required	3.00	2.71
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.07	2.86
Outcome depends on the skill and judgment of physician	3.21	2.86
Estimated risk of malpractice suit with poor outcome	3.14	2.93

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.07	3.21
Intra-Service intensity/complexity	3.29	3.14
Post-Service intensity/complexity	3.07	2.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013

72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 62303 [Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa), thoracic myelogram, and, supervision and interpretation thoracic myelogram]
Our expert panel recommends a work RVU value of 2.45, with procedure times of 24 minutes of pre-service, 25 minutes of intra-service, and 10 minutes of post-service. The recommended work RVU is between our survey 25th percentile and survey median. The recommended intra-service time is our survey median. This code bundles the 62284 injection code plus the thoracic myelogram, 72255; therefore, an additional 0.91incremental work RVU over the injection code wRVU of 1.54 is recommended. Pre-service package 1A, with 4 additional minutes of positioning, is required to place the patient prone is most appropriate for this procedure. The intra-service time includes time needed for tilting the patient, and obtaining real time fluoroscopic images and subsequent spot x-rays are obtained in the AP, lateral, and oblique projections. This requires repositioning of the image intensifier, the table, and occasionally the patient prior to obtaining each image. A post service time of 10 minutes is recommended.

KRS for 62303
The most chosen KRS for 62303 was 64479, image-guided transforaminal injection of the cervical or thoracic spine (chosen by 38% of survey respondents). 62303 compares favorably to 64479. Both involve image guided procedures of the spine, allowing for a natural comparison. The injection procedure for 64479 is more difficult; however, the work after the injection procedure differentiates these two codes. 62303 includes a thoracic myelogram. This requires the physician to tilt the patient for adequate opacification of the thoracic spinal canal; however, the physician must be careful not to tilt the table too quickly as rapid contrast spillage through the foramen magnum can induce major motor seizure. This is a time consuming process as every patient has different spinal curvature and varying degrees of spinal stenosis requiring slow tilting of the table with intermittent fluoroscopic observation to locate the intraspinal contrast column. After contrast has reached the intended destination, the physician obtains spot

fluoroscopic x-rays in the frontal, lateral, and oblique planes of the region being studied. Dynamic maneuvers can also be performed at this time to assess for spinal, lateral recess, or foraminal stenosis, which may not be apparent on static imaging or cross sectional imaging. After all images are obtained, the physician is then not only responsible for dictating a procedure note and reviewing the procedure related x-rays, but also for reviewing and dictating the diagnostic myelographic x-rays, as well as comparing these x-rays to prior studies. The post procedure work for 62303 requires additional intra-service time of 10 minutes more than the KRS, with only a small difference in work RVU balancing the intensity differences between the initial injection procedures described above.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62303	**Inj for myelogram & T myelo**	**2.29**	**24**	**25**	**10**	**59**	**0.071**
64479	Inj spine C/T trasfor. epi	2.29	24	15	10	49	0.108

MPC for 62303

The surveyed code is compared to MPC code 64483 (injection lumbosacral w/imaging; transforaminal). Both 62303 and 64483 involve image guided procedures of the spine, allowing for a natural comparison. The work after the injection procedure differentiates these two codes. 62303 includes a thoracic myelogram. The post procedure work for 62303 requires additional intra-service time of 10 minutes more than the MPC, with a smaller difference noted in work RVU.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62303	**Inj for myelogram & T myelo**	**2.29**	**24**	**25**	**10**	**59**	**0.071**
64483	Injection L/S w/imaging; transfor.	1.90	24	15	10	49	0.082

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72255, 62284

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 6228X2 will be provided 1,800 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1414 Percentage 78.55 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 526
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 62303 will be provided approximately 526 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 471 Percentage 78.50 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62284

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62304 Tracking Number O3 Original Specialty Recommended RVU: **2.37**
Presented Recommended RVU: **2.25**
Global Period: 000 RUC Recommended RVU: **2.25**

CPT Descriptor: Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with progressive sciatica and neurogenic claudication has multilevel degenerative disc and facet osteoarthritis. Patient has failed conservative therapy. A lumbosacral myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position.
Exam indications, medical records, hydration status, and lab studies are reviewed, particularly serum coagulation and renal function studies. Prior imaging studies (if performed) are reviewed evaluating for thecal sac termination, relationship with any spinal instrumentation,canal stenoses, conus medullaris termination, and head CT (if available) for contraindications. A focused patient interview is conducted regarding potential risks of intrathecal contrast injection, including the history of spinal interventions and/or seizures. Allergy history and a list of current medications are reviewed with the patient. Informed consent is obtained, explaining risks, benefits and alternatives to the procedure. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position. The patient is secured to the tabletop by a support device. Positioning is adjusted for optimal needle placement. The physician dresses in radiation attire and instructs radiologic technologists in imaging equipment required and the proper settings for the imaging equipment. A procedural time-out is performed. The lower back is prepared and draped in sterile fashion. Local anesthesia is administered first subcutaneously, then down to the level of the posterior elements.

Description of Intra-Service Work: A spinal needle is advanced under fluoroscopic guidance into the spinal canal and sequentially into the thecal sac. Care is taken to avoid damage to the nerve roots, conus medullaris and cauda equina. The stylet is removed from the needle. Egress of cerebrospinal fluid (CSF) from the needle hub is confirmed and fluid quality is evaluated. Iodinated contrast media is drawn up. The syringe-tubing combination is attached and intrathecal contrast is then slowly instilled over several minutes using intermittent fluoroscopy. During contrast injection, the patient is questioned for symptoms. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural,

intramedullary or intravascular contrast opacification. Real time assessment of flow of contrast media from the needle and mixture with cerebrospinal fluid is assessed. The stylet is then replaced, the needle removed slowly and a bandage is applied.
The table is then tilted into the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the lumbar region. The table is returned to a horizontal position. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. Prone images are taken in AP, lateral and both oblique projections. Additional images may be obtained with patient's head turned, or with lateral flexion. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: The patient is assisted to gently turn supine, and is moved onto a stretcher. The patient is questioned for symptoms and moved to a recovery area, with appropriate post-procedural care orders. The patient is observed in the department and assessed for hydration status, allergic reactions, new headache, and back or lower extremity symptoms. The patient is counseled regarding hydration, resuming medications, and typical signs and symptoms of spinal headache. Further instruction is given regarding limitations following the procedure (e.g., no driving). Physician contact information is given to the patient to be used as needed (i.e. post-procedure headache, fever, and/or worsening pain).
A brief procedure note is written in the medical record. Following observation, the patient is interviewed and released.
Formal interpretation of the recorded fluoroscopic images and standard films is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	62304				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	80.00	190.00
Survey RVW:	1.00	2.25	**2.50**	2.80	3.31
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	10.00	15.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62304	**Recommended Physician Work RVU: 2.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 37.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 62304**	**Key Reference CPT Code:** 64479	**Source of Time** RUC Time

Median Pre-Service Time	24.00	24.00
Median Intra-Service Time	25.00	15.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**59.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.29	2.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.14	3.14
Urgency of medical decision making	2.86	2.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.29	2.93
Physical effort required	2.79	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.14	2.79
Outcome depends on the skill and judgment of physician	2.93	3.21
Estimated risk of malpractice suit with poor outcome	2.79	2.93

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	3.14
Intra-Service intensity/complexity	3.07	2.93
Post-Service intensity/complexity	2.93	2.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008

62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 62304 [Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa), lumbar myelogram, and, supervision and interpretation lumbar myelogram]
Our expert panel recommends a work RVU value of 2.25, with procedure times of 24 minutes of pre-service, 25 minutes of intra-service, and 10 minutes of post-service. The recommended work RVU is between our survey 25th percentile and survey median. The recommended intra-service time is our survey median. This code bundles the 62284 injection code plus the lumbosacral myelogram, 72265; therefore, an additional 0.83 incremental work RVU over the injection code wRVU of 1.54 is recommended. Pre-service package 1A, with 4 additional minutes of positioning, is required to place the patient prone is most appropriate for this procedure. The intra-service time includes time needed for tilting the patient, and obtaining real time fluoroscopic images, and subsequent spot x-rays are obtained in the AP, lateral, and oblique projections. This requires repositioning of the image intensifier, the table, and occasionally the patient prior to obtaining each image. A post service time of 10 minutes is recommended.

KRS for 62304
The most chosen KRS for 62304 was 64479, image-guided transforaminal injection of the cervical or thoracic spine (chosen by 38% of survey respondents). 62304 compares favorably to 64479. Both involve image guided procedures of the spine, allowing for a natural comparison. The injection procedure for 64479 is more difficult; however, the work after the injection procedure differentiates these two codes. 62304 includes a lumbosacral myelogram. This requires the physician to tilt the patient for adequate opacification of the lumbosacral spinal canal; however, the physician must be careful not to tilt the table too quickly as rapid contrast spillage through the foramen magnum can induce major motor seizure. This is a time consuming process, as every patient has different spinal curvature and varying degrees of spinal stenosis requiring slow tilting of the table with intermittent fluoroscopic observation to locate the intraspinal contrast column. After contrast has reached the intended destination, the physician obtains spot fluoroscopic x-rays in the frontal, lateral, and oblique planes of the region being studied. Dynamic maneuvers can also be performed at this time to assess for spinal, lateral recess, or foraminal stenosisl which may not be apparent on static imaging or cross sectional imaging. After all images are obtained, the physician is then not only responsible for dictating a procedure note and reviewing the procedure related x-rays, but also for reviewing and dictating the diagnostic myelographic x-rays, as well as comparing these x-rays to prior studies. The post procedure work for 62304 requires additional intra-service time of 10 minutes more than the KRS, with only a small difference in work RVU balancing the intensity differences between the initial injection procedures described above.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62304	**Inj for myelogram & L/S myelo**	**2.25**	**24**	**25**	**10**	**59**	**0.068**
64479	Inj spine C/T trasfor. epi	2.29	24	15	10	49	0.108

MPC for 62304
The surveyed code is compared to MPC code 64483 (injection lumbosacral w/imaging; transforaminal). Both 62304 and 64483 involve image guided procedures of the spine, allowing for a natural comparison. The work after the injection procedure differentiates these two codes. 62304 includes a lumbosacral myelogram. The post procedure work requires additional intra-service time of 10 minutes more than the MPC, with a smaller difference noted in work RVU.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62304	**Inj for myelogram & L/S myelo**	**2.25**	**24**	**25**	**10**	**59**	**0.068**
64483	Injection L/S w/imaging; transfor.	1.90	24	15	10	49	0.082

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72265, 62284

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 88890

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 6228X3 will be provided 88,890 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 74475 Percentage 83.78 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,997 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 6228X3 will be provided approximately 30997 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 24825 Percentage 83.78 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62284

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62305 Tracking Number O4 Original Specialty Recommended RVU: **2.87**
Presented Recommended RVU: **2.35**
Global Period: 000 RUC Recommended RVU: **2.35**

CPT Descriptor: Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old patient has a spinal stimulator implanted for failed back surgery. Patient presents with progressive paraparesis and lower extremity pain. Thoracic and lumbosacral myelography are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position.
Exam indications, medical records, hydration status, and lab studies are reviewed, particularly serum coagulation and renal function studies. Prior imaging studies (if performed) are reviewed evaluating for thecal sac termination, relationship with any spinal instrumentation,canal stenoses, conus medullaris termination, and head CT (if available) for contraindications. A focused patient interview is conducted regarding potential risks of intrathecal contrast injection, including the history of spinal interventions and/or seizures. Allergy history and a list of current medications are reviewed with the patient. Informed consent is obtained, explaining risks, benefits and alternatives to the procedure. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position. The patient is secured to the tabletop by a support device. Positioning is adjusted for optimal needle placement. The physician dresses in radiation attire and instructs radiologic technologists in imaging equipment required and the proper settings for the imaging equipment. A procedural time-out is performed. The lower back is prepared and draped in sterile fashion. Local anesthesia is administered first subcutaneously, then down to the level of the posterior elements.

Description of Intra-Service Work: A spinal needle is advanced under fluoroscopic guidance into the spinal canal and sequentially into the thecal sac. Care is taken to avoid damage to the nerve roots, conus medullaris and cauda equina. The stylet is removed from the needle. Egress of cerebrospinal fluid (CSF) from the needle hub is confirmed and fluid quality is evaluated. Iodinated contrast media is drawn up. The syringe-tubing combination is attached and intrathecal contrast is then slowly instilled over several minutes using intermittent fluoroscopy. During contrast injection, the patient is questioned for symptoms. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural,

intramedullary or intravascular contrast opacification. The stylet is then replaced, the needle removed slowly and a bandage is applied.
The table is then tilted into the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the thoracic and/or cervical region. The table is returned to a horizontal position. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural, intramedullary or intravascular contrast opacification. Real time assessment of flow of contrast media from the needle and mixture with cerebrospinal fluid is assessed. Prone images are taken in AP, lateral and both oblique projections. Additional images may be obtained with patient's head turned, or with lateral flexion. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: The patient is assisted to gently turn supine, and is moved onto a stretcher. The patient is questioned for symptoms and moved to a recovery area, with appropriate post-procedural care orders. The patient is observed in the department and assessed for hydration status, allergic reactions, new headache, and back or lower extremity symptoms. The patient is counseled regarding hydration, resuming medications, and typical signs and symptoms of spinal headache. Further instruction is given regarding limitations following the procedure (e.g., no driving). Physician contact information is given to the patient to be used as needed (i.e. post-procedure headache, fever, and/or worsening pain).
A brief procedure note is written in the medical record. Following observation, the patient is interviewed and released.
Formal interpretation of the recorded fluoroscopic images and standard films is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	62305				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	20.00	140.00
Survey RVW:	1.00	2.35	**2.90**	3.23	4.60
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**6.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	10.00	20.00	**30.00**	35.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62305	**Recommended Physician Work RVU: 2.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62267	000	3.00	**RUC Time**

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 29.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 62305**	**Key Reference CPT Code:** 62267	**Source of Time** RUC Time

Median Pre-Service Time	25.00	34.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**65.00**	**79.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.18	2.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.27	2.82
Urgency of medical decision making	3.27	2.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.55	3.27
Physical effort required	3.64	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.82	2.82
Outcome depends on the skill and judgment of physician	3.09	3.18
Estimated risk of malpractice suit with poor outcome	2.73	2.27

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.27	3.00
Intra-Service intensity/complexity	3.64	3.36
Post-Service intensity/complexity	2.91	2.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013

72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 62305 [Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa), 2 or more regions (eg. lumbar/thoracic, cervcal/thoracic, cervical/lumbar, or cercical/thoracic/lumbar) myelogram, and, supervision and interpretation of the myelogram]

Our expert panel recommends a work RVU value of 2.87, with procedure times of 25 minutes of pre-service, 30 minutes of intra-service, and 10 minutes of post-service.. The recommended work RVU is between our survey 25th percentile and survey median. The recommended intra-service time is our survey median. This code bundles the 62284 injection code plus a two or more level myelogram, 72270; therefore, an additional 1.33 incremental work RVU over the injection code wRVU of 1.54 is recommended. Pre-service package 1A, with 5 additional minutes of positioning, is required to place the patient prone is most appropriate for this procedure. The intra-service time includes time needed for tilting the patient and obtaining real time fluoroscopic images, and subsequent spot x-rays are obtained in the AP, lateral, and oblique projections. This requires repositioning of the image intensifier, the table, and occasionally the patient prior to obtaining each image. A post service time of 10 minutes is recommended.

KRS for 62305

The most common chosen KRS for 62305 was 62267, image guided percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes (chosen by 30 % of our survey respondents). Both 62305 and 62267 involve image guided procedures of the spine, allowing for a natural comparison. The injection procedure for the KRS is more difficult; however, the work after the injection procedure balances these differences. The work of 62305 includes the work for a 2 or more region myelogram. This requires the physician to tilt the patient for adequate opacification of the spinal canal; however, the physician must be careful not to tilt the table too quickly as rapid contrast spillage through the foramen magnum can induce major motor seizure. This is a time consuming process as every patient has different spinal curvature and varying degrees of spinal

stenosis requiring slow tilting of the table with intermittent fluoroscopic observation to locate the intraspinal contrast column. After contrast has reached the intended destination, the physician obtains spot fluoroscopic x-rays in the frontal, lateral, and oblique planes of the region being studied. Dynamic maneuvers can also be performed at this time to assess for spinal, lateral recess, or foraminal stenosis which may not be apparent on static imaging or cross sectional imaging. After all images are obtained, the physician is then not only responsible for dictating a procedure note and reviewing the procedure related x-rays, but also for reviewing and dictating the diagnostic myelographic x-rays, as well as comparing these x-rays to prior studies. After accounting for these differences in work distribution between the surveyed code and the KRS, these two codes still have the same intra-service time; therefore, the societies feel they should be valued in a similar fashion.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62305	**Inj for myelogram & 2+ regions**	**2.35**	**25**	**30**	**10**	**65**	**0.072**
62267	Perq. disk aspiration	3.00	34	30	15	79	0.068

MPC for 62305

The surveyed code is compared to MPC code 64483 (injection lumbosacral w/imaging; transforaminal). Both 62305 and 64483 involve image guided procedures of the spine, allowing for a natural comparison. The work after the injection procedure differentiates these two codes. 62305 includes a two or more region myelogram. post procedure work requires additional intra-service time of 15 minutes more than the MPC, accounting for the differences in work RVU.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62305	**Inj for myelogram & 2+ regions**	**2.35**	**25**	**30**	**10**	**65**	**0.072**
64483	Injection L/S w/imaging; transfor.	1.90	24	15	10	49	0.082

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72270, 62284

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 23932
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 6228X4 will be provided 23,932 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 20315 Percentage 84.88 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,044
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 62304 will be provided approximately 8,044times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 6771 Percentage 84.88 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62284

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62284 Tracking Number O5 Original Specialty Recommended RVU: **1.54**
Presented Recommended RVU: **1.54**
Global Period: 000 RUC Recommended RVU: **1.54**

CPT Descriptor: Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with sciatica and neurogenic claudication symptoms who has multilevel degenerative disc disease and facet osteoarthritis on radiography presents having failed conservative therapy. Patient has a permanent pacemaker, precluding MRI examination..

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 11%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Exam indications, medical records, hydration status, and lab studies are reviewed, particularly serum coagulation and renal function studies. Prior imaging studies (if performed) are reviewed evaluating for thecal sac termination, canal stenosis, conus medullaris termination, relationship with any spinal instrumentation, and head CT (if available) for contraindications. A focused patient interview is conducted regarding potential risks of intrathecal contrast injection, including the history of spinal interventions and/or seizures. Allergy history and a list of current medications are reviewed with the patient. Informed consent is obtained, explaining risks, benefits and alternatives to the procedure. The physician confirms that there is no contraindication for placing patient into ankle or shoulder straps/stirrups or prone Trendelenburg position. The patient is secured to the tabletop by a support device. Positioning is adjusted for optimal needle placement. The physician dresses in radiation attire and instructs radiologic technologists in imaging equipment required and the proper settings for the imaging equipment. A procedural time-out is performed. The lower back is prepared and draped in sterile fashion. Local anesthesia is administered first subcutaneously, then down to the level of the posterior elements.

Description of Intra-Service Work: A spinal needle is advanced under fluoroscopic guidance into the spinal canal and sequentially into the thecal sac. Care is taken to avoid damage to the nerve roots, conus medullaris and cauda equina. The stylet is removed from the needle. Egress of cerebrospinal fluid (CSF) from the needle hub is confirmed and fluid quality is evaluated. Iodinated contrast media is drawn up. The syringe-tubing combination is attached and intrathecal contrast is then slowly instilled over several minutes using intermittent fluoroscopy. During contrast injection, the patient is questioned for symptoms. There is careful real-time review of fluoroscopic images to assure optimal intrathecal opacification and differentiation of nerve roots, spinal cord and surrounding soft tissue structures, and to confirm that there is no epidural,

intramedullary or intravascular contrast opacification. There is careful evaluation of flow of contrast media from the needle tip during real time fluoroscopy. The stylet is then replaced, the needle removed slowly and a bandage is applied.

Description of Post-Service Work: The patient is assisted to gently turn supine, and is moved onto a stretcher. The patient is questioned for symptoms and moved to a recovery area, with appropriate post-procedural care orders. The patient is observed in the department and assessed for hydration status, allergic reactions, new headache, and back or lower extremity symptoms. The patient is counseled regarding hydration, resuming medications, and typical signs and symptoms of spinal headache. Further instruction is given regarding limitations following the procedure (e.g., no driving). Physician contact information is given to the patient to be used as needed (i.e. post-procedure headache, fever, and/or worsening pain).
A brief procedure note is written in the medical record. Following observation, the patient is interviewed and released.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	62284				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**35.00**	100.00	420.00
Survey RVW:	1.00	1.60	**1.80**	2.27	3.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62284	**Recommended Physician Work RVU: 1.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64493	000	1.52	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 24.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 62284**	**Key Reference CPT Code:** 64493	**Source of Time** RUC Time

Median Pre-Service Time	24.00	17.00
Median Intra-Service Time	15.00	15.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**49.00**	**42.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.33	2.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.78	3.11
Urgency of medical decision making	2.67	2.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.22	2.56
Physical effort required	3.00	2.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.33	2.78
Outcome depends on the skill and judgment of physician	3.11	2.67
Estimated risk of malpractice suit with poor outcome	3.00	3.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.22	3.33
Intra-Service intensity/complexity	3.22	3.00
Post-Service intensity/complexity	3.22	2.89

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*
Myelography Family (62284,72240, 72255, 72265, 72270, 62302,62303,62304, and 62305)

Background
CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining current work RVU of 1.54 for the existing CPT code 62284. For the existing supervision and interpretation myelography codes the expert panel recommends maintaining a work RVU of 0.91 for 72240 (cervical myelogram), a work RVU of 0.91 for 72255 (thoracic myelogram), a work RVU of 0.83 for 72265 (lumbar myelogram), and a work RVU of 1.33 for 72270 (myelogram 2 or more regions).

The expert panel recommends the survey median intra-service times for the 4 existing myelography supervision and interpretation codes (72240, 72255, 72265, and 72270). The panel also recommends 5 minutes of pre-service and 5 minutes of post service time for each of these existing S&I codes. The panel is recommending a pre-service package time 1A for the injection code 62284 and the new bundled codes in this family, plus additional positioning time added to each code (prone position with the patient's ankles and shoulders fastened with stirrups/restraints). The panel recommends the median survey intra-service period times for 62284 and the new bundled codes in this family (62302-X4) as summarized in the following table:

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US,	**0.75**	XXX	5	10	8	23	0.046	Apr 2002

	OBSTETRIC								
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 62284 [Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)]

Our expert panel recommends maintaining the current value of 62284 at 1.54 work RVU, with procedure times of 24 minutes of pre-service, 15 minutes of intra-service, and 10 minutes of post-service. Pre-service package 1A, with 4 additional minutes of positioning, is required to place the patient prone is most appropriate for this procedure. We recommend maintaining the current (and survey median) post-service time of 10 minutes. The recommended work RVU is less than the survey 25th percentile. The recommended intra-service time is our survey 25th percentile.

KRS for 62284

The most chosen key reference service for 62284 was 64493, injection of lumbar spine facet w/imaging (chosen by 24% of survey respondents). 62284 compares favorably to 64493. The codes have identical intra-service and post-service times, and both involve image guidance for a spinal procedure; 62284 has greater total time due to the increased pre-service work, in which a physician must review prior images not only of the spine, but also of the brain to assure no intra-cranial contra-indications to a lumbar puncture exist. The physician must also spend time interrogating prior spinal imaging, assessing for the most appropriate level for the lumbar puncture.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
64493	Injection of LS facet w/imaging	1.52	17	15	10	42	0.066
62284	**Injection for myelogram**	**1.54**	**24**	**15**	**10**	**49**	**0.058**

MPC for 62284

The surveyed code is compared to MPC code 64483 (injection lumbosacral w/imaging; transforaminal) demonstrating similar times in all service periods, yet 62284 has a lower recommended work RVU than 64483. This higher RVU for 64483 reflects the greater challenge and intensity one encounters when approaching the spinal canal from a steep oblique angle as opposed to a midline approach, and the smaller target and potential for nerve root injury within the confined space of the foramen described by 64483. Nerve root injury can also be a challenge for 62284, as well as difficulties in accessing spinal canal through a small target, but not to the same degree.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
62284	**Injection for myelogram**	**1.54**	**24**	**15**	**10**	**49**	**0.058**
64483	Injection L/S w/imaging; transfor.	1.90	24	15	10	49	0.082

Summary:

Our expert panel recommends maintaining the current value of 62284 at 1.54 RVU with median service recommended times of 24, 15, and 10 minutes. We believe this compares favorably with the key reference service, 64493, and MPC code, 64483. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T	2.29	24	25	10	59

	myelo					
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 62284 can be reported on the same date with 72240, 72255, 74465, or 72270.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62284

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 36733
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 62284 will be provided 36,733 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 30540 Percentage 83.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,244 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 62284 will be provided approximately 12,244 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 10180 Percentage 83.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 62284

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72240 Tracking Number O6 Original Specialty Recommended RVU: **0.91**
Presented Recommended RVU: **0.91**
Global Period: XXX RUC Recommended RVU: **0.91**

CPT Descriptor: Myelography, cervical, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old patient status post prior anterior cervical discectomy and fusion (ACDF) presents with new left upper extremity radiculopathy. A cervical myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies.

Description of Intra-Service Work: The table is then tilted toward the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the cervical region. The table is returned to a horizontal position. Prone images are taken in AP, lateral and both oblique projections. Additional images may be obtained with patient's head turned, or with lateral flexion. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: Formal interpretation of the recorded fluoroscopic images and standard digital images is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	72240				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	180.00
Survey RVW:	0.70	1.00	**1.75**	2.29	3.40
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	12.00	**16.00**	30.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72240	**Recommended Physician Work RVU: 0.91**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72142	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 27.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 72240**	**Key Reference CPT Code:** 72142	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	

Median Intra-Service Time	16.00	23.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**26.00**	**33.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.90	2.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	3.30
Urgency of medical decision making	2.90	2.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.70	3.40
Physical effort required	2.60	2.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.80	2.50
Outcome depends on the skill and judgment of physician	3.70	3.70
Estimated risk of malpractice suit with poor outcome	3.60	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.10	2.10
Intra-Service intensity/complexity	3.80	3.60
Post-Service intensity/complexity	2.30	2.30

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*
Myelography Family (62284,72240, 72255, 72265, 72270, 62302,62303,62304, and 62305)

Background

CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining current work RVU of 1.54 for the existing CPT code 62284. For the existing supervision and interpretation myelography codes the expert panel recommends maintaining a work RVU of 0.91 for 72240 (cervical myelogram), a work RVU of 0.91 for 72255 (thoracic myelogram), a work RVU of 0.83 for 72265 (lumbar myelogram), and a work RVU of 1.33 for 72270 (myelogram 2 or more regions).

The expert panel recommends the survey median intra-service times for the 4 existing myelography supervision and interpretation codes (72240, 72255, 72265, and 72270). The panel also recommends 5 minutes of pre-service and 5 minutes of post service time for each of these existing S&I codes. The panel is recommending a pre-service package time 1A for the injection code 62284 and the new bundled codes in this family, plus additional positioning time added to each code (prone position with the patient's ankles and shoulders fastened with stirrups/restraints). The panel recommends the median survey intra-service period times for 62284 and the new bundled codes in this family (62302-X4) as summarized in the following table:

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012

72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 72240 [Myelography, cervical, radiological supervision and interpretation]. Our expert panel recommends maintaining the current value of 72240 at 0.91 wRVU, with procedure times of 5 minutes of pre-service, 16 minutes of intra-service, and 5 minutes of post-service. The work RVU recommendation is less than our survey 25th percentile. The recommended intra-service time of 16 minutes is our survey median.

KRS for 72240

The most chosen key reference was 72142, *MRI cervical spine with contrast material* (chosen by 27% of survey respondents). The surveyed code and the KRS both involve imaging of the cervical spine. The KRS, 72142, has more intra time and a higher RVU. The societies note the difference between modalities. Generally, one would think an MRI is more technically challenging to interpret than a myelogram, secondary to the complex pulse sequences acquired in multiple planes, but our survey respondents generally granted equal or higher intensity and complexity measures to the surveyed code over the KRS. This may be secondary to the selection of more difficult patients undergoing myelography as compared to MRI. Regardless, the RVU difference between 72240 and 72142 are disproportionately greater than the time difference, especially given the generally higher intensity and complexity measures granted to the surveyed code. The societies do not feel compelling evidence exists for an increase in value despite the disproportionate work RVU and time difference; therefore, we are recommending maintaining value.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72240	**Cervical Myelo S & I**	**0.91**	**5**	**16**	**5**	**26**	**0.043**
72142	MRI Cervical W/contrast	1.78	5	23	5	33	0.068

MPC for 72240

The survey code is compared to MPC code 76805 (US >/=14 weeks single fetus). These two codes have nearly identical times throughout all service periods and the exact same total time. The similarities in time and categorization as imaging techniques between 72240 and the MPC support our recommendation of similar work values.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72240	**Cervical Myelo S & I**	**0.91**	**5**	**16**	**5**	**26**	**0.043**
76805	Ultrasound >/= 14 weeks single fetus	0.99	5	15	6	26	0.050

Summary:

Our expert panel recommends maintaining work value for 72240 at 0.91 RVU with recommended service period times of 5, 16, and 5 minutes. We believe this compares favorably with the key reference service, 72142, and MPC code, 76805. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 72240 can be billed on the same date with 62284.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72240

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6260
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 72240 will be provided 6,260 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 5595 Percentage 89.37 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,087
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 72240 will be provided approximately 2,087 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 1865 Percentage 89.36 %

Specialty 1867 Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72255 Tracking Number O7 Original Specialty Recommended RVU: **0.91**
Presented Recommended RVU: **0.91**
Global Period: XXX RUC Recommended RVU: **0.91**

CPT Descriptor: Myelography, thoracic, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 36-year-old patient status post motor vehicle accident and lower thoracic vertebral compression treated by spinal instrumentation, presents with increasing spastic gait and urinary incontinence. A thoracic myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies.

Description of Intra-Service Work: The table is then tilted toward the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the thoracic region. The table is returned to a horizontal position. Additional images may be obtained with patient's head turned, or with lateral flexion. Prone images are taken in AP, lateral and both oblique projections. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: Formal interpretation of the recorded fluoroscopic images and standard digital images is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	72255				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	30.00	140.00
Survey RVW:	0.70	1.00	**1.75**	2.29	3.10
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	12.00	**15.00**	25.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72255	**Recommended Physician Work RVU: 0.91**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72147	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 72255**	**Key Reference CPT Code:** 72147	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	

Median Intra-Service Time	15.00	23.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**33.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.13	3.13
Urgency of medical decision making	3.00	2.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.50	3.25
Physical effort required	2.50	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.75	2.25
Outcome depends on the skill and judgment of physician	3.63	3.63
Estimated risk of malpractice suit with poor outcome	3.50	3.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.13	2.13
Intra-Service intensity/complexity	3.50	3.25
Post-Service intensity/complexity	2.38	2.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining current work RVU of 1.54 for the existing CPT code 62284. For the existing supervision and interpretation myelography codes the expert panel recommends maintaining a work RVU of 0.91 for 72240 (cervical myelogram), a work RVU of 0.91 for 72255 (thoracic myelogram), a work RVU of 0.83 for 72265 (lumbar myelogram), and a work RVU of 1.33 for 72270 (myelogram 2 or more regions).

The expert panel recommends the survey median intra-service times for the 4 existing myelography supervision and interpretation codes (72240, 72255, 72265, and 72270). The panel also recommends 5 minutes of pre-service and 5 minutes of post service time for each of these existing S&I codes. The panel is recommending a pre-service package time 1A for the injection code 62284 and the new bundled codes in this family, plus additional positioning time added to each code (prone position with the patient's ankles and shoulders fastened with stirrups/restraints). The panel recommends the median survey intra-service period times for 62284 and the new bundled codes in this family (62302-X4) as summarized in the following table:

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014

72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 72255 [Myelography, thoracic, radiological supervision and interpretation]
Our expert panel recommends maintaining the current value of 72255 at 0.91 work RVU, with procedure times of 5 minutes of pre-service, 15 minutes of intra-service, and 5 minutes of post-service. The work RVU recommendations are less than our survey 25th percentile. The recommended intra-service time of 15 minutes is our survey median.

KRS for 72255

The most chosen key reference was 72147, *MRI thoracic spine with contrast* (chosen by 22% of survey respondents). The surveyed code and the KRS both involve imaging of the thoracic spine. 72147 has more intra time and a higher RVU. The societies note the difference between modalities. Generally, one would think an MRI is more technically challenging to interpret than a myelogram, secondary to the complex pulse sequences acquired in multiple planes, but our survey respondents generally granted equal or higher intensity and complexity measures to the surveyed code over the KRS. This may be secondary to the selection of more difficult patients undergoing myelography as compared to MRI. Regardless, the RVU difference between 72255 and 72147 are disproportionately greater than the time difference, especially given the generally higher intensity and complexity measures granted to the surveyed code. The societies do not feel compelling evidence exists for an increase in value despite the disproportionate work RVU and time difference; therefore, we are recommending maintaining value.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72255	**Thoracic Myelo S & I**	**0.91**	**5**	**15**	**5**	**25**	**0.046**
72147	MRI Thoracic W/contrast	1.78	5	23	5	33	0.068

MPC for 72255

The survey code is compared to MPC code 76805 (US >=14 weeks single fetus). These two codes have nearly identical times throughout all service periods. They are both imaging techniques, although they do differ in region and modality. An argument could be made that thoracic myelography is as intense as the MPC because of the decreasing familiarity with myelographic technique and the high intensity encountered when dealing with central nervous system disease processes; however, the societies do not feel the criteria for a compelling evidence argument could be met for the surveyed code. The similarities in time and categorization as imaging techniques between 72255 and the MPC support our recommendation of similar work values.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72255	**Thoracic Myelo S & I**	**0.91**	**5**	**15**	**5**	**25**	**0.046**
76805	Ultrasound >= 14 weeks single fetus	0.99	5	15	6	26	0.050

Summary:

Our expert panel recommends maintaining work value for 72255 at 0.91 RVU with recommended service period times of 5, 15, and 5 minutes. We believe this compares favorably with the key reference service, 72147, and MPC code, 76805. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 72255 can be billed on the same date with 62284.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72255

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 735
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 72255 will be provided 735 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 543 Percentage 73.87 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 245
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 72255 will be provided approximately 245 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 181 Percentage 73.87 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72255

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72265 Tracking Number O8 Original Specialty Recommended RVU: **0.83**
Presented Recommended RVU: **0.83**
Global Period: XXX RUC Recommended RVU: **0.83**

CPT Descriptor: Myelography, lumbosacral, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with progressive sciatica and neurogenic claudication has multilevel degenerative disc and facet osteoarthritis. Patient has failed conservative therapy. A lumbosacral myelogram is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies.

Description of Intra-Service Work: The table is then tilted toward the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the lumbar region. The table is returned to a horizontal position. Additional images may be obtained with patient's head turned, or with lateral flexion. Prone images are taken in AP, lateral and both oblique projections. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: Formal interpretation of the recorded fluoroscopic images and standard digital images is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	72265				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	50.00	180.00
Survey RVW:	0.70	1.00	**1.76**	2.29	3.10
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	11.00	**15.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72265	**Recommended Physician Work RVU: 0.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72149	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 72265**	**Key Reference CPT Code:** 72149	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	

Median Intra-Service Time	15.00	23.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**33.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.88	2.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.13	3.13
Urgency of medical decision making	3.00	2.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	3.13
Physical effort required	2.50	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.75	2.38
Outcome depends on the skill and judgment of physician	3.63	3.63
Estimated risk of malpractice suit with poor outcome	3.50	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.13	2.00
Intra-Service intensity/complexity	3.38	2.88
Post-Service intensity/complexity	2.38	2.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.
- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining current work RVU of 1.54 for the existing CPT code 62284. For the existing supervision and interpretation myelography codes the expert panel recommends maintaining a work RVU of 0.91 for 72240 (cervical myelogram), a work RVU of 0.91 for 72255 (thoracic myelogram), a work RVU of 0.83 for 72265 (lumbar myelogram), and a work RVU of 1.33 for 72270 (myelogram 2 or more regions).

The expert panel recommends the survey median intra-service times for the 4 existing myelography supervision and interpretation codes (72240, 72255, 72265, and 72270). The panel also recommends 5 minutes of pre-service and 5 minutes of post service time for each of these existing S&I codes. The panel is recommending a pre-service package time 1A for the injection code 62284 and the new bundled codes in this family, plus additional positioning time added to each code (prone position with the patient's ankles and shoulders fastened with stirrups/restraints). The panel recommends the median survey intra-service period times for 62284 and the new bundled codes in this family (62302-05) as summarized in the following table:

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011
76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008

62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 72265 [Myelography, lumbar, radiological supervision and interpretation]
Our expert panel recommends maintaining the current value of 72265 at 0.83 work RVU, with procedure times of 5 minutes of pre-service, 15 minutes of intra-service, and 5 minutes of post-service. The work RVU recommendations are less than our survey 25th percentile. The recommended intra-service time of 15 minutes is our survey median.

KRS for 72265
The most chosen key reference was 72149, *MRI lumbar spine with contrast material* (chosen by 22% of survey respondents). The surveyed code and the KRS both involve imaging of the thoracic spine. 72149 has more intra time and a higher RVU. The societies note the difference between modalities. Generally, one would think an MRI is more technically challenging to interpret than a myelogram, secondary to the complex pulse sequences acquired in multiple planes, but our survey respondents generally granted equal or higher intensity and complexity measures to the surveyed code over the KRS. This may be secondary to the selection of more difficult patients undergoing myelography as compared to MRI. Regardless, the RVU difference between 72265 and 72149 are disproportionately greater than the time difference, especially given the generally higher intensity and complexity measures granted to the surveyed code. The societies do not feel compelling evidence exists for an increase in value despite the disproportionate work RVU and time difference; therefore, we are recommending maintaining value.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72265	**Lumbar Myelo S & I**	**0.83**	**5**	**15**	**5**	**25**	**0.040**
72149	MRI lumbar W/contrast	1.78	5	23	5	33	0.068

MPC for 72265
The survey code is compared to MPC code 76805 (US >=14 weeks single fetus). These two codes have nearly identical times throughout all service periods. They are both imaging techniques, although they do differ in region and modality. An argument could be made that lumbar myelography is as intense as the MPC because of the decreasing familiarity with myelographic technique and the high intensity encountered when dealing with central nervous system diseases processes, however, the societies do not feel the criteria for a compelling evidence argument could be met for the surveyed code. The similarities in time and categorization as imaging techniques between 72265 and the MPC support our recommendation of similar work values.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72265	**Lumbar Myelo S & I**	**0.83**	**5**	**15**	**5**	**25**	**0.040**
76805	Ultrasound >= 14 weeks single fetus	0.99	5	15	6	26	0.050

Summary:
Our expert panel recommends maintaining work value for 72265 at 0.83 RVU with recommended service period times of 5, 15, and 5 minutes. We believe this compares favorably with the key reference service, 72149, and MPC code, 76805. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49
62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 72265 can be reported on the same date with 62284.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72265

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25071

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 72265 will be provided 25,071 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 21168 Percentage 84.43 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,357 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 72265 will be provided approximately 8,357 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 7056 Percentage 84.43 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72265

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72270 Tracking Number O9 Original Specialty Recommended RVU: **1.33**
Presented Recommended RVU: **1.33**
Global Period: XXX RUC Recommended RVU: **1.33**

CPT Descriptor: Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old patient has a spinal stimulator implanted for failed back surgery. Patient presents with progressive paraparesis and lower extremity pain. Thoracic and lumbosacral myelography are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies.

Description of Intra-Service Work: The table is then tilted toward the Trendelenburg position and intermittent fluoroscopy is used to confirm the flow of contrast into the thoracic and/or cervical region. The table is returned to a horizontal position. Additional images may be obtained with patient's head turned, or with lateral flexion. Prone images are taken in AP, lateral and both oblique projections. Additional AP and/or lateral images may be obtained with the patient supine. Images are immediately reviewed for adequate positioning, contrast opacification and pathology.
Evaluate the vertebral bodies for fractures, lesions, and misalignment. Evaluate for uneven contrast filling of thecal sac which can suggest adhesions. Assess spinal canal for stenoses or blocks. Evaluate contrast outline of nerve roots and visible spinal cord. Assess vertebral hardware for loosening, fracture, or misalignment. Consider tilt table and oblique views to assess for dynamic lateral recess nerve root compression.

Description of Post-Service Work: Formal interpretation of the recorded fluoroscopic images and standard digital images is performed, with review of medical history, including clinical indications and prior imaging. A complete report is dictated, transcribed, edited, and authenticated for archival in the permanent health record.
The procedural findings and treatment plans are discussed with the patient and communicated to the referring physician/medical team.
Fluoroscopic time is recorded for PQRS.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	72270				
Sample Size:	3654	**Resp N:**	37	**Response:** 1.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	20.00	100.00
Survey RVW:	0.80	1.40	**2.20**	2.50	4.60
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	100.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72270	**Recommended Physician Work RVU: 1.33**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72158	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.40	**RUC Time**	123,707

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
72157	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 72270**	**Key Reference CPT Code: 72158**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	20.00	25.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**35.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.40	3.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.80	3.80
Urgency of medical decision making	3.80	3.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.60
Physical effort required	3.20	3.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.20	2.60
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	4.00	3.80

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.80	2.80
Intra-Service intensity/complexity	3.80	3.80

Post-Service intensity/complexity	3.40	3.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT codes 72240, 72255, 72265, and 72270 are Supervision and Interpretation codes describing the work done after myelographic contrast is injected (reported with an injection code 62284). CPT codes 72240, 72265, 72270, and the myelography injection code (62284) were captured on the RAW "**Codes Reported 75% or More Together** "screen. These codes were referred to CPT, and four new bundled codes were created. CPT Codes 62302, 62303, and 62305 are new code bundles created between three S & I myelography codes (72240, 72265, &72270, respectively) and a myelography injection code (62284). An additional new code bundle, 62304 (72255 + 62284), was created as part of the myelography family.

Myelography is a radiologic technique in which a sterile contrast medium is injected into the spinal canal via a needle placed with image guidance. The patient is then repositioned with table tilt and other maneuvers to facilitate mobilization of the contrast medium to and throughout the region of interest.

Fluoroscopic and spot overhead radiographs are obtained in the AP, lateral, and oblique projections, and then reviewed by the radiologist. Prior to the advent of MRI and CT, myelography was the primary means of pursuing an anatomic investigation into spinal CNS pathology. Although CT and MRI have largely replaced myelography as the "gold standard" for investigation, myelography still plays an invaluable role in a more select and difficult patient population. This population includes patients with complex metallic hardware which may interfere with the ability of CT and MRI investigations, and patients with contraindication to MRI such as a pacemaker. Myelography is used when real time, dynamic imaging is neccessary for diagnosing conditions such as a spinal CSF leak, in which static images from a CT or MRI may fail to localize the leak (which typically occurs intermittently). Real-time assessment of flow direction of iodinated contrast medium from the needle tip as contrast flows around nerve roots into cerebrospinal fluid filled thecal sac and subjective tactile resistance of injection of contrast medium provide information of correct needle placement, avoidance of direct puncture of the spinal cord or inadvertent injection into an epidural postsurgical seroma or unusual post-surgical collection which can subjectively mimic subarachanoid placement. The motion of roots as contrast moves in the thecal sac can only be assessed real time with direct real-time visualization. Myelography can be used in patients who have a clear abnormality on a physical exam not explained by CT or MRI imaging, as it allows tilt table positioning, natural weight bearing, lateral bending and hyperextension to detect lateral recess nerve root compression and spinal stenoses (which may not be appreciated on supine static images obtained by the more ubiquitous cross sectional modalities). A large percentage of these patients have had previous spinal surgeries, and are in chronic pain. Myelographic technique has changed little since its advent; however, MRI and CT have led to a clear change in the patient population undergoing a myelographic investigation.

CPT code 62284 describes the "injection portion" of the myelogram, in which image guidance is used to place a spinal needle into the lumbar spinal canal for access specifically for myelography. One would not use this code for diagnostic lumbar puncture, but instead use 62270. 62284 was recently reviewed by the RUC in 2010, at which time it was valued at 1.54 work RVUs with pre-service package 1A (Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)). An additional 4 minutes of pre-service time was added for patient positioning because the patient is placed prone on the fluoroscopic table, and the patient's legs and/or shoulders are placed in stirrups or restraints in preparation for the prone Trendelenburg positioning required to properly opacify the spinal canal with contrast. The current intra-service and post service times are 15 and 10 minutes, respectively. The societies do not believe there has been any change in the patient population, technology, or procedure since the re-valuation of this code in 2010.

72240, 72255, 72265, and 72270 are existing supervision and interpretation codes for myelography, currently reported individually with the base injection code 62284. These codes will not be deleted, as occasionally the injection portion of the procedure (62284) is reported by a different physician than the S & I portion (72240, 72255, 72265, and 72270) of the myelogram.

62302-X4 are new bundled myelography codes which combine the work of 62284 (injection code, myelography) with 4 different supervision and interpretation myelography CPT codes (72240-72270):

- 62302 describes the lumbar approach injection for a cervical myelogram plus the subsequent supervision and interpretation of a cervical myelogram. It includes 62284 plus 72240.
- 62303 describes the lumbar approach injection for a thoracic myelogram plus the subsequent supervision and interpretation of a thoracic myelogram. It includes 62284 plus 72255.
- 62304 describes the lumbar approach injection for a lumbosacral myelogram plus the subsequent supervision and interpretation of a lumbosacral myelogram. It includes 62284 plus 72265.

- 62305 describes the lumbar approach injection for a myelogram for 2 or more regions plus the subsequent supervision and interpretation of a 2 or more region myelogram. It includes 62284 plus 72270.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 62284, 72240, 72255, 72265, 72270, 62302, 62303, 62304, and 62305 (code family), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining current work RVU of 1.54 for the existing CPT code 62284. For the existing supervision and interpretation myelography codes the expert panel recommends maintaining a work RVU of 0.91 for 72240 (cervical myelogram), a work RVU of 0.91 for 72255 (thoracic myelogram), a work RVU of 0.83 for 72265 (lumbar myelogram), and a work RVU of 1.33 for 72270 (myelogram 2 or more regions).

The expert panel recommends the survey median intra-service times for the 4 existing myelography supervision and interpretation codes (72240, 72255, 72265, and 72270). The panel also recommends 5 minutes of pre-service and 5 minutes of post service time for each of these existing S&I codes. The panel is recommending a pre-service package time 1A for the injection code 62284 and the new bundled codes in this family, plus additional positioning time added to each code (prone position with the patient's ankles and shoulders fastened with stirrups/restraints). The panel recommends the median survey intra-service period times for 62284 and the new bundled codes in this family (62302-X4) as summarized in the following table:

Pre, Intra, and Post Service Times

CPT Code	Short Descriptor	Work RVU	Pre-Service				Intra-Service	Post-Service	Total Time	IWPUT
			eval	posit	sdw	total				
72240	Myelography S&I; cervical	0.91	5			5	16	5	26	0.043
72255	Myelography S&I; thoracic	0.91	5			5	15	5	25	0.046
72265	Myelography S&I; lumbar	0.83	5			5	15	5	25	0.040
72270	Myelography S&I; 2 or more regions	1.33	5			5	20	5	30	0.055
62284	Injection procedure for myelography, lumbar approach	1.54	13	5	6	24	15	10	49	0.058
62302	Myelography via lumbar injection, including S&I; cervical	2.29	13	5	6	24	26	10	60	0.068
62303	Myelography via lumbar injection, including S&I; thoracic	2.29	13	5	6	24	25	10	59	0.071
62304	Myelography via lumbar injection, including S&I; lumbar	2.25	13	5	6	24	25	10	59	0.068
62305	Myelography via lumbar injection, including S&I; 2 or more regions	2.35	13	6	6	25	30	10	65	0.072

Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre	Intra	Post	Total time	IWPUT	RUC Meeting
78579	LUNG VENTILATION IMAGING	**0.49**	XXX	5	5	5	15	0.053	Feb 2011

76536	US EXAM OF HEAD AND NECK	**0.56**	XXX	4	10	4	18	0.038	Apr 2009
76817	TRANSVAGINAL US, OBSTETRIC	**0.75**	XXX	5	10	8	23	0.046	Apr 2002
72265	MYELOGRAPHY L-S SPINE	**0.83**	XXX	5	15	5	25	0.040	Apr 2014
70450	CT HEAD/BRAIN W/O DYE	**0.85**	XXX	4	10	5	19	0.065	Oct 2012
72240	MYELOGRAPHY NECK SPINE	**0.91**	XXX	5	16	5	26	0.043	Apr 2014
72255	MYELOGRAPHY THORACIC SPINE	**0.91**	XXX	5	15	5	25	0.046	Apr 2014
51610	INJECTION FOR BLADDER X-RAY	**1.05**	000	20	20	15	55	0.013	Aug 1995
36597	REPOSITION VENOUS CATHETER	**1.21**	000	15	20	10	45	0.033	Apr 2003
72270	MYELOGRAPHY 2/> SPINE REGIONS	**1.33**	XXX	5	20	5	30	0.055	Apr 2014
62270	SPINAL FLUID TAP DIAGNOSTIC	**1.37**	000	10	20	10	40	0.050	Aug 2005
27096	INJECT SACROILIAC JOINT	**1.48**	000	17	11	10	38	0.086	Apr 2011
72141	MRI NECK SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72146	MRI CHEST SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
72148	MRI LUMBAR SPINE W/O DYE	**1.48**	XXX	5	20	5	30	0.063	Apr 2013
64493	INJ PARAVERT F JNT L/S 1 LEV	**1.52**	000	17	15	10	42	0.066	Apr 2009
62284	INJECTION FOR MYELOGRAM	**1.54**	000	24	15	10	49	0.058	Apr 2014
73722	MRI JOINT OF LWR EXTR W/DYE	**1.62**	XXX	8.5	20	10	38.5	0.060	Apr 2001
72142	MRI NECK SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72147	MRI CHEST SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
72149	MRI LUMBAR SPINE W/DYE	**1.78**	XXX	5	23	5	33	0.068	Apr 2013
64490	INJ PARAVERT F JNT C/T 1 LEV	**1.82**	000	17	15	10	42	0.086	Apr 2009
64483	INJ FORAMEN EPIDURAL L/S	**1.90**	000	24	15	10	49	0.082	Oct 2009
32555	ASPIRATE PLEURA W/IMAGING	**2.27**	000	22	20	15	57	0.076	Oct 2012
72156	MRI NECK SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72157	MRI CHEST SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
72158	MRI LUMBAR SPINE W/O & W/DYE	**2.29**	XXX	5	25	5	35	0.083	Apr 2013
62304	MYELOGRAPHY L-S SPINE + INJ	**2.25**	000	24	25	10	59	0.068	Apr 2014
74261	CT COLONOGRAPHY DX	**2.40**	XXX	5	40	5	50	0.054	Apr 2009
62302	MYELOGRAPHY NECK SPINE + INJ	**2.29**	000	24	26	10	60	0.068	Apr 2014
62303	MYELOGRAPHY THORACIC SPINE + INJ	**2.29**	000	24	25	10	59	0.071	Apr 2014
36556	INSERT NON-TUNNEL CV CATH	**2.50**	000	25	15	10	50	0.119	Apr 2003
51102	DRAIN BL W/CATH INSERTION	**2.70**	000	25	20	15	60	0.094	Apr 2008
62305	MYELOGRAPHY 2/> SPINE REGIONS + INJ	**2.35**	000	25	30	10	65	0.072	Apr 2014
62267	INTERDISCAL PERQ ASPIR DX	**3.00**	000	34	30	15	79	0.068	Apr 2008
32557	INSERT CATH PLEURA W/IMAGE	**3.12**	000	22	30	15	67	0.079	Oct 2012
49446	CHANGE G-TUBE TO G-J PERC	**3.31**	000	38	40	15	93	0.055	Sept 2007

Summary of Recommendation for CPT Code 72270 [Myelography, 2 or more regions, radiological supervision and interpretation]
Our expert panel recommends maintaining the current value of 72270 at 1.33 work RVU, with procedure times of 5 minutes of pre-service, 20 minutes of intra-service, and 5 minutes of post-service. The work RVU recommendations are less than our survey 25th percentile. The recommended intra-service time of 20 minutes is our survey median.

KRS for 72270
The most chosen key reference was 72158, MRI lumbar spine without and with contrast (chosen by 14% of survey respondents). The second most chosen KRS was 72157, MRI thoracic spine without and with contrast (also chosen by 14% of survey respondents). The surveyed code and both the KRSs involve imaging of the spine. Both 72158 and 72159 have more intra service time and a higher RVU. The societies note the difference between modalities. Generally, one would think an MRI is more technically challenging to interpret than a myelogram, secondary to the complex pulse sequences acquired in multiple planes, but our survey respondents generally granted equal or higher intensity and complexity measures to the surveyed code over the KRS. This may be secondary to the selection of more difficult patients undergoing myelography as compared to MRI. Regardless, the RVU difference between 72270 and 72158 are disproportionately greater than the time difference, especially given the generally higher intensity and complexity measures granted to the surveyed code. The societies do not feel compelling evidence exists for an increase in value despite the disproportionate work RVU and time difference; therefore, we are recommending maintaining value.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72270	**2 or more regions Myelo S & I**	**1.33**	**5**	**20**	**5**	**30**	**0.055**
72158	MRI lumbar W/o & W/contrast	2.29	5	25	5	35	0.083
72157	MRi thoracic W/o & W/contrast	2.29	5	25	5	35	0.083

MPC for 72270
The survey code is compared to MPC code 74170 (CT abdomen w/o contrast). These two codes have nearly identical times throughout all service periods. They are both imaging techniques, although they do differ in region and modality. An argument could be made that thoracic myelography is as intense as the MPC because of the decreasing familiarity with myelographic technique and the high intensity encountered when dealing with central nervous system diseases processes, however, the societies do not feel the criteria for a compelling evidence argument could be met for the surveyed code. The similarities in time and categorization as imaging techniques between 72270 and the MPC support our recommendation of similar work values.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
72270	**2 or more regions Myelo S & I**	**1.33**	**5**	**20**	**5**	**30**	**0.055**
74170	CT abdomen w/o contrast	1.40	5	18	5	28	0.065

Summary:
Our expert panel recommends maintaining work value for 72270 at 1.33 RVU with recommended service period times of 5, 20, and 5 minutes. We believe this compares favorably with the key reference services, 72158 and 72157, and MPC code, 74170. Relativity is also appropriate across the myelography family, as well as across the larger family of spine injection codes.

Summary Table

Code	Short Desc	Proposed RVU	Pre	Intra	Post	TOTAL
72240	Cervical Myelo S & I	0.91	5	16	5	26
72255	Thoracic Myelo S & I	0.91	5	15	5	25
72265	Lumbar Myelo S & I	0.83	5	15	5	25
72270	2+ regions Myelo S & I	1.33	5	20	5	30
62284	Injection for myelogram	1.54	24	15	10	49

62302	Inj for myelogram & cervical myelo	2.29	24	26	10	60
62303	Inj for myelogram & T myelo	2.29	24	25	10	59
62304	Inj for myelogram & L/S myelo	2.25	24	25	10	59
62305	Inj for myelogram & 2+ regions	2.35	25	30	10	65

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 72270 can be reported on the same date with 62284.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72270

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4559
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service described by CPT code 72270 will be provided 4,559 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 3950 Percentage 86.64 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,520
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that the service descriped by CPT code 72270 will be provided approximately 1,520 times to Medicare patients nationally in a one year period.

Specialty Diagnostic Radiology Frequency 1317 Percentage 86.64 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72270

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Myelography
TAB: 17

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72142	Magnetic resonance (eg, proton	10	0.068			1.78			33	5					23			5					
CURRENT - CMS/Other	72240	Myelography, cervical, radiological su		#DIV/0!			0.91			18														
SVY	72240	Myelography, cervical, radiolog	37	0.081	0.70	1.00	1.75	2.29	3.40	36	10			5	12	16	30	90	10	0	5	20	50	180
REC	72240	Myelography, cervical, radiological su		0.043			0.91			26	5					16			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72147	Magnetic resonance (eg, proton	8	0.068			1.78			33	5					23			5					
CURRENT - CMS/Other	72255	Myelography, thoracic, radiological su		#DIV/0!			0.91			18														
SVY	72255	Myelography, thoracic, radiolog	37	0.087	0.70	1.00	1.75	2.29	3.10	35	10			5	12	15	25	90	10	0	2	10	30	140
REC	72255	Myelography, thoracic, radiological su		0.046			0.91			25	5					15			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72149	Magnetic resonance (eg, proton	8	0.068			1.78			33	5					23			5					
CURRENT - CMS/Other	72265	Myelography, lumbosacral, radiologic		#DIV/0!			0.83			17														
SVY	72265	Myelography, lumbosacral, radi	37	0.087	0.70	1.00	1.76	2.29	3.10	35	10			5	11	15	30	75	10	0	10	30	50	180
REC	72265	Myelography, lumbosacral, radiologic		0.040			0.83			25	5					15			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72158	Magnetic resonance (eg, proton	5	0.083			2.29			35	5					25			5					
REF	72157	Magnetic resonance (eg, proton	5	0.083			2.29			35	5					25			5					
CURRENT - CMS/Other	72270	Myelography, 2 or more regions (eg, lu		#DIV/0!			1.33			25														
SVY	72270	Myelography, 2 or more regions	37	0.088	0.80	1.40	2.20	2.50	4.60	40	10			10	15	20	30	100	10	0	3	10	20	100
REC	72270	Myelography, 2 or more regions (eg, lu		0.055			1.33			30	5					20			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	64493	Injection(s), diagnostic or thera	9	0.066			1.52			42	7	5	5			15			10					
CURRENT	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					
SVY	62284	Injection procedure for myelogr	37	0.043	1.00	1.60	1.80	2.27	3.00	66	25	5	6	10	15	20	30	60	10	0	10	35	100	420
REC	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
49																									
50						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
51	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
52	REF	64479	Injection(s), anesthetic agent ar	15	0.108			2.29			49	13	5	6			15			10					
53	CURRENT	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					
54	CURRENT - CMS/Other	72240	Myelography, cervical, radiological su		#DIV/0!			0.91			18														
55								2.45			67														
56	SVY	62302	Myelography via lumbar injectio	37	0.060	1.00	2.29	2.50	2.80	4.00	72	25	5	6	10	15	26	30	75	10	0	5	25	50	180
57	REC	62302	Myelography via lumbar injection, incl		0.062			2.29			60	13	5	6			26			10					
58																									
59						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
60	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
61	REF	64479	Injection(s), anesthetic agent ar	14	0.108			2.29			49	13	5	6			15			10					
62	CURRENT	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					
63	CURRENT - CMS/Other	72255	Myelography, thoracic, radiological su		#REF!			0.91			18														
64								2.45			67														
65	SVY	62303	Myelography via lumbar injectio	37	0.062	1.00	2.29	2.50	2.80	3.31	71	25	5	6	10	15	25	30	75	10	0	3	10	30	140
66	REC	62303	Myelography via lumbar injection, incl		0.065			2.29			59	13	5	6			25			10					
67																									
68						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
69	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
70	REF	64479	Injection(s), anesthetic agent ar	14	0.108			2.29			49	13	5	6			15			10					
71	CURRENT	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					
72	CURRENT - CMS/Other	72265	Myelography, lumbosacral, radiologic		#DIV/0!			0.83			17														
73								2.37			66														
74	SVY	62304	Myelography via lumbar injectio	37	0.062	1.00	2.25	2.50	2.80	3.31	71	25	5	6	10	15	25	30	60	10	0	10	30	80	190
75	REC	62304	Myelography via lumbar injection, incl		0.063			2.25			59	13	5	6			25			10					
76																									
77						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
78	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
79	REF	62267	Percutaneous aspiration within	11	0.068			3.00			79	14	10	10			30			15					
80	CURRENT	62284	Injection procedure for myelography a		0.058			1.54			49	13	5	6			15			10					
81	CURRENT - CMS/Other	72270	Myelography, 2 or more regions (eg, lu		#DIV/0!			1.33			25														
82								2.87			74														
83	SVY	62305	Myelography via lumbar injectio	37	0.064	1.00	2.35	2.90	3.23	4.60	77	25	6	6	10	20	30	35	90	10	0	3	10	20	140
84	REC	62305	Myelography via lumbar injection, incl		0.055			2.35			65	13	6	6			30			10					

CPT Code: 62284, 6228X1, 6228X2, 6228X3, 6228X4
Specialty Society('s) ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
62304	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 62284, 62302, 62303, 62304, 62305.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing codes 72240 *(Myelography S&I; cervical),* 72255 *(Myelography S&I; thoracic*), and 72270 *(Myelography S&I; 2 or more regions*) were approved by the Practice Expense Advisory Committee (PEAC) and the full RUC in 2004, and 72265 (*Myelography S&I; lumbar*) was approved by the PEAC in 2001. 62284 (*Injection procedure for myelography, lumbar approach*) was reviewed in March 2003. These inputs are being used as the basis for the April 2014 recommended practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

- Conduct phone calls/call in prescriptions

CPT Code: 62284, 62302, 62303, 62304, 62305
Specialty Society('s) ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
62304	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 62284, 62302, 62303, 62304, 62305.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing codes 72240 *(Myelography S&I; cervical),* 72255 *(Myelography S&I; thoracic*), and 72270 *(Myelography S&I; 2 or more regions*) were approved by the Practice Expense Advisory Committee (PEAC) and the full RUC in 2004, and 72265 (*Myelography S&I; lumbar*) was approved by the PEAC in 2001. 62284 (*Injection procedure for myelography, lumbar approach*) was reviewed in March 2003. These inputs are being used as the basis for the April 2014 recommended practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare and position patient/ monitor patient/ set up IV** – clinically necessary.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

CPT Code: 62284, 62302, 62303, 62304, 62305
Specialty Society('s) ACR, ASNR

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician in performing procedure
- Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation
- Clean room/equipment by physician staff
- Complete diagnostic forms, lab & X-ray requisitions
- Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

- Conduct phone calls/call in prescriptions

	A	B	C	D	E	F	G	H	I	J	L	N	O
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**				**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62284**		**62284**		**72240**	**72240**	**62302**	
3	**Meeting Date: April 2014 Tab: 17 Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(CMS Refined)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(April 2014 RUC)**		Myelography, cervical, radiological supervision and interpretation **(CMS Refined)**	Myelography, cervical, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; cervical **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**60.0**	**17.0**	**62.0**	**17.0**		**0.0**	**67.0**	**17.0**
7		**L041B**	RT							**45.0**	**29.0**		
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**	**11.0**	**14.0**	**11.0**	**14.0**			**15.0**	**14.0**
9		**L041B**	RT								**4.0**		
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**		**46.0**		**48.0**				**45.0**	
11		**L041B**	RT							**45.0**	**25.0**	**4.0**	
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**	**3.0**	**3.0**	**3.0**	**3.0**			**3.0**	**3.0**
13	**PRE-SERVICE**												
14	**Start: Following visit when decision for surgery or procedure made**												
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**			**3**	**3**			**3**	**3**
16	Coordinate pre-surgery services												
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**				**3**				**3**
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**			**5**	**5**			**5**	**5**
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**			**3**	**3**			**3**	**3**
20	Availability of prior images confirmed	L037D	RN/LPN/MTA								**2**	**2**	
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L037D	RN/LPN/MTA								**2**	**2**	
22	*Other Clinical Activity - *specify:*												
23	**End: When patient enters office/facility for surgery/procedure**												
24	**SERVICE PERIOD**												
25	**Start: When patient enters office/facility for surgery/procedure:**												
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**				**3**				**3**	
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**				**3**				**3**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA										
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT							**5**			
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**				**2**				**2**	
31	Setup scope (non facility setting only)												
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**				**2**				**3**	
33		L041B	RT							**1**	**1**		
34	Sedate/apply anesthesia												
35	*Other Clinical Activity - specify:												
36	**Intra-service**												
37	Acquire images												
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**				**15**				**26**	
39		L041B	RT							**16**	**16**	**0**	
40	**Post-Service**												
41	Monitor pt. following moderate sedation												
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**				**15**				**0**	
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**				**3**				**3**	
44		L041B	RT							**3**	**3**		
45	Clean Scope												
46	Clean Surgical Instrument Package												
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**				**2**				**2**	
48	Review/read X-ray, lab, and pathology reports												
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**				**3**				**3**	

	A	B	C	D	E	F	G	H	I	J	L	N	O
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**				**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62284**		**62284**		**72240**	**72240**	**62302**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(CMS Refined)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(April 2014 RUC)**		Myelography, cervical, radiological supervision and interpretation **(CMS Refined)**	Myelography, cervical, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; cervical **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**
50	*Other Clinical Activity - *specify:*												
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT							**20**			
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT								**2**	**2**	
53	Review examination with interpreting MD	L041B	RT								**2**	**2**	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT								**1**	**0**	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
58	**End: Patient leaves office**												
59	**POST-SERVICE Period**												
60	**Start: Patient leaves office/facility**												
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**			**3**	**3**			**3**	**3**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**				**1**	
73	tray, myelogram	SA066	tray	**1**		**1**		**1**				**1**	
74	gloves, sterile	SB024	pair	**2**		**2**		**2**				**2**	
75	needle, spine, Sprotte	SC042	item	**1**		**1**		**1**				**1**	
76	film, x-ray 10in x 12in	SK033	item							**3**	**3**	**0**	
77	film, x-ray 14in x 17in	SK034	item										
78	film, x-ray 8in x 10in	SK037	item							**5**	**5**	**0**	
79	x-ray developer solution	SK089	oz							**8**	**8**	**0**	
80	x-ray envelope	SK091	item							**1**	**1**	**0**	
81	x-ray fixer solution	SK092	oz							**8**	**8**	**0**	
85	**EQUIPMENT**	**CODE**											
86	film processor, wet	ED025								**9**	**9**	**0**	
87	stretcher	EF018		**46**		**46**		**48**				**60**	
88	room, radiographic-fluoroscopic	EL014		**30**		**30**		**22**		**34**	**22**	**36**	
89	film alternator (motorized film viewbox)	ER029								**9**	**9**	**0**	

	A	B	C	D	E	Q	S
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72255**	**72255**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, thoracic, radiological supervision and interpretation **(CMS Refined)**	Myelography, thoracic, radiological supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**		
7		**L041B**	RT			**39.0**	**28.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**		
9		**L041B**	RT				**4.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**			
11		**L041B**	RT			**39.0**	**24.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**		
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**		
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**		
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**		
20	Availability of prior images confirmed	L037D	RN/LPN/MTA				**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L037D	RN/LPN/MTA				**2**
22	*Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**			
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**			
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT			**5**	
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**			
31	Setup scope (non facility setting only)						
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**			
33		L041B	RT			**1**	**1**
34	Sedate/apply anesthesia						
35	*Other Clinical Activity - specify:						
36	**Intra-service**						
37	Acquire images						
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**			
39		L041B	RT			**15**	**15**
40	**Post-Service**						
41	Monitor pt. following moderate sedation						
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**			
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**			
44		L041B	RT			**3**	**3**
45	Clean Scope						
46	Clean Surgical Instrument Package						
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**			
48	Review/read X-ray, lab, and pathology reports						
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**			

	A	B	C	D	E	Q	S
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72255**	**72255**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, thoracic, radiological supervision and interpretation **(CMS Refined)**	Myelography, thoracic, radiological supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**XXX**
50	*Other Clinical Activity - *specify:*						
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT			**15**	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT				**2**
53	Review examination with interpreting MD	L041B	RT				**2**
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT				**1**
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**n/a**
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**n/a**
58	**End: Patient leaves office**						
59	**POST-SERVICE Period**						
60	**Start: Patient leaves office/facility**						
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**		
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
72	pack, minimum multi-specialty visit	SA048	pack	**1**			
73	tray, myelogram	SA066	tray	**1**			
74	gloves, sterile	SB024	pair	**2**			
75	needle, spine, Sprotte	SC042	item	**1**			
76	film, x-ray 10in x 12in	SK033	item				
77	film, x-ray 14in x 17in	SK034	item			**2**	**2**
78	film, x-ray 8in x 10in	SK037	item			**4**	**4**
79	x-ray developer solution	SK089	oz			**6**	**6**
80	x-ray envelope	SK091	item			**1**	**1**
81	x-ray fixer solution	SK092	oz			**6**	**6**
85	**EQUIPMENT**	**CODE**					
86	film processor, wet	ED025				**7**	**7**
87	stretcher	EF018		**46**			
88	room, radiographic-fluoroscopic	EL014		**30**		**31**	**21**
89	film alternator (motorized film viewbox)	ER029				**7**	**7**

	A	B	C	D	E	U	V	X	Z	AB	AC	AE
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				**REFERENCE CODE**				**REFERENCE CODE**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62303**		**72265**	**72265**	**62304**		**72270**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **(April 2014)**		Myelography, lumbosacral, radiological supervision and interpretation **(CMS Refined)**	Myelography, lumbosacral, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral **(April 2014)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**82.0**	**17.0**			**82.0**	**17.0**	
7		**L041B**	RT					**44.0**	**28.0**			**63.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**	**15.0**	**14.0**			**15.0**	**14.0**	
9		**L041B**	RT						**4.0**			
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**		**64.0**				**64.0**	**0.0**	
11		**L041B**	RT					**44.0**	**24.0**			**63.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**	**3.0**	**3.0**			**3.0**	**3.0**	
13	**PRE-SERVICE**											
14	**Start: Following visit when decision for surgery or procedure made**											
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**			**3**	**3**	
16	Coordinate pre-surgery services											
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**				**3**	
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**			**5**	**5**	
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**			**3**	**3**	
20	Availability of prior images confirmed	L037D	RN/LPN/MTA			**2**			**2**	**2**		
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L037D	RN/LPN/MTA			**2**			**2**	**2**		
22	*Other Clinical Activity - *specify:*											
23	**End: When patient enters office/facility for surgery/procedure**											
24	**SERVICE PERIOD**											
25	**Start: When patient enters office/facility for surgery/procedure:**											
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**		**3**				**3**		
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**				**3**		
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA									
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT					**5**				**5**
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**				**2**		
31	Setup scope (non facility setting only)											
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**		**3**				**3**		
33		L041B	RT					**1**	**1**			**1**
34	Sedate/apply anesthesia											
35	*Other Clinical Activity - specify:											
36	**Intra-service**											
37	Acquire images											
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**		**13**				**13**		
39		L041B	RT			**12**		**15**	**15**	**12**		**24**
40	**Post-Service**											
41	Monitor pt. following moderate sedation											
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**		**15**				**15**		
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**				**3**		
44		L041B	RT					**3**	**3**			**3**
45	Clean Scope											
46	Clean Surgical Instrument Package											
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**				**2**		
48	Review/read X-ray, lab, and pathology reports											
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**				**3**		

	A	B	C	D	E	U	V	X	Z	AB	AC	AE
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				**REFERENCE CODE**				**REFERENCE CODE**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62303**		**72265**	**72265**	**62304**		**72270**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **(April 2014)**		Myelography, lumbosacral, radiological supervision and interpretation **(CMS Refined)**	Myelography, lumbosacral, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral **(April 2014)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**XXX**
50	*Other Clinical Activity - *specify:*											
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT					**20**				**30**
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT			**2**			**2**	**2**		
53	Review examination with interpreting MD	L041B	RT			**2**			**2**	**2**		
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			**1**			**1**	**1**		
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
58	**End: Patient leaves office**											
59	**POST-SERVICE Period**											
60	**Start: Patient leaves office/facility**											
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**	**3**	**3**			**3**	**3**	
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**									
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**				**1**		
73	tray, myelogram	SA066	tray	**1**		**1**				**1**		
74	gloves, sterile	SB024	pair	**2**		**2**				**2**		
75	needle, spine, Sprotte	SC042	item	**1**		**1**				**1**		
76	film, x-ray 10in x 12in	SK033	item									
77	film, x-ray 14in x 17in	SK034	item			**2**		**3**	**3**	**3**		**6**
78	film, x-ray 8in x 10in	SK037	item			**4**		**5**	**5**	**5**		**10**
79	x-ray developer solution	SK089	oz			**6**		**8**	**8**	**8**		**16**
80	x-ray envelope	SK091	item			**1**		**1**	**1**	**1**		**1**
81	x-ray fixer solution	SK092	oz			**6**		**8**	**8**	**8**		**16**
85	**EQUIPMENT**	**CODE**										
86	film processor, wet	ED025				**7**		**9**	**9**	**9**		**17**
87	stretcher	EF018		**46**		**64**				**59**		
88	room, radiographic-fluoroscopic	EL014		**30**		**23**		**33**	**21**	**23**		**50**
89	film alternator (motorized film viewbox)	ER029				**7**		**9**	**9**	**9**		**17**

	A	B	C	D	E	AG	AI	AJ
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72270**	**62305**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**33.0**	**87.0**	**17.0**
7		**L041B**	RT					
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**		**15.0**	**14.0**
9		**L041B**	RT			**4.0**		
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**			**69.0**	**0.0**
11		**L041B**	RT			**29.0**		
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**		**3.0**	**3.0**
13	**PRE-SERVICE**							
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**		**3**	**3**
16	Coordinate pre-surgery services							
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**			**3**
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**		**5**	**5**
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**		**3**	**3**
20	Availability of prior images confirmed	L037D	RN/LPN/MTA			**2**	**2**	
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L037D	RN/LPN/MTA			**2**	**2**	
22	*Other Clinical Activity - *specify:*							
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**			**3**	
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**			**3**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT					
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**			**2**	
31	Setup scope (non facility setting only)							
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**			**3**	
33		L041B	RT			**1**		
34	Sedate/apply anesthesia							
35	*Other Clinical Activity - specify:							
36	**Intra-service**							
37	Acquire images							
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**			**15**	
39		L041B	RT			**20**	**15**	
40	**Post-Service**							
41	Monitor pt. following moderate sedation							
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**			**15**	
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**			**3**	
44		L041B	RT			**3**		
45	Clean Scope							
46	Clean Surgical Instrument Package							
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**			**2**	
48	Review/read X-ray, lab, and pathology reports							
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**			**3**	

	A	B	C	D	E	AG	AI	AJ
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72270**	**62305**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**000**	**000**
50	*Other Clinical Activity - *specify:*							
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT					
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT			**2**	**2**	
53	Review examination with interpreting MD	L041B	RT			**2**	**2**	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			**1**	**1**	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	**n/a**	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**n/a**	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**n/a**	
58	**End: Patient leaves office**							
59	**POST-SERVICE Period**							
60	**Start: Patient leaves office/facility**							
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**		**3**	**3**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
72	pack, minimum multi-specialty visit	SA048	pack	**1**			**1**	
73	tray, myelogram	SA066	tray	**1**			**1**	
74	gloves, sterile	SB024	pair	**2**			**2**	
75	needle, spine, Sprotte	SC042	item	**1**			**1**	
76	film, x-ray 10in x 12in	SK033	item					
77	film, x-ray 14in x 17in	SK034	item			**6**	**6**	
78	film, x-ray 8in x 10in	SK037	item			**10**	**10**	
79	x-ray developer solution	SK089	oz			**16**	**16**	
80	x-ray envelope	SK091	item			**1**	**1**	
81	x-ray fixer solution	SK092	oz			**16**	**16**	
85	**EQUIPMENT**	**CODE**						
86	film processor, wet	ED025				**17**	**17**	
87	stretcher	EF018		**46**			**64**	
88	room, radiographic-fluoroscopic	EL014		**30**		**26**	**25**	
89	film alternator (motorized film viewbox)	ER029				**17**	**17**	

	A	B	C	D	E	F	G	H	I	J	L	N	O
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**				**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62284**		**62284**		**72240**	**72240**	**62302**	
3	**Meeting Date: April 2014 Tab: 17 Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(CMS Refined)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(April 2014 RUC)**		Myelography, cervical, radiological supervision and interpretation **(CMS Refined)**	Myelography, cervical, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; cervical **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**60.0**	**17.0**	**62.0**	**17.0**		**0.0**	**83.0**	**17.0**
7		**L041B**	RT							**45.0**	**29.0**		
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**	**11.0**	**14.0**	**11.0**	**14.0**			**15.0**	**14.0**
9		**L041B**	RT								**4.0**		
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**		**46.0**		**48.0**				**65.0**	
11		**L041B**	RT							**45.0**	**25.0**		
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**	**3.0**	**3.0**	**3.0**	**3.0**			**3.0**	**3.0**
13	**PRE-SERVICE**												
14	**Start: Following visit when decision for surgery or procedure made**												
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**			**3**	**3**			**3**	**3**
16	Coordinate pre-surgery services												
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**				**3**				**3**
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**			**5**	**5**			**5**	**5**
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**			**3**	**3**			**3**	**3**
20	Availability of prior images confirmed										**2**	**2**	
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist										**2**	**2**	
22	*Other Clinical Activity - *specify:*												
23	**End: When patient enters office/facility for surgery/procedure**												
24	**SERVICE PERIOD**												
25	**Start: When patient enters office/facility for surgery/procedure:**												
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**				**3**				**3**	
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**				**3**				**3**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA										
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT							**5**			
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**				**2**				**2**	
31	Setup scope (non facility setting only)												
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**				**2**				**3**	
33		L041B	RT							**1**	**1**		
34	Sedate/apply anesthesia												
35	*Other Clinical Activity - specify:												
36	**Intra-service**												
37	Acquire images												
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**				**15**				**26**	
39		L041B	RT							**16**	**16**		
40	**Post-Service**												
41	Monitor pt. following moderate sedation												
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**				**15**				**15**	
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**				**3**				**3**	
44		L041B	RT							**3**	**3**		
45	Clean Scope												
46	Clean Surgical Instrument Package												
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**				**2**				**2**	
48	Review/read X-ray, lab, and pathology reports												
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**				**3**				**3**	

	A	B	C	D	E	F	G	H	I	J	L	N	O
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**				**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62284**		**62284**		**72240**	**72240**	**62302**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(CMS Refined)**		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(April 2014 RUC)**		Myelography, cervical, radiological supervision and interpretation **(CMS Refined)**	Myelography, cervical, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; cervical **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**
50	*Other Clinical Activity - *specify:*												
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT							**20**			
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT								**2**	**2**	
53	Review examination with interpreting MD	L041B	RT								**2**	**2**	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT								**1**	**1**	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	**n/a**	**n/a**	
58	**End: Patient leaves office**												
59	**POST-SERVICE Period**												
60	**Start: Patient leaves office/facility**												
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**			**3**	**3**			**3**	**3**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**				**1**	
73	tray, myelogram	SA066	tray	**1**		**1**		**1**				**1**	
74	gloves, sterile	SB024	pair	**2**		**2**		**2**				**2**	
75	needle, spine, Sprotte	SC042	item	**1**		**1**		**1**				**1**	
76	film, x-ray 10in x 12in	SK033	item							**3**	**3**	**3**	
77	film, x-ray 14in x 17in	SK034	item										
78	film, x-ray 8in x 10in	SK037	item							**5**	**5**	**5**	
79	x-ray developer solution	SK089	oz							**8**	**8**	**8**	
80	x-ray envelope	SK091	item							**1**	**1**	**1**	
81	x-ray fixer solution	SK092	oz							**8**	**8**	**8**	
85	**EQUIPMENT**	**CODE**											
86	film processor, wet	ED025								**9**	**9**	**9**	
87	stretcher	EF018		**46**		**46**		**60**				**60**	
88	room, radiographic-fluoroscopic	EL014		**30**		**30**		**22**		**34**	**22**	**36**	
89	film alternator (motorized film viewbox)	ER029								**9**	**9**	**9**	

	A	B	C	D	E	Q	S
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72255**	**72255**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, thoracic, radiological supervision and interpretation **(CMS Refined)**	Myelography, thoracic, radiological supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**		
7		**L041B**	RT			**39.0**	**28.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**		
9		**L041B**	RT				**4.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**			
11		**L041B**	RT			**39.0**	**24.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**		
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**		
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**		
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**		
20	Availability of prior images confirmed						**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist						**2**
22	*Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**			
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**			
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT			**5**	
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**			
31	Setup scope (non facility setting only)						
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**			
33		L041B	RT			**1**	**1**
34	Sedate/apply anesthesia						
35	*Other Clinical Activity - specify:						
36	**Intra-service**						
37	Acquire images						
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**			
39		L041B	RT			**15**	**15**
40	**Post-Service**						
41	Monitor pt. following moderate sedation						
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**			
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**			
44		L041B	RT			**3**	**3**
45	Clean Scope						
46	Clean Surgical Instrument Package						
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**			
48	Review/read X-ray, lab, and pathology reports						
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**			

	A	B	C	D	E	Q	S
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72255**	**72255**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, thoracic, radiological supervision and interpretation **(CMS Refined)**	Myelography, thoracic, radiological supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**XXX**
50	*Other Clinical Activity - *specify:*						
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT			**15**	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT				**2**
53	Review examination with interpreting MD	L041B	RT				**2**
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT				**1**
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**n/a**
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**n/a**
58	**End: Patient leaves office**						
59	**POST-SERVICE Period**						
60	**Start: Patient leaves office/facility**						
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**		
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
72	pack, minimum multi-specialty visit	SA048	pack	**1**			
73	tray, myelogram	SA066	tray	**1**			
74	gloves, sterile	SB024	pair	**2**			
75	needle, spine, Sprotte	SC042	item	**1**			
76	film, x-ray 10in x 12in	SK033	item				
77	film, x-ray 14in x 17in	SK034	item			**2**	**2**
78	film, x-ray 8in x 10in	SK037	item			**4**	**4**
79	x-ray developer solution	SK089	oz			**6**	**6**
80	x-ray envelope	SK091	item			**1**	**1**
81	x-ray fixer solution	SK092	oz			**6**	**6**
85	**EQUIPMENT**	**CODE**					
86	film processor, wet	ED025				**7**	**7**
87	stretcher	EF018		**46**			
88	room, radiographic-fluoroscopic	EL014		**30**		**31**	**21**
89	film alternator (motorized film viewbox)	ER029				**7**	**7**

	A	B	C	D	E	U	V	X	Z	AB	AC	AE
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				**REFERENCE CODE**				**REFERENCE CODE**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62303**		**72265**	**72265**	**62304**		**72270**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **(April 2014)**		Myelography, lumbosacral, radiological supervision and interpretation **(CMS Refined)**	Myelography, lumbosacral, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral **(April 2014)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**82.0**	**17.0**			**82.0**	**17.0**	
7		**L041B**	RT					**44.0**	**28.0**			**63.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**	**15.0**	**14.0**			**15.0**	**14.0**	
9		**L041B**	RT						**4.0**			
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**		**64.0**				**64.0**	**0.0**	
11		**L041B**	RT					**44.0**	**24.0**			**63.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**	**3.0**	**3.0**			**3.0**	**3.0**	
13	**PRE-SERVICE**											
14	**Start: Following visit when decision for surgery or procedure made**											
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**			**3**	**3**	
16	Coordinate pre-surgery services											
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**				**3**	
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**			**5**	**5**	
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**			**3**	**3**	
20	Availability of prior images confirmed					**2**			**2**	**2**		
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist					**2**			**2**	**2**		
22	*Other Clinical Activity - *specify:*											
23	**End: When patient enters office/facility for surgery/procedure**											
24	**SERVICE PERIOD**											
25	**Start: When patient enters office/facility for surgery/procedure:**											
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**		**3**				**3**		
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**				**3**		
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA									
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT					**5**				**5**
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**				**2**		
31	Setup scope (non facility setting only)											
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**		**3**				**3**		
33		L041B	RT					**1**	**1**			**1**
34	Sedate/apply anesthesia											
35	*Other Clinical Activity - specify:											
36	**Intra-service**											
37	Acquire images											
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**		**25**				**25**		
39		L041B	RT					**15**	**15**			**24**
40	**Post-Service**											
41	Monitor pt. following moderate sedation											
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**		**15**				**15**		
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**				**3**		
44		L041B	RT					**3**	**3**			**3**
45	Clean Scope											
46	Clean Surgical Instrument Package											
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**				**2**		
48	Review/read X-ray, lab, and pathology reports											
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**				**3**		

	A	B	C	D	E	U	V	X	Z	AB	AC	AE
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				**REFERENCE CODE**				**REFERENCE CODE**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**62303**		**72265**	**72265**	**62304**		**72270**
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **(April 2014)**		Myelography, lumbosacral, radiological supervision and interpretation **(CMS Refined)**	Myelography, lumbosacral, radiological supervision and interpretation **(April 2014)**	Myelography via lumbar injection, including radiological supervision and interpretation; Lumbosacral **(April 2014)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**XXX**
50	*Other Clinical Activity - *specify:*											
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT					**20**				**30**
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT			**2**			**2**	**2**		
53	Review examination with interpreting MD	L041B	RT			**2**			**2**	**2**		
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			**1**			**1**	**1**		
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	**n/a**	**n/a**		**n/a**
58	**End: Patient leaves office**											
59	**POST-SERVICE Period**											
60	**Start: Patient leaves office/facility**											
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**	**3**	**3**			**3**	**3**	
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**									
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**				**1**		
73	tray, myelogram	SA066	tray	**1**		**1**				**1**		
74	gloves, sterile	SB024	pair	**2**		**2**				**2**		
75	needle, spine, Sprotte	SC042	item	**1**		**1**				**1**		
76	film, x-ray 10in x 12in	SK033	item									
77	film, x-ray 14in x 17in	SK034	item			**2**		**3**	**3**	**3**		**6**
78	film, x-ray 8in x 10in	SK037	item			**4**		**5**	**5**	**5**		**10**
79	x-ray developer solution	SK089	oz			**6**		**8**	**8**	**8**		**16**
80	x-ray envelope	SK091	item			**1**		**1**	**1**	**1**		**1**
81	x-ray fixer solution	SK092	oz			**6**		**8**	**8**	**8**		**16**
85	**EQUIPMENT**	**CODE**										
86	film processor, wet	ED025				**7**		**9**	**9**	**9**		**17**
87	stretcher	EF018		**46**		**60**				**60**		
88	room, radiographic-fluoroscopic	EL014		**30**		**35**		**33**	**21**	**35**		**50**
89	film alternator (motorized film viewbox)	ER029				**7**		**9**	**9**	**9**		**17**

	A	B	C	D	E	AG	AI	AJ
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72270**	**62305**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**71.0**	**19.0**	**33.0**	**87.0**	**17.0**
7		**L041B**	RT					
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**11.0**	**14.0**		**15.0**	**14.0**
9		**L041B**	RT			**4.0**		
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**55.0**			**69.0**	**0.0**
11		**L041B**	RT			**29.0**		
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**5.0**	**5.0**		**3.0**	**3.0**
13	**PRE-SERVICE**							
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**		**3**	**3**
16	Coordinate pre-surgery services							
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**			**3**
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**		**5**	**5**
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**		**3**	**3**
20	Availability of prior images confirmed					**2**	**2**	
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist					**2**	**2**	
22	*Other Clinical Activity - *specify:*							
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available/review charts	L037D	RN/LPN/MTA	**5**			**3**	
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**			**3**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					
29	*Obtain prior radiographs / Review protocol with physician*	L041B	RT					
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**			**2**	
31	Setup scope (non facility setting only)							
32	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**			**3**	
33		L041B	RT			**1**		
34	Sedate/apply anesthesia							
35	*Other Clinical Activity - specify:							
36	**Intra-service**							
37	Acquire images							
38	*Assist physician in performing procedure*	L037D	RN/LPN/MTA	**16**			**30**	
39		L041B	RT			**20**		
40	**Post-Service**							
41	Monitor pt. following moderate sedation							
42	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation	L037D	RN/LPN/MTA	**15**			**15**	
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**			**3**	
44		L041B	RT			**3**		
45	Clean Scope							
46	Clean Surgical Instrument Package							
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**			**2**	
48	Review/read X-ray, lab, and pathology reports							
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**			**3**	

	A	B	C	D	E	AG	AI	AJ
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**				
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62284**		**72270**	**62305**	
3	**Meeting Date: April 2014** **Tab: 17** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) **(March 2003 RUC)**		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **(April 2014)**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**000**	**000**
50	*Other Clinical Activity - *specify:*							
51	*Process films, hang films and review study with interpreting MD prior to patient discharge (obtaining images included for anchor)*	L041B	RT					
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT			**2**	**2**	
53	Review examination with interpreting MD	L041B	RT			**2**	**2**	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			**1**	**1**	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	**n/a**	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**n/a**	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**n/a**	
58	**End: Patient leaves office**							
59	**POST-SERVICE Period**							
60	**Start: Patient leaves office/facility**							
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**5**	**5**		**3**	**3**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
72	pack, minimum multi-specialty visit	SA048	pack	**1**			**1**	
73	tray, myelogram	SA066	tray	**1**			**1**	
74	gloves, sterile	SB024	pair	**2**			**2**	
75	needle, spine, Sprotte	SC042	item	**1**			**1**	
76	film, x-ray 10in x 12in	SK033	item					
77	film, x-ray 14in x 17in	SK034	item			**6**	**6**	
78	film, x-ray 8in x 10in	SK037	item			**10**	**10**	
79	x-ray developer solution	SK089	oz			**16**	**16**	
80	x-ray envelope	SK091	item			**1**	**1**	
81	x-ray fixer solution	SK092	oz			**16**	**16**	
85	**EQUIPMENT**	**CODE**						
86	film processor, wet	ED025				**17**	**17**	
87	stretcher	EF018		**46**			**60**	
88	room, radiographic-fluoroscopic	EL014		**30**		**26**	**40**	
89	film alternator (motorized film viewbox)	ER029				**17**	**17**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transversus Abdominis Plane (TAP) Anesthetic Block

In February 2014, the CPT Editorial Panel created four new codes to describe transversus abdominis plan block or rectus sheath block single and continuous for the administration of local anesthetic for post-operative pain control and abdominal wall analgesia.

64486 ***Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)***
The RUC reviewed the survey results from 57 anesthesiologists for CPT code 64486 and determined that the survey 25th percentile work RVU of 1.50 was too high. Therefore, the RUC recommends a direct crosswalk to CPT code 67505 *Retrobulbar injection; alcohol* (work RVU = 1.27 and 10 minutes intra-service time). The RUC determined that the pre-service evaluation time should be decreased by 5 minutes to account for possible duplicative work when the same anesthesiologist who performed the general anesthesia for surgery is now performing this post-surgical service. In addition, the pre-service positioning time was increased by 4 minutes over the pre-time package to allow the anesthesiologist extra time to work around the site on which the surgeon just worked. The RUC recommends 5 minutes evaluation, 5 minutes positioning and 5 minutes scrub, dress and wait pre-time, 10 minutes intra-service time and 10 minutes immediate post service time. For additional support the RUC referenced CPT codes: 32562 *Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day* (work RVU = 1.24 and 10 minutes intra-service time) and 45305 *Proctosigmoidoscopy, rigid; with biopsy, single or multiple* (work RVU = 1.25 and 10 minutes intra-service time). **The RUC recommends a work RVU of 1.27 for CPT code 64486.**

64487 ***Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance when performed)***
The RUC reviewed the survey results from 34 anesthesiologists for CPT code 64487 and determined that the survey 25th percentile work RVU of 1.65 was too high. Therefore, the RUC recommends a direct crosswalk to CPT code 64445 *Injection, anesthetic agent; sciatic nerve, single* (work RVU = 1.48 and 15 minutes intra-service time). The RUC noted the incremental difference of 0.13 between single injection infusion code 64447 *Injection, anesthetic agent; femoral nerve, single* (work RVU = 1.50) and continuous injection infusion code 64448 *Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)* (work RVU = 1.63), as well as the incremental difference of 0.33 between single injection infusion code 62311 *Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)* (work RVU = 1.17) and continuous injection infusion code 62319 *Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or*

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subarachnoid; lumbar or sacral (caudal) (work RVU = 1.50). Based on this, the RUC considered an increment of 0.21 as appropriately bracketed by the incremental value increases between other single and continuous infusion codes. The RUC determined that the pre-service evaluation time should be decreased by 5 minutes to account for possible duplicative work when the same anesthesiologist who performed the general anesthesia for surgery is now performing this post-surgical service. In addition, the pre-service positioning time was increased by 4 minutes over the pre-time package to allow the anesthesiologist extra time to work around the area in which the surgeon just worked. The RUC recommends 5 minutes evaluation, 5 minutes positioning and 5 minutes scrub, dress and wait pre-time, 15 minutes intra-service time and 10 minutes immediate post service time. **The RUC recommends a work RVU of 1.48 for CPT code 64487.**

64488 ***Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)***

The RUC reviewed the survey results from 37 anesthesiologists for CPT code 64488 and determined that the survey 25th percentile work RVU of 1.60 appropriately accounts for the work required to perform this service. The RUC determined that the pre-service evaluation time should be decreased by 5 minutes to account for possible duplicative work when the same anesthesiologist who performed the general anesthesia for surgery is now performing this post-surgical service. In addition, the pre-service positioning time was increased by 4 minutes over the pre-time package to allow the anesthesiologist extra time to work around the site on which the surgeon just worked. The RUC recommends 5 minutes evaluation, 5 minutes positioning, 5 minutes scrub, dress and wait pre-time, 15 minutes intra-service time and 10 minutes immediate post service time. The RUC noted that although the intra-service time is 15 minutes for both 64487 and 64488, this service is more intense because there are two injection sites for this code. For additional support the RUC referenced CPT codes 64448 *Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.63 and 15 minutes intra-service time) and CPT code 19285 *Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance* (work RVU = 1.70 and 15 minutes intra-service time). **The RUC recommends a work RVU of 1.60 for CPT code 64488.**

64489 ***Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance when performed***

The RUC reviewed the survey results from 34 anesthesiologists for CPT code 64489 and determined that the survey 25th percentile work RVU of 1.80 appropriately accounts for the work required to perform this service. The RUC determined that the pre-service evaluation time should be decreased by 5 minutes to account for possible duplicative work when the same anesthesiologist who performed the general anesthesia for surgery is now performing this post-surgical service. In addition, the pre-service positioning time was increased by 4 minutes over the pre-time package to allow the anesthesiologist extra time to work around the site on which the surgeon just worked. The RUC recommends 5 minutes evaluation, 5 minutes positioning and 5 minutes scrub, dress and wait pre-time, 20 minutes intra-service time and 10 minutes immediate post service time. The incremental increase in value compared to 64488 also fits well into the range of added value for placement of continuous infusion catheter versus single injection services. For additional support the RUC referenced CPT codes 64646 *Chemodenervation of trunk muscle(s); 1-5 muscle(s)* (work RVU = 1.80 and 20 minutes intra-service time) and 45315 *Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions*

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by hot biopsy forceps, bipolar cautery or snare technique (work RVU = 1.80 and 20 minutes intra-service time). **The RUC recommends a work RVU of 1.80 for CPT code 64489.**

Practice Expense
The Practice Expense Subcommittee modified the equipment minutes accounting for time clinical labor staff spends monitoring the patient while he/she is on the stretcher. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Nervous System** **Extracranial Nerves, Peripheral Nerves and Autonomic Nervous System** **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic** **Somatic Nerves**				
		(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681) (For epidural or subarachnoid injection, see 62310-62319) (64479-64487, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50)		
●64486	GG1	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)	000	1.27
●64487	GG2	by continuous infusion(s) (includes imaging guidance when performed)	000	1.48

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●64488	GG3	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)	000	1.60
●64489	GG4	by continuous infusions (includes imaging guidance when performed	000	1.80

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64486 Tracking Number GG1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: 000 RUC Recommended RVU: **1.27**

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old male undergoes open appendectomy under general anesthesia. He is at risk for post-operative pain. In order to provide post-operative pain control, a transversus abdominis plane (TAP) block is placed a the request of the surgeon.

Percentage of Survey Respondents who found Vignette to be Typical: 60%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 29%

Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the post-anesthesia recovery room or in the operating room, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's abdomen is prepped from the costal margin to the iliac crest with a chlorohexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: . A linear, high frequency ultrasound transducer is placed in an axial (transverse) plane, above the iliac crest within the region of the anterior axillary line. Using continuous ultrasound guidance, the layers of the abdominal wall are identified: the external oblique (superficial), the internal oblique and the transversus abdominis muscles. The skin at the proposed entry site is anesthetized with a small amount of local anesthetic via a small gauge needle (27G). A 100-mm, 22-gauge short-beveled ultrasound needle is then inserted inplane with the transducer. While advancing under live ultrasound guidance, two distinct “pops” are felt as the needle passes through the external oblique fascia and then the internal oblique fascia. Now, the needle is in the TAP plane between the internal oblique and the transversus abdominis muscles. Once correct needle position is obtained, aspiration of the needle is performed to confirm the absence of blood. Following negative aspiration, a small test tose of local anesthetic is administered and the patient's vital signs are monitored and the patient is questioned for symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, 20 ml. of local anesthetic (e.g., 0.25% bupivacaine) is then incrementally injected with verification of a hypoechoic fluid pocket immediately deep to the hyperechoic fascial plane between the internal oblique and the transversus abdominis. After completion of the injection, the needle is removed. The patient is

observed for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, the initial effects of the TAP block are evaluated by physical examination to determine if the patient is developing numbness and relief of pain in the expected nerve distribution.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, he may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD				
Specialty(s):	Anesthesiology				
CPT Code:	64486				
Sample Size:	1821	**Resp N:**	57	**Response:** 3.1 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	30.00	100.00
Survey RVW:	1.35	1.50	**1.60**	1.95	10.24
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	7.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64486	**Recommended Physician Work RVU: 1.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64448	000	1.63	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,358

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.76	**RUC Time**	17,170

CPT Descriptor 2 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

Other Reference CPT Code	Global	Work RVU	Time Source
27096	000	1.48	**RUC Time**

CPT Descriptor Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 35.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 64486**	**Key Reference CPT Code:** 64448	**Source of Time** RUC Time

Median Pre-Service Time	15.00	25.00
Median Intra-Service Time	10.00	15.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**35.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.75	2.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.25	2.30
Urgency of medical decision making	2.60	2.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.70	3.65
Physical effort required	3.05	3.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.35	3.40
Outcome depends on the skill and judgment of physician	3.95	3.85
Estimated risk of malpractice suit with poor outcome	3.30	3.70

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.45	2.55
Intra-Service intensity/complexity	3.30	3.55
Post-Service intensity/complexity	2.15	2.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A good number of our respondents did not agree that the typical patient from the survey matched their experience. Comments received included:

- Patient undergoing any unilateral open procedure (AP, hernia repair, node dissection
- Procedure is especially indicated for patients with obesity or severe comorbidities which make use of opiates problematic
- Patients who are not candidates for paravertebral or neuraxial blocks due to anticoagulation issues
- Colorectal patients with chronic pain issues
- Females undergoing abdominoplasty

NOTE: Codes 62310 through 62319 were not included on the reference service list and should not be considered as comparison codes due to the significant differences between the RUC recommendation and the CMS decision for the work RVUs for these services for CY 2014.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Procedure most commonly performed for post-operative pain. It is not part of either the surgical procedure or the anesthetic for the underlying surgical procedure

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The anesthesia code and the surgical code reported will vary depending on the surgical procedure that is done.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
64420 - Injection, anesthetic agent; intercostal nerve, single
64425 - Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64450 - Injection, anesthetic agent; other peripheral nerve or branch

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 51920
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. approximately 2X Medicare population estimate

Specialty Anesthesiology Frequency 51920 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,960 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that single shot TAP blocks would account for 7% of current utilization of code 64420, 12% of current utilization of code 64425 and 6% of current utilization of code 64450. Of those we estimate that 45% would be unilateral single shot TAP blocks and that 55% would be bilateral single shot TAP blocks

Specialty Anesthesiology Frequency 25960 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64448

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64487 Tracking Number GG2 Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: 000 RUC Recommended RVU: **1.48**

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male undergoes partial nephrectomy under general anesthesia for renal cell carcinoma. In order to provide post-operative pain control, a transversus abdominis plane (TAP) block with catheter placement for continuous infusion is placed at the request of the surgeon.

Percentage of Survey Respondents who found Vignette to be Typical: 68%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 90%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 57%

Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the post-anesthesia recovery room or in the operating room, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied.The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's abdomen is prepped from the costal margin to the iliac crest with a chlorohexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: A linear, high frequency ultrasound transducer is placed in an axial (transverse) plane, above the iliac crest within the region of the anterior axillary line. Using continuous ultrasound guidance, the layers of the abdominal wall are identified: the external oblique (superficial), the internal oblique and the transversus abdominis muscles. The skin at the proposed entry site is anesthetized with a small amount of local anesthetic via a small gauge needle (27G). An 18G Tuohy needle was inserted inplane with the transducer. While advancing under live ultrasound guidance, two distinct “pops” are felt as the needle passes through the external oblique fascia and then the internal oblique fascia. Now, the needle is in the TAP plane between the internal oblique and the transversus abdominis muscles. Once correct needle position is obtained, aspiration of the needle is performed to confirm the absence of blood. Next, a 20-gauge catheter is threaded through the cannula and the cannula removed. Following negative aspiration, a small test dose of local anesthetic is administered and the patient's vital signs are monitored and the patient is questioned for symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, twenty mL of local anesthetic (e.g., 0.25% bupivacaine) is then incrementally injected with verification of a hypoechoic fluid pocket immediately deep to the hyperechoic fascial plane between the internal oblique and the transversus abdominis. The catheter

is then secured with a sterile liquid adhesive and then a sterile occlusive dressing is applied. Ropivacaine 0.2% is delivered via an infusion pump at 8-10ml/hr. The patient is observed for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, the initial effects of the TAP block are evaluated by physical examination to determine if the patient is developing numbness and relief of pain in the expected nerve distribution.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, he may be discharged from the post-anesthesia care unit (PACU) after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marc leib, MD, JD; Richard Rosenquist, MD				
Specialty(s):	Anesthesiology				
CPT Code:	64487				
Sample Size:	1821	**Resp N:**	34	**Response:** 1.8 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	5.75	50.00
Survey RVW:	1.45	1.65	**1.81**	1.85	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	10.00	**15.00**	20.00	35.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64487	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64448	000	1.63	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	17,170

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
64446	000	1.81	**RUC Time**

CPT Descriptor Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 55.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 64487**	**Key Reference CPT Code:** 64448	**Source of Time** RUC Time

Median Pre-Service Time	15.00	25.00
Median Intra-Service Time	15.00	15.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**40.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.94	2.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.83	2.78
Urgency of medical decision making	2.72	2.72
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	3.67
Physical effort required	3.11	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.56	3.28
Outcome depends on the skill and judgment of physician	4.06	3.72
Estimated risk of malpractice suit with poor outcome	3.61	3.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.78	2.72
Intra-Service intensity/complexity	3.83	3.56
Post-Service intensity/complexity	2.61	2.78

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

NOTE: Codes 62310 through 62319 were not included on the reference service list and should not be considered as comparison codes due to the significant differences between the RUC recommendation and the CMS decision for the work RVUs for these services for CY 2014.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Procedure most commonly performed for post-operative pain. It is not part of either the surgical procedure or the anesthetic for the underlying surgical procedure.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The anesthesa code and the surgical code reported will vary depending on the surgical procedure that is done.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
64421 - Injection, anesthetic agent; intercostal nerves, multiple, regional block
64999 - Unlisted procedure, nervous system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1970
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. approximately 2X the Medicare population estimate

Specialty Anesthesiology Frequency 1970 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 985
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that continous TAP blocks would account for 6% of current utilization of code 64421 and 7% of current utilization of code 64999. Of those, we estimate that 55% would be unilateral continuous TAP blocks and 45% would be bilateral continuous TAP blocks

Specialty Anesthesiology Frequency 985 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64448

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64488 Tracking Number GG3 Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **1.60**

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female undergoes laparoscopy cholecystectomy under general anesthesia. She is at risk for post-op pain. In order to provide post-operative pain control, bilateral transversus abdominis plane (TAP) blocks are placed at the request of the surgeon

Percentage of Survey Respondents who found Vignette to be Typical: 70%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 36%

Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the post-anesthesia recovery room or in the operating room, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's abdomen is prepped from the costal margin to the iliac crest with a chlorohexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: A linear, high frequency ultrasound transducer is placed in an axial (transverse) plane, above the iliac crest within the region of the anterior axillary line. Using continuous ultrasound guidance, the layers of the abdominal wall are identified: the external oblique (superficial), the internal oblique and the transversus abdominis muscles. The skin at the proposed entry site is anesthetized with a small amount of local anesthetic via a small gauge needle (27G). A 100-mm, 22-gauge short-beveled block needle is then inserted in plane with the transducer. While advancing under live ultrasound guidance, two distinct “pops” are felt as the needle passes through the external oblique fascia and then the internal oblique fascia. Now, the needle is in the TAP plane between the internal oblique and the transversus abdominis muscles. Once correct needle position is obtained, aspiration of the needle is performed to confirm the absence of blood. Following negative aspiration, a small test dose of local anesthetic is administered and the patient's vital signs are monitored and the patient is questioned for symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, twenty mL of local anesthetic (e.g., 0.25% bupivacaine) is then incrementally injected with verification of a hypoechoic fluid pocket immediately deep to the hyperechoic fascial plane between the internal oblique and the transversus abdominis. After completion of the injection, the needle is removed.

Next, the repeat procedure is carried out in an identical fashion on the opposite side. The skin has already been prepped and draped in a sterile fashion.

The patient is observed for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, the initial effects of the TAP block are evaluated by physical examination to determine if the patient is developing numbness and relief of pain in the expected nerve distribution.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, and the vascular status of extremity the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, he may be discharged home after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD				
Specialty(s):	Anesthesiology				
CPT Code:	64488				
Sample Size:	1822	**Resp N:**	37	**Response:** 2.0 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	20.00	100.00
Survey RVW:	1.31	1.60	**1.87**	2.20	5.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	18.50	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64488	**Recommended Physician Work RVU: 1.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64448	000	1.63	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	871,457

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	40,089

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
64446	000	1.81	**RUC Time**

CPT Descriptor Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (inluding catheter placement)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 40.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 64488**	**Key Reference CPT Code:** 64448	**Source of Time RUC Time**
Median Pre-Service Time	15.00	25.00	

Median Intra-Service Time	15.00	15.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**40.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.79	2.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.50	2.57
Urgency of medical decision making	2.93	2.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.79	4.00
Physical effort required	3.07	3.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.43	3.50
Outcome depends on the skill and judgment of physician	3.86	3.79
Estimated risk of malpractice suit with poor outcome	3.29	3.86

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.64	2.71
Intra-Service intensity/complexity	3.57	3.71
Post-Service intensity/complexity	2.21	2.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

NOTE: Codes 62310 through 62319 were not included on the reference service list and should not be considered as comparison codes due to the significant differences between the RUC recommendation and the CMS decision for the work RVUs for these services for CY 2014.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Procedure most commonly performed for post-operative pain. It is not part of either the surgical procedure or the anesthetic for the underlying surgical procedure.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The anesthesia code and the surgical code reported will vary depending on the surgical procedure that is done.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
64420 - Injection, anesthetic agent; intercostal nerve, single
64425 - Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64450 - Injection, anesthetic agent; other periperhal nerve or branch

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 63,457
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. approximately 2X the Medicare population estimate

Specialty Anesthesiology Frequency 634570 Percentage 1,000.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31,729 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that continuous TAP blocks would account for 7% of current utilization of code 64420, 12% of current utililzation of code 64425 and 6% of current utilization of code 64450. Of those, we stimate that 45% would be unilateral single shot TAP blocks and that 55% would be bilateral single shot TAP blocks.

Specialty Anesthesiology Frequency 31729 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64448

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64489 Tracking Number GG4 Original Specialty Recommended RVU: **2.44**
Presented Recommended RVU: **2.44**
Global Period: 000 RUC Recommended RVU: **1.80**

CPT Descriptor: Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year-old female undergoes hysterectomy under general anestheisa for uterine cancer. In orer to provide post-operative pain control, bilateral transversus abdominis plane (TAP) blocks with catheter placement for continuous infusion are placed at the request of the surgeon.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: The patient's medical record is reviewed, the patient is interviewed and examined and informed consent is obtained. Particular attention is paid to history of seizure disorder, evidence of infection, anticoagulation and bleeding disorders as these increase the risk of complication from the procedure. In the post-anesthesia recovery room or in the operating room, the patient is placed in the supine position. Blood pressure cuff, pulse oximeter, supplemental oxygen and electrocardiographic monitors are applied. The provider performs appropriate hand hygiene and dons appropriate barrier. The patient's abdomen is prepped from the costal margin to the iliac crest with a chlorohexidine-alcohol solution and draped in a sterile fashion.

Description of Intra-Service Work: A linear, high frequency ultrasound transducer is placed in an axial (transverse) plane, above the iliac crest within the region of the anterior axillary line. Using continuous ultrasound guidance, the layers of the abdominal wall are identified: the external oblique (superficial), the internal oblique and the transversus abdominis muscles. The skin at the proposed entry site is anesthetized with a small amount of local anesthetic via a small gauge needle (27G). An 18G Tuohy needle was inserted inplane with the transducer. While advancing under live ultrasound guidance, two distinct “pops” are felt as the needle passes through the external oblique fascia and then the internal oblique fascia. Now, the needle is in the TAP plane between the internal oblique and the transversus abdominis muscles. Once correct needle position is obtained, aspiration of the needle is performed to confirm the absence of blood. Next, a 20-gauge catheter is threaded through the cannula and the cannula removed. Following negative aspiration, a small test dose of local anesthetic is administered and the patient's vital signs are monitored and the patient is questioned for symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, twenty mL of local anesthetic (e.g., 0.25% bupivacaine) is then incrementally injected with verification of a hypoechoic fluid pocket immediately deep to the hyperechoic fascial plane between the internal oblique and the transversus abdominis. The catheter

is then secured with a sterile liquid adhesive and then a sterile occlusive dressing is applied. Ropivacaine 0.2% is delivered via an infusion pump at 8-10ml/hr.

Next, the repeat procedure is carried out in an identical fashion on the opposite side. The skin has already been prepped and draped in a sterile fashion.

The patient is observed for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, the initial effects of the TAP block are evaluated by physical examination to determine if the patient is developing numbness and relief of pain in the expected nerve distribution.

Description of Post-Service Work: The procedure is documented in the medical record, providing a detailed description of the placement of the TAP block and the patient's responses. After an appropriate period of monitoring for hemodynamic stability, mental orientation, the patient is reexamined to confirm successful block and adequate pain relief. If the patient is stable, he may be discharged from the post-anesthesia care unit (PACU) after meeting all appropriate discharge criteria. Prior to discharge, the patient is reminded of signs and symptoms of potential complications and given contact information should such signs or symptoms develop.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD				
Specialty(s):	Anesthesiology				
CPT Code:	64489				
Sample Size:	1822	**Resp N:**	34	**Response:** 1.8 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	100.00
Survey RVW:	1.52	1.80	**2.10**	2.44	5.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64489	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64448	000	1.63	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	40,089

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,985

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
64446	000	1.81	**RUC Time**

CPT Descriptor Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 64489**	**Key Reference CPT Code:** 64448	**Source of Time RUC Time**
Median Pre-Service Time	15.00	25.00	

Median Intra-Service Time	20.00	15.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**45.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.88	2.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.94	2.88
Urgency of medical decision making	2.81	2.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.31	3.94
Physical effort required	3.50	3.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.94	3.50
Outcome depends on the skill and judgment of physician	4.25	3.88
Estimated risk of malpractice suit with poor outcome	3.94	4.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	2.94
Intra-Service intensity/complexity	4.25	3.75
Post-Service intensity/complexity	2.81	2.81

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

NOTE: Codes 62310 through 62319 were not included on the reference service list and should not be considered as comparison codes due to the significant differences between the RUC recommendation and the CMS decision for the work RVUs for these services for CY 2014.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Procedure most commonly performed for post-operative pain. It is not part of either the surgical procedure or the anesthetic for the underlying surgical procedure.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The anesthesia code and the surgical code reported will vary depending on the surgical proceudr that is done.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
64421 - Injection, anesthetic agent; intercostal nerves, multiple regional block
64999 - Unlisted procedure, nervous system

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1612
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. approximately 2X the Medicare population estimate

Specialty Anesthesiology Frequency 1612 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 809
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that continous TAP blocks would account for 6% of current utilization of code 64421 and 7% of current utilization of code 64999. Of those, we estimate that 55% would be unilateral continuous TAP blocks and 45% would be bilateral continuous TAP blocks

Specialty Anesthesiology Frequency 809 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64448

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Transversus Abdominis Plane (TAP) Anesthetic Block

TAB: 18

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	64448	Injection, anesthetic age		0.054			1.63				55	19	1	5			15			15
REF	27096	Injection procedure for s		0.086			1.48				38	7	5	5			11			10
REF	67505	Retrobulbar injection; al		0.078			1.27				35	10	5	5			10			5
SVY	64486	Transversus abdominis plane	57	0.08875	1.35	1.50	1.60	1.95	10.24		45	15	5	5	0	7	10	15	60	10
REC				0.07815			1.27				35	5	5	5			10			10

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	64448	Injection, anesthetic age		0.054			1.63				55	19	1	5			15			15
REF	64445	Injection, anesthetic age		0.054			1.48				48	13	5	5			15			10
SVY	64487	Transversus abdo	34	0.081	1.45	1.65	1.81	1.85	5.00		45	10	5	5	10	10	15	20	35	10
REC				0.066			1.48				40	5	5	5			15			10

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	64448	Injection, anesthetic age		0.054			1.63				55	19	1	5			15			15
SVY	64488	Transversus abdo	37	0.077	1.31	1.60	1.87	2.20	5.00		50	15	5	5	5	10	15	18.5	40	10
REC				0.074			1.60				40	5	5	5			15			10

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	64646	Chemodenervation of tru		0.068			1.80				40	10	5				20			5
SVY	64489	Transversus abdo	34	0.069	1.52	1.80	2.10	2.44	5.00		55	15	5	5	10	15	20	25	45	10
REC				0.066			1.80				45	5	5	5			20			10

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

64486 – Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)

64487 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance when performed)

64488 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)

64489 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance when performed)

Global Period: **000** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

We convened an expert panel via conference call.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

> **We selected code 64447 - *Injection, anesthetic agent; femoral nerve, single* – to serve as our reference code for direct practice expense for TAP blocks done in the non-facility setting. (The service was not available for use on the work RSL as it is still on the CMS Fastest Growing screen.)**
> **A TAP block will typically be done under ultrasound guidance so our recommendations include those resources**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **Not Applicable**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **Not Applicable**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **Not Applicable**

Intra-Service Clinical Labor Activities:
Greeting the patient and providing gowning and ensuring availability of applicable medical records
Obtaining vital signs
Preparing the room, equipment and supplies
Preparing and positioning the patient
Assist the physician in performing the procedure (67% of the time)

Post-Service Clinical Labor Activities:
Monitor the patient post procedure (patient typically stays for 30 minutes)
Clean room and equipment
Check dressings, provide home care instructions
Post service phone call to patient

CPT Code: 64486, 64487, 64488, 64489
Specialty Society('s) American Society of Anesthesiologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

64486 – Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)

64487 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance when performed)

64488 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)

64489 - Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance when performed)

Global Period: **000** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Expert Panel – no direct PE in the facility setting for these services.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **Not Applicable**

Intra-Service Clinical Labor Activities: **Not Applicable**

Post-Service Clinical Labor Activities: **Not Applicable**

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 64447**		**CPT Code 64486**		**CPT Code 64487**		**CPT Code 64488**		**CPT Code 64489**	
3	**Meeting Date: April 2014 Tab: 18 Specialty: Anesthesiology** ***Updated 4/24/2014***	**CMS Code**	**Staff Type**	CPT CODE Injection, anesthetic agent; femoral nerve, single		CPT CODE DESCRIPTOR Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance when performed)		CPT CODE DESCRIPTOR Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance when performed)		CPT CODE DESCRIPTOR Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) biilateral; by injections (includes imaging guidance when performed)		CPT CODE DESCRIPTOR Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) biilateral; by continuous infusions (includes imaging guidance when performed)	
4				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**					**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	LD037	RN/LPN/MTA	**39.0**	**0.0**	**33.0**	**0.0**	**36.0**	**0.0**	**36.0**	**0.0**	**39.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	LD037	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	LD037	RN/LPN/MTA	**36.0**	**0.0**	**30.0**	**0.0**	**33.0**	**0.0**	**33.0**	**0.0**	**36.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	LD037	RN/LPN/MTA	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms												
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent												
16	Follow-up phone calls & prescriptions												
17	*Other Clinical Activity - *specify: Pull and hang prior imaging studies for MD to review*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent												
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA										
28	*Other Clinical Activity - specify:												
29	**Intra-service**												
30	Assist physician in performing procedure (For services under review: 67% of physician time)	L037D	RN/LPN/MTA	**10**		**7**		**10**		**10**		**13**	
31	Assist physician/moderate sedation (% of physician time)												
32	**Post-Service**												
33	Monitor pt. following moderate sedation												
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**10**		**7**		**7**		**7**		**7**	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 64447**		**CPT Code 64486**		**CPT Code 64487**		**CPT Code 64488**		**CPT Code 64489**	
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4				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**					**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**	
36	Clean Scope												
37	Clean Surgical Instrument Package												
38	Complete diagnostic forms, lab & X-ray requisitions												
39	Review/read X-ray, lab, and pathology reports												
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**	
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	**End: Patient leaves office**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 64447**		**CPT Code 64486**		**CPT Code 64487**		**CPT Code 64488**		**CPT Code 64489**	
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4				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**					**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
45	**POST-SERVICE Period**												
46	**Start: Patient leaves office/facility**												
47	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**	
48	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
49	99211 16 minutes		16										
50	99212 27 minutes		27										
51	99213 36 minutes		36										
52	99214 53 minutes		53										
53	99215 63 minutes		63										
54	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
55	*Other Clinical Activity - *specify:*												
56	**End: with last office visit before end of global period**												
57	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
58	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**		**1**		**1**	
59	pack, basic injection	SA041	pack	**1**		**1**		**1**		**1**		**1**	
60	electrode needle, injectable (Myoject)	SD050	item	**1**									
61	bupivacaine 0.5% inj (Marcaine)	SH022	ml	**30**									
62	bupivacaine 0.25% inj (Marcaine)	SH021	ml			**20**		**20**		**40**		**40**	
63	syringe 20ml	SC053	item			**1**				**2**			
64	ultrasound needle		item			**1**				**1**			
65	cover-condom, transducer or ultrasound probe	SB005	item			**1**		**1**		**1**		**1**	
66	lubricating jelly (Surgilube)	SJ033	ounce			**2**		**2**		**4**		**4**	
67	drape-towel, sterile 18in x 26in	SB019	Item							**4**		**4**	
68	dressing, 4in x 4.75in (Tegaderm)	SG037	item					**1**				**2**	
69	continuous peripehral nerve block tray		tray					**1**				**2**	
70	**EQUIPMENT**	**CODE**											
71	table, exam	EF023		**36**									
72	nerve stimulator (eg, for nerve block)	EQ184		**36**									
73	stretcher	EF018				**33**		**38**		**38**		**43**	
74	ultrasound unit, portable	EG250				**10**		**15**		**15**		**20**	
75	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**36**		**24**		**29**		**29**		**34**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard-Valued Annual Allowed Charges Greater than $10 million Screen

January 2014

Aqueous Shunt

CPT code 66180 was identified through the Harvard-Valued Annual Allowed Charges ≥ $10 million screen. In January 2013, the RUC recommended survey of physician work and review of practice expense for this family of services. The direct practice expense inputs were reviewed at the January 2013 meeting. However, the review of physician work was postponed for review at the April 2013 RUC meeting in order to assure the surveyed post-operative visits were calculated correctly. In April 2013, the American Academy of Ophthalmology noted that based on data from the last meeting the specialty society was informed that 66180 is typically reported (73%) with *67255 Scleral reinforcement (separate procedure); with graft* and it appears that these services should be surveyed as a bundled code. The specialty society requested that 66180 and 66185 be referred to CPT to create codes to describe with and without patch. The specialty society also noted that they will survey 67255 with this family of services.

Prior to valuing this family of services, the RUC discussed the relative high number of post-operative visits for these procedures. For the two codes describing placement of an external drainage system with and without graft (66179 and 66180) the survey median post-operative visits contained three 99213 Evaluation and Management codes and five 99214 Evaluation and Management codes. For the two codes describing revision of the aqueous shunt with and without graft (66184 and 66185) the survey median post-operative visits contained three 99213 Evaluation and Management codes and four 99214 Evaluation and Management codes. The specialty society explained, and the RUC agreed, that these levels of visits are appropriate due to the intense post-operative management intrinsic to the care of patients with severe glaucoma. The small internal diameter of the shunt tubing makes obstruction of the internal opening in the anterior chamber a frequent complication. This is treated in the office with laser or other techniques as part of the global surgical package during one of the post-operative visits. Furthermore, there is a consistent need to monitor the pressure. Typically patients will not show outward signs that the pressure is either too high or too low, requiring the physician to inspect in person the patient's eye. It is also typical that during these follow-up visits, medications will have to be adjusted due to pressure being too high or too low, thus necessitating further follow-up to ensure the medication is working correctly. Another unique feature of these services is that patients have often had multiple prior procedures and there is a great deal of scar tissue which can make it necessary for the physician to have to put in sutures in the office. Finally, the specialties noted that while the 99213 visits are primarily for managing pressure, the higher level 99214 visits are justified for the more intense follow-up work related to the obstruction of the internal opening and the potential need for additional suturing.

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66179 ***Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft***
The RUC reviewed the results from 38 Ophthalmologists and agreed with the specialty society on the following physician time components: pre-service time of 25 minutes, intra-service time of 55 minutes and post-service time of 10 minutes. The RUC also agreed with the following post-operative visits: three 99212 visits, five 99213 visits and one-half day discharge (99238).

The RUC discussed the reduction in intra-service time from the current Harvard time, 84 minutes, to the survey median of 55 minutes. When the initial Harvard valuation took place, these shunts were new devices. They were used primarily in patients who had blind, painful eyes that had not responded to conventional treatment, or for patients that had complex ocular conditions with a poor prognosis with other methods. Now, many of the patients have advanced glaucoma, but with an excellent chance for preservation of functional vision. Today the goal of treatment is to lower pressure in order to maintain vision rather than relieve pain. This increases the physician work by increasing the iatrogenic risk as well as mental effort and judgment during the intra-service period and during the follow-up period. The current shunts and the external reservoirs also are more complex with extension devices and flow restriction modifications that improve results but increase technical challenges both intra-operatively and in the post-operative period. With this in mind, the RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the 25th percentile, a work RVU of 14.00, is an accurate value for CPT code 66179. The RUC maintained that while the work RVU should be reduced from its current value of 16.30, the work RVU should not be reduced commensurate to the reduction in the previous Harvard intra-service time derived over 20 years ago.

To justify a work RVU of 14.00, the RUC compared the surveyed code to the Key Reference Service 65756 *Keratoplasty (corneal transplant);* endothelial (work RVU= 16.84) and noted that while the reference service has less total time, due to less post-operative visits, it has more intra-service time compared to 66179, 60 minutes and 55 minutes, respectively, and is a more intense procedure because keratoplasty reflects intraocular work. Therefore, the surveyed code is appropriately valued less than this reference code. The RUC also reviewed CPT code 45160 *Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach* (work RVU= 16.33) and agreed that since this reference code again has 5 additional minutes of intra-service time and greater total time, 66179 is appropriately valued less than code 45160. **The RUC recommends a work RVU of 14.00 for CPT code 66179.**

66180 ***Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft***
The RUC reviewed the results from 45 Ophthalmologists and agreed with the specialty on the following physician time components: pre-service time of 25 minutes, intra-service time of 60 minutes and post-service time of 10 minutes. The RUC also agreed with the following post-operative visits: three 99212 visits, five 99213 visits and one half-day discharge (99238).

The RUC discussed the reduction in intra-service time from the current Harvard time, 84 minutes, to the survey median of 60 minutes. When the initial Harvard valuation took place, these shunts were new devices. They were used primarily in patients who had blind, painful eyes that had not responded to conventional treatment, or for eyes that had complex ocular conditions with a poor prognosis with other methods. Now many of the

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patients have advanced glaucoma, but with an excellent chance for preservation of functional vision. Today the goal of treatment is to lower pressure in order to maintain vision rather than relieve pain. This increases the physician work by increasing the iatrogenic risk as well as mental effort and judgment during the intra-service period and during the follow-up period. The current shunts and the external reservoirs also are more complex with extension devices and flow restriction modifications that improve results but increase technical challenges both intra-operatively and in the post-operative period. With this in mind, the RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the 25th percentile, a work RVU of 15.00, is an accurate value for CPT code 66180. The RUC agreed that a 1.00 work RVU increase for the additional 5 minutes of intra-service work above the based procedure (66179) is appropriate to account for the physician work of placing a scleral patch.

To justify a work RVU of 15.00, the RUC compared the surveyed code to the Key Reference Service 65756 *Keratoplasty (corneal transplant);* endothelial (work RVU= 16.84) and noted that while both codes have identical intra-service time, 60 minutes, the reference code should still be valued higher than 66180 because keratoplasty reflects intraocular work, which is more intense. Therefore, the surveyed code is appropriately valued less than this reference code. The RUC also reviewed CPT code 58260 *Vaginal hysterectomy, for uterus 250 g or less* (work RVU= 14.15) and agreed that while both services have identical intra-service time, 66180 is a more intense service and should be valued slightly higher than the reference code. **The RUC recommends a work RVU of 15.00 for CPT code 66180.**

66183 ***Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach***
The RUC reviewed their previous recommendation for this service from the April 2013 meeting and maintained that the recommended work RVU of 13.20 for CPT code 66183, as agreed to by CMS as well, is correct. Below is the April 2013 RUC Recommendation as reaffirmed by the Committee in January 2014:

> At the April 2013 RUC meeting, it was confirmed that post-operative visits were accurately calculated and that 70% of the physician work is captured in the post-operative visits. The RUC noted that patients with glaucoma undergoing this procedure require intense care for the entire 090-day global period, above any other ophthalmological service. The patient is in danger of further visual loss due to the intraocular pressure which the physician must frequently monitor. In addition, this procedure creates a fistula which must remain open after healing is complete. Closure of the fistula can occur throughout the entire 090-day global period and requires constant management of the patient. The RUC had a robust discussion regarding number of post-operative office visits and agreed that 8 visits: (3) 99212 and (5) 99213, the survey mode, rather than 9 visits, the survey median: (3) 99212 and (6) 99213 with the reduction of one office visit is more appropriate. To validate the number of visits, the RUC compared 66183 to CPT code 66174 *Transluminal dilation of aqueous outflow canal; without retention of device or stent* (work RVU=12.85) which was reviewed at the April 2010 RUC meeting and include 6 post-operative visits, (2) 99212 and (4) 99213. The RUC agreed that 66183 is a more intense procedure than 66174 and requires additional monitoring.
>
> The RUC reviewed the survey results from 56 ophthalmologists and determined that a work RVU of 13.20, the survey 25th percentile is appropriate. The RUC compared 66183 to key reference code 65756 *Keratoplasty (corneal transplant); endothelial* (work RVU=16.84)

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and agreed that since 65756 requires 15 minutes more intra-service time, it should be valued higher. The RUC also reviewed 65850 *Trabeculotomy ab externo* (work RVU=11.39) and determined that the 66183 requires less intra-service time but is more intense and complex to perform. **The RUC recommends a work RVU of 13.20, the survey 25th percentile for CPT code 66183.**

66184 ***Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft***
The RUC reviewed the results from 34 Ophthalmologists and agreed with the specialty on the following physician time components: pre-service time of 25 minutes, intra-service time of 60 minutes and post-service time of 10 minutes. The RUC also agreed with the following post-operative visits: three 99212 visits, four 99213 visits and one-half day discharge (99238).

The RUC reviewed the respondents' estimated physician work values and agreed with the specialty that the values were overestimated, with a 25th percentile work RVU of 12.25. The RUC determined the work values were too high because half of the respondents chose a Key Reference Service with 50 percent more intra-service time than the median time for code 66184. The RUC also noted that the current Harvard intra-service time of 60 minutes directly matches the median intra time from the survey. Therefore, the current work RVU of 9.58 is the appropriate value for 66184.

To justify a work RVU of 9.58, the RUC compared the surveyed code to CPT code 67966 *Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin* (work RVU= 8.97) and agreed that while both codes have 60 minutes of intra-service time, the surveyed code has higher total time in the post-operative global period and is appropriately valued higher than the reference code. In addition, the RUC reviewed CPT codes 24685 *Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed* (work RVU= 8.37, intra time= 60 minutes) and 44950 *Appendectomy* (work RVU= 10.60, intra time= 60 minutes) and agreed that since both codes have identical intra-service time compared to 66184 and similar total time, they provide appropriate brackets above and below the recommended work value. **The RUC recommends a work RVU of 9.58 for CPT code 66184.**

66185 ***Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft***
The RUC reviewed the results from 36 Ophthalmologists and agreed with the specialty on the following physician time components: pre-service time of 25 minutes, intra-service time of 65 minutes and post-service time of 10 minutes. The RUC also agreed with the following post-operative visits: three 99212 visits, four 99213 visits and one-half day discharge (99238). The RUC noted that the survey's median intra-service time, 60 minutes, was identical to the intra time of the without graft code, 666184. The RUC agreed with the specialty that there is additional time spent adding the patch from the base procedure. Therefore, the difference between the initial aqueous shunt codes without (66179) and with graft (66180), 5 minutes, was added to the revision of shunt without graft code (66184) to arrive at an intra-service time of 65 minutes for 66185.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialty that the values were overestimated, with a 25th percentile work RVU of 14.88. The RUC determined that the work values were too high because half of the respondents chose a Key Reference

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Service with nearly 50 percent more intra-service time than the median time for code 66185. To determine an appropriate work value, the RUC reviewed the increment of 1.00 work RVU for 5 additional minutes of intra-service between the initial aqueous shunt without and with graft procedures (66179 and 66180) and agreed that this same increment should be applied to the revision codes. Therefore, the RUC added 1.00 work RVU to the RUC recommended work RVU of 9.58 for CPT code 66184 to arrive at a work RVU of 10.58.

To justify a work RVU of 10.58, the RUC compared the surveyed code to CPT codes 23430 *Tenodesis of long tendon of biceps* (work RVU= 10.17, intra time= 60 minutes) and 57285 *Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach* (work RVU= 11.60, intra time= 60 minutes) and agreed that since both these reference codes have similar intra-service times and total times compared to 66185, they provide appropriate brackets above and below the recommended work RVU of 10.58 for the surveyed code. **The RUC recommends a work RVU of 10.58 for CPT code 66185.**

67255 Scleral reinforcement (separate procedure); with graft

The RUC reviewed the results from 15 Ophthalmologists and agreed with the specialty on the following physician time components: pre-service time of 25 minutes, intra-service time of 45 minutes and post-service time of 10 minutes. The RUC also agreed with the following post-operative visits: three 99212 visits, three 99213 visits and a half-day discharge management code 99238.

The RUC discussed the reduction in intra-service time from the current Harvard time, 89 minutes, to the survey median of 45 minutes. There are several problems with directly comparing the current time to the survey. First, there has been a dramatic change in the patient population since the Harvard valuation. Currently, patients receiving this low volume service will be suffering from rheumatoid melts with good visual potential, but at substantial risk of going blind or perforating and losing the eye. In the past, these were patients having reinforcement for thin sclera in a non-inflamed eye or for tectonic support in an eye that was already blind. The RUC agreed that the survey data indicating three 99212 and three 99213 office visits was accurate. Because of the gravity of the scleral melt, more postoperative examinations are needed for these patients to assess healing, confirm integrity of the posterior segment and graft, and monitor intraocular pressure and the response to anti-inflammatory medications. Second, since this is a low volume service the Harvard time is likely to have been derived and not surveyed, which may have led to higher time than was typical when it was valued over 20 years ago. With this in mind, the RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the respondents overvalued the service, with a 25th percentile work RVU of 11.10. Therefore, the RUC agreed that the current work RVU of 10.17 is an accurate value for CPT code 67255.

To justify a work RVU of 10.17, the RUC compared the surveyed code to CPT codes 27829 *Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed* (work RVU= 8.80, intra time= 45 minutes) and 52647 *Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)* (work RVU= 11.30, intra time= 45 minutes) and agreed that since both these reference codes have identical intra-service times and analogous total times compared to 67255, they provide appropriate brackets above and below the recommended work RVU of 10.17 for the surveyed code. **The RUC recommends a work RVU of 10.17 for CPT code 67255.**

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Practice Expense:
The RUC reviewed the standard 090-day global direct practice expense inputs and noted the only difference from the current inputs is the increase in post-operative visits, thus increasing the post-operative clinical labor time. The RUC approved the direct PE inputs as presented by the specialty society and accepted by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

RUC Database Flag:
Do to the low response rate and low respondent median service performance rate, CPT code 67255 should be flagged in the RUC database as not to be used to validate for physician work.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Eye and Ocular Adnexa** **Anterior Segment** **Anterior Sclera** **Aqueous Shunt**				
●66179	P1	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	090	14.00
▲66180	P2	~~Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)~~ with graft (Do not report 66180 in conjunction with 67255)	090	15.00

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66183	P3	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	000	13.20 (Reaffirmed from April 2013 RUC Recommendation)
●66184	P4	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	090	9.58 (No Change)
▲66185	P5	~~Revision of aqueous shunt to extraocular reservoir~~ with graft (Do not report 66184 in conjunction with 67255)	090	10.58
Surgery **Eye and Ocular Adnexa** **Posterior Segment** **Posterior Sclera** **Repair** 67250 Scleral reinforcement (separate procedure); without graft				
67255	P6	Scleral reinforcement (separate procedure); with graft (For repair scleral staphyloma, see 66220, 66225) (Do not report 67255 in conjunction with 66180, 66185)	090	10.17 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66179 Tracking Number P1 Original Specialty Recommended RVU: **15.65**
Presented Recommended RVU: **14.00**
Global Period: 090 RUC Recommended RVU: **14.00**

CPT Descriptor: Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35 year old female with open angle glaucoma and a previous trabeculectomy presents with worsening intraocular pressure control on maximal tolerated medical therapy. Surgical treatment is suggested.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 29% , In the ASC 68%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work: Review is conducted of past surgical history, medical history, and the surgical plan. Required paperwork is completed in the preoperative area. The patient is positioned, the surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye. The operative eye is confirmed by the surgeon and surgical team. A local anesthetic block is performed while the patient is monitored with pulse oximetry and electrocardiography. The eye and periocular area are prepped and draped.

Description of Intra-Service Work: A lid speculum is placed. A silk traction suture is placed through partial thickness clear cornea, and the eye is rotated inferiorly to expose the superior limbus and conjunctiva. A conjunctival peritomy is performed for approximately 120 degrees at the superior and temporal limbus. Cautery is performed to control bleeding as needed. Extensive deep subconjunctival dissection is accomplished in the superotemporal quadrant, encountering scar from prior surgery, areas of scleral thinning from prior surgery, taking care to prevent damage to the delicate conjunctiva.

The superior rectus, superior oblique and lateral rectus muscles are identified and muscle hooks placed to position the globe for optimal insertion of the device. Stevens scissors are used to spread Tenon's capsule and other episcleral tissue in the superotemporal quadrant for implantation of the external reservoir. The glaucoma reservoir implant is inspected, flushed or primed as required while the assistant maintains positioning on the eye with the muscle hooks. The large diameter plate is maneuvered into position on the sclera beneath the conjunctival flap, again taking care not to damage the overlying conjunctiva or distort Tenon's capsule. The proximal edge of the plate is positioned 8-10mm posterior to the limbus, placing the wings of the implant beneath the adjacent superior and lateral rectus muscles. Two 8-0 nylon sutures are then placed through the proximal positioning holes of the plate and secured to the sclera. The surgical knots are rotated beneath the implant to avoid conjunctival erosion. A polyglactin ligature is placed around the drainage tubing near the connection with the plate. The tube is irrigated to confirm that the ligature allows no fluid movement past the ligature. A corneal paracentesis is created. A 23-gauge needle is used to tunnel through the sclera adjacent to the limbus and enter the anterior

chamber, taking care to avoid trauma to the iris or corneal endothelium. The end of the glaucoma implant tubing is measured and cut to the desired length and carefully introduced into the anterior chamber. The anterior chamber is re-expanded with balanced salt solution. The external portion of the tubing is positioned to lie flush against the sclera and is secured to the sclera with a 10-0 nylon mattress suture. The external tube is punctured 3 times with a surgical needle to allow for limited flow out of the tubing in the early postoperative period. The conjunctiva is pulled forward to cover the plate and tubing, and reapproximated to the limbus using a combination of interrupted and running sutures. The anterior chamber is filled with balanced salt solution, and the wound inspected for leaks. The traction suture and lid speculum are removed. Subconjunctival antibiotics and steroid injections are performed.

Description of Post-Service Work: The eye is dressed with topical ophthalmic ointment, patched and shield is placed. The patient is given detailed postoperative care instructions. The IV is removed. Postoperative pain control is reviewed. An operative report is generated, and required paperwork completed.

Postoperative visits begin on the first postoperative day and continue regularly throughout the postoperative period to assess vision, wound integrity, degree of filtration through the tube and over the plate, extraocular and intraocular inflammation, and edema of the cornea and/or retina, and intraocular pressure control. Anti-inflammatory and glaucoma medications are adjusted at each post-operative visit based on the clinical appearance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Stephen A. Kamenetzky, M.D., David B. Glasser and George Reiss, M.D		
Specialty(s):	Ophthalmology/Glaucoma		
CPT Code:	66179		
Sample Size:	950	**Resp N:** 38	**Response:** 4.0 %
Description of Sample:	Random sample of members were pulled from the AAO and the American Glaucoma Society database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.50**	28.75	100.00
Survey RVW:	11.50	14.00	**15.65**	16.89	30.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	45.00	**55.00**	60.00	100.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**163.00**	99211x **0.00** 12x **3.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	66179	**Recommended Physician Work RVU: 14.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**55.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**20.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**163.00**	99211x **0.00** 12x **3.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65756	090	16.84	**RUC Time**

CPT Descriptor Keratoplasty (corneal transplant); endothelial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33249	090	15.17	**RUC Time**	49627

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	9,920

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Other Reference CPT Code	Global	Work RVU	Time Source
45160	090	16.33	**RUC Time**

CPT Descriptor Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 42.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 66179**	**Key Reference CPT Code:** 65756	**Source of Time** **RUC Time**

Median Pre-Service Time	25.00	39.00
Median Intra-Service Time	55.00	60.00
Median Immediate Post-service Time	10.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	163.0	117.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**272.00**	**255.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.50	4.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.63	4.06
Urgency of medical decision making	4.50	3.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.81	4.56
Physical effort required	4.44	4.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.81	4.38
Outcome depends on the skill and judgment of physician	4.75	4.63
Estimated risk of malpractice suit with poor outcome	4.44	4.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.75
Intra-Service intensity/complexity	4.63	4.38
Post-Service intensity/complexity	4.50	4.19

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

66179 – RUC Rationale

Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

This code family is being presented because it was identified by CMS as potentially misvalued. The original family (consisting of CPT 66180 and 66185) was surveyed in January 2013. After the survey was completed, the society was informed that code 66180 was performed more than 50 percent of the time with CPT 67255*, scleral reinforcement (separate procedure); with graft*. Under the current CMS guidelines, in this situation the combined codes should represent a singular service and surveyed as such. That required creation of new CPT codes to identify procedures in the family done with and without grafts. Code proposals were created and accepted by CPT and the new family of 4 codes was surveyed. The previous CPT 66180 which indicated insertion of an aqueous shunt that did not include a graft has been replaced by 66179 which is presented here.

Previous codes	New codes for 2015	
66180 – Aqueous shunt	66179	Without graft
	66180	With graft
66185 – Revision of aqueous shunt	66184	Without graft
	66185	With graft

CPT 66179 describes placement of an external drainage system to relieve elevated intraocular pressure. One end of a thin drainage tube is placed in the anterior chamber of the eye and the other end is connected to an extraocular reservoir which is anchored at the equator of the eye. The typical patient is at significant risk of blindness due to elevated intraocular pressure that has failed to respond to other medical and surgical treatments. The service is currently valued with times identified as Harvard because a survey of this service in 1995 was not accepted by the RUC. The physician work value accepted by the RUC and affirmed by CMS at that time corrected a rank order anomaly in the sequence of glaucoma surgery codes.

The current WRVU of CPT 66180 is 16.30. The survey for 66179 was completed by 38 respondents with a median performance rate of 4.5. The 25th percentile WRVU was 14.00 and the median 15.65. Median IST was 55 minutes. Pre-service package 1B, which has lower times than indicated by the survey, was selected. The key reference service, *CPT 65756 Keratoplasty (corneal transplant); endothelial,* was valued by the RUC in 2008. It has a WRVU of 16.84. Survey respondents consistently valued the intensity and complexity of the surveyed code as being greater than or equal to the reference code which has a similar IST of 60 minutes.

There were five 99213 and three 99212 post-operative visits typically performed based on survey data, reflecting the intense post-operative management intrinsic to the care of patients with severe glaucoma. The small internal diameter of the shunt tubing makes obstruction of the internal opening in the anterior chamber a frequent complication. This is treated in the office with laser or other techniques as part of the global surgical package during one of the post-operative visits.

The expert panel of the AAO Health Policy Committee aided by representatives of the American Glaucoma Society reviewed the survey results. All participants were familiar with the RUC process. The panel felt that the survey results were strong and accurately reflected the physician work of the procedure. It felt that the reference code was appropriate with an IST of 60 minutes. Both are complex ocular procedures requiring careful post-operative management.

Although the survey value does not allow the argument for compelling evidence that the procedure has changed enough to support a work value higher than the current value, the society feels that the changes in patients chosen for this procedure do justify choosing the median WRVU. It is important to recognize that the patient population has shifted dramatically between when the code was first valued and now. When the initial Harvard valuation took place, these shunts were new devices. They were used primarily in patients who had blind, painful eyes that had not responded to conventional treatment, or for eyes that had complex ocular conditions with a poor prognosis with other methods. The surgical goals were to lower pressure, relieve pain, prevent the need for enucleation and delay the inevitable progressive vision loss associated with severe glaucoma.

The patient population for this service has changed and many of the patients now have advanced glaucoma, but with an excellent chance for preservation of functional vision. Today the goal of treatment is to lower pressure in order to maintain vision rather than relieve pain. This increases the physician work by increasing the iatrogenic risk as well as mental effort and judgment during the intra-service period and during the follow-up period. The current shunts and the external reservoirs also are more complex with extension devices and flow restriction modifications that improve results but increase technical challenges both intra-operatively and in the post-operative period.

There are several codes outside the specialty that support this choice. CPT 33249 *Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber* has a longer IST but less total time as the postoperative management is less involved. The WRVU for this code is 15.17. CPT 45160 (*Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach* was reviewed by the RUC in 2000 and has a WRUV of 16.33 with an IST of 60 minutes. It has a longer total time but a significant portion of that is in the pre-service period (80 minutes).

The reference code 65756 is a perfect comparator within the specialty. It has an IST of 60, total time of 255 and a WRVU of 16.84. This is higher than the surveyed code because the keratoplasty codes reflect intraocular work. Canaloplasty (66174 RUC 2010) has a value of 12.85 with the same IST. However it has much less post-service work (2-99213 and 4-99212) than the surveyed code (5-99213 and 3-99212). This difference justifies a higher WRVU of 14.00 for 66179.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 66180

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1815
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.
The provision of this service is primarily in the Medicare population. We have estimated that the new code which represents insertion of a shunt without a scleral graft would be done an additional 15 percent of the time in a younger population. According to CMS Medicare data the previous 66180 code was done 87 percent of the time with the graft code. Our estimate is based on subracting the 13 percent of usage that was not done with a graft from the current usage of 66180 and then adding 15 percent to get the total estimated national usage for the non-graft procedure (rounded).

Specialty Ophthalmology Frequency 1815 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,578
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Subtracted 13 percent of the existing usage of 66180.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 66180

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66180 Tracking Number P2 Original Specialty Recommended RVU: **16.30**
Presented Recommended RVU: **15.00**
Global Period: 090 RUC Recommended RVU: **15.00**

CPT Descriptor: Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70 year old female with open angle glaucoma and a previous trabeculectomy presents with worsening intraocular pressure control on maximal tolerated medical therapy. Surgical management is indicated.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 29% , In the ASC 71%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 71%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review is conducted of past surgical history, medical history, and the surgical plan. Required paperwork is completed in the preoperative area. The patient is positioned, the surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye.

Description of Intra-Service Work: The operative eye is confirmed by the surgeon and surgical team. A local anesthetic block is performed while the patient is monitored with pulse oximetry and electrocardiography. The eye and periocular area are prepped and draped. A lid speculum is placed. A silk traction suture is placed through partial thickness clear cornea, and the eye is rotated inferiorly to expose the superior limbus and conjunctiva. A conjunctival peritomy is performed for approximately 120 degrees at the superior and temporal limbus. Cautery is performed to control bleeding as needed.

Extensive deep subconjunctival dissection is accomplished in the superotemporal quadrant, encountering scar and areas of scleral thinning from prior glaucoma surgery, taking care to prevent damage to the delicate conjunctiva. The superior rectus, superior oblique and lateral rectus muscles are identified and muscle hooks placed to position the globe for optimal insertion of the device. Steven's scissors are used to spread Tenon's capsule and other episcleral tissue in the superotemporal quadrant for implantation of the external reservoir. The glaucoma reservoir implant is inspected, flushed or primed as required while the assistant maintains positioning on the eye with the muscle hooks. The large diameter plate is maneuvered into position on the sclera beneath the conjunctival flap, again taking care not to damage the overlying conjunctiva or distort Tenon's capsule. The proximal edge of the plate is positioned 8-10mm posterior to the limbus, placing the wings of the implant beneath the adjacent superior and lateral rectus muscles. Two 8-0 nylon sutures are then placed through the proximal positioning holes of the plate and secured to the sclera. The surgical knots are rotated beneath the implant to avoid conjunctival erosion. A polyglactin ligature is placed around the drainage tubing near the connection with the plate. The tube is irrigated to confirm that the ligature allows no fluid movement past the ligature. A corneal paracentesis is created. A 23-gauge needle is used to tunnel through the sclera adjacent to the limbus and enter the anterior

chamber, taking care to avoid trauma to the iris or corneal endothelium. The end of the glaucoma implant tubing is measured and cut to the desired length and carefully introduced into the anterior chamber. The anterior chamber is re-expanded with balanced salt solution. The external portion of the tubing is positioned to lie flush against the sclera and is secured to the sclera with a 10-0 nylon mattress suture. The external tube is punctured 3 times with a surgical needle to allow for limited flow from the tubing in the early postoperative period.

The area for the patch graft is measured with calipers.The donor sclera is prepared by freehand dissection and is anchored with interrupted sutures to cover the tube. The donor material is trimmed as needed and additional interrupted sutures are placed. The conjunctiva is pulled forward to cover the graft, plate and tubing, and reapproximated to the limbus using a combination of interrupted and running sutures. The anterior chamber is filled with balanced salt solution, and the wound inspected for leaks. The traction suture and lid speculum are removed. Subconjunctival antibiotics and steroid injections are performed. The eye is dressed with topical ophthalmic ointment, patched and shield is placed.

Description of Post-Service Work: The patient is given detailed postoperative care instructions. The IV is removed. Postoperative pain control is reviewed. An operative report is generated, and required paperwork completed.

Postoperative visits begin on the first postoperative day and continue regularly throughout the postoperative period to assess vision, wound integrity, degree of filtration through the tube and over the plate, extraocular and intraocular inflammation, and edema of the cornea and/or retina, and intraocular pressure control. Anti-inflammatory and glaucoma medications are adjusted at each post-operative visit based on the clinical appearance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Stephen A. Kamenetzky, M.D., David B. Glasser, M.D. and George Reiss, M.D.				
Specialty(s):	Ophthalmology/Glaucoma				
CPT Code:	66180				
Sample Size:	950	**Resp N:**	45	**Response:** 4.7 %	
Description of Sample:	A random sample of members were pulled from the Academy and the American Glaucoma Society database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**20.00**	40.00	100.00
Survey RVW:	12.00	15.00	**16.84**	18.00	35.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	45.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**163.00**	99211x **0.00** 12x **3.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	66180	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**19.00**	**-9.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	163.00	99211x **0.00** 12x **3.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65756	090	16.84	**RUC Time**

CPT Descriptor Keratoplasty (corneal transplant); endothelial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33249	090	15.17	**RUC Time**	49,627

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	9,920

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Other Reference CPT Code	Global	Work RVU	Time Source
45160	090	16.33	**RUC Time**

CPT Descriptor Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 46.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 66180**	**Key Reference CPT Code:** 65756	**Source of Time** **RUC Time**

Median Pre-Service Time	25.00	39.00
Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	10.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	163.0	117.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**277.00**	**255.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.62	4.19
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.57	4.10
Urgency of medical decision making	4.43	3.81
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.86	4.71
Physical effort required	4.38	4.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.76	4.48
Outcome depends on the skill and judgment of physician	4.76	4.76
Estimated risk of malpractice suit with poor outcome	4.33	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.90
Intra-Service intensity/complexity	4.76	4.43
Post-Service intensity/complexity	4.67	4.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

66180 RUC Rationale
Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft

Code 66180, which formerly described a shunt code without a patch graft, now defines the procedure with a patch graft. It was surveyed along with three other codes as part of this family. The work is identical in all respects to 66179 except for the fact that a patch is used to cover the exposed portions of the tubing and reservoir.

Previous codes	New codes for 2015	
66180 – Aqueous shunt	66179	Without graft
	66180	With graft
66185 – Revision of aqueous shunt	66184	Without graft
	66185	With graft

The survey had 45 respondents with a median performance rate of 20, reflecting the frequency with which this operation is now done with a graft. Eighty six percent found the vignette to be typical. The IST was 60 minutes and the median WRVU was 16.84. The 25th percentile was 15.00. The same reference code was chosen as for 66179.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 66180

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 12400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimating that in addition to the Medicare population the service may be additionally performed 15 percent of the time in the general population

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,140 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66180

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66184 Tracking Number P4 Original Specialty Recommended RVU: **9.58**
Presented Recommended RVU: **9.58**
Global Period: 090 RUC Recommended RVU: **9.58**

CPT Descriptor: Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72 year old female who had a glaucoma implant device surgery four years ago presents with blurred vision and a foreign-body sensation, and is found to have exposure of the shunt tube with erosion of the overlying conjunctiva and low intraocular pressure due to leakage from the open conjunctiva. Urgent surgical management is required to prevent further complications.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 26% , In the ASC 71%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 68%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 40%

Description of Pre-Service Work: Review is conducted of past surgical history, medical history, and the surgical plan. Required paperwork is completed. The patient is positioned in preparation for local anesthetic block anesthesia, the surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye.

Description of Intra-Service Work: The operative eye is confirmed by the surgeon and surgical team. The local anesthetic block is performed while the patient is monitored with pulse oximetry and electrocardiography. The operative eye and periocular area are prepped and draped. A lid speculum is placed. A corneal paracentesis is made and the eye is pressurized with balanced salt solution and viscoelastic material. A silk traction suture is placed through partial thickness clear cornea, and the eye is rotated inferiorly to expose the superior limbus and conjunctiva over the implant. A conjunctival peritomy is performed at the superior limbus. The area of surface exposure over the external shunt tubing is explored. Cautery is performed to control bleeding. Subconjunctival dissection is accomplished to mobilize surrounding conjunctiva, encountering scar tissue and scleral thinning from the prior surgery, while taking care to prevent damage to the remaining conjunctiva. The exposed bare sclera is cleaned, scraped, cauterized, and treated with dehydrated alcohol to remove any epithelial cells that hinder healing.

The tube entry site into the anterior chamber is located and confirmed to be stable. The posterior external plate is identified and confirmed to be in stable position. A piece of autologous conjunctival patch graft is measured, dissected, and placed or swung over the exposed tubing, and sutured to the surrounding conjunctiva with interrupted and running sutures to ensure a traction-free closure. Viscoelastic is evacuated from the anterior chamber, which is refilled with balanced salt solution. The incisions are inspected for leaks. The traction suture and lid speculum are removed. Sub-conjunctival antibiotic and steroid injections are performed. The eye is dressed with topical ointment, patched and a shield is placed.

Description of Post-Service Work: The patient is given detailed postoperative care instructions. The IV is removed. Postoperative pain control is reviewed. An operative report is generated, and required paperwork completed.

Postoperative visits begin on the first postoperative day and continue regularly throughout the postoperative period to assess vision, wound integrity, degree of filtration through the tube and over the plate, extraocular and intraocular inflammation, and edema of the cornea and/or retina, and intraocular pressure control. Anti-inflammatory and glaucoma medications are adjusted at each post-operative visit based on the clinical appearance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Stephen A. Kamenetzky, M.D., David B. Glasser, M.D. and George Reiss, M.D.				
Specialty(s):	Ophthalmology/Glaucoma				
CPT Code:	66184				
Sample Size:	950	**Resp N:**	34	**Response:** 3.5 %	
Description of Sample:	Random sample of members were pulled from the Academy and the American Glaucoma Society database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.25	**4.00**	6.00	100.00
Survey RVW:	9.00	12.25	**15.78**	16.84	30.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	45.00	**60.00**	73.75	130.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**140.00**	99211x **0.00** 12x **3.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	66184	**Recommended Physician Work RVU: 9.58**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**20.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	140.00	99211x **0.00** 12x **3.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65825	090	15.36	**RUC Time**

CPT Descriptor Repair of laceration; cornea and/or sclera, performating with reposition or resection of uvueal tissue

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
28003	090	9.04	**RUC Time**	4,822

CPT Descriptor 1 Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,759

CPT Descriptor 2 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
27784	090	9.67	**RUC Time**

CPT Descriptor Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 66184**	**Key Reference CPT Code:** 65825	**Source of Time RUC Time**

Median Pre-Service Time	25.00	60.00
Median Intra-Service Time	60.00	90.00
Median Immediate Post-service Time	10.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	140.0	154.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**254.00**	**353.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.18	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.41
Urgency of medical decision making	4.41	4.47
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.76	4.24
Physical effort required	4.06	3.94
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.47	4.18
Outcome depends on the skill and judgment of physician	4.75	3.82
Estimated risk of malpractice suit with poor outcome	4.18	3.94

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.94	3.82
Intra-Service intensity/complexity	4.41	4.41
Post-Service intensity/complexity	4.00	3.59

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 66184 RUC Rationale
Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft

This code family is being presented because it was identified by CMS as potentially misvalued. The original family (consisting of CPT 66180 and 66185) was surveyed in January 2013. After the survey was completed, the society was informed that code 66180 was performed more than 50 percent of the time with CPT 67255*, scleral reinforcement (separate procedure); with graft*. Under the current CMS guidelines, in this situation the combined codes should represent a singular service and surveyed as such. That required creation of new CPT codes to identify procedures in the family done with and without grafts. Code proposals were created and accepted by CPT and the new family of four codes was surveyed. The previous CPT 66185 which indicated a shunt revision that did not include a graft has been replaced by 66184 which is presented here.

Previous codes	New codes for 2015	
66180 – Aqueous shunt	66179	Without graft
	66180	With graft
66185 – Revision of aqueous shunt	66184	Without graft
	66185	With graft

CPT 66184 describes revision of a previously-placed aqueous shunt without the use of a graft. There were 34 respondents to the survey and 88% felt the vignette was typical. The median WRVU was 15.78 and the 25th percentile 12.25 WRVU. Median IST was 60 minutes. Preservice package 1b, which had lower times than indicated by the survey, was chosen. There were four 99213 and three 99212 post-operative visits in the global period. The reference code chosen was CPT 65285 *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue,* which was reviewed by the RUC in February 2011. This reference code has a WRVU of 15.36 with an IST of 90 minutes. It also has a similar number of post-operative visits (six 99213 and one 99212). The current value of the existing equivalent code (66185) is 9.58 WRVU.

The expert panel of the AAO Health Policy Committee aided by representatives of the American Glaucoma Society reviewed the survey results. All participants were familiar with the RUC process. The panel felt that the survey results were strong but that the reference code chosen was inappropriate and led to survey values that were too high. The reference code has 90 minutes of IST compared to 60 for the surveyed code. The total time for the reference code was also significantly greater. The intensity /complexity comparisons found that, on average, the two codes were similar. The surveyed code was felt to require slightly higher technical skill and physical effort as well as higher malpractice risk and dependence of the clinical outcome on the skill and judgment of the physician. This is reasonable considering that the expectations for operating on a glaucoma patient with good vision are substantially higher than those for reconstruction of a seriously injured eye.

There is no compelling evidence we have found to request a value higher than the present value. However, it is important to note that updated surgical techniques are required to deal with drainage failure of current shunt models, which are more complex than when the code was initially valued. The patient population has changed as well. When the initial Harvard valuation took place, these shunts were new devices. They were used primarily in patients who had blind, painful eyes that had not responded to conventional treatment, or for eyes that had complex ocular conditions with a poor prognosis with other methods. The surgical goals were to lower pressure, relieve pain, prevent the need for enucleation and delay the inevitable progressive vision loss associated with severe glaucoma. **Today, many of the patients have advanced glaucoma, but with an excellent chance for preservation of functional vision. The goal of treatment is to lower pressure in order to maintain vision rather than relieve pain. This increases the physician work by increasing the iatrogenic risk as well as mental effort**

and judgment during the intra-service period and during the follow-up period. The shunts and the external reservoirs also are more complex with extension devices and flow restriction modifications that improve results, but increase technical challenges both intra-operatively and in the postoperative period.

The current IST for the equivalent code (66185) is 60 minutes, which is identical to the median time in the current survey. The old code had 4.5 99213 visits. The current code has more postoperative visits, reflecting the need to monitor pressure more closely in eyes with better visual potential. The presumption of the RUC is that the current value is correct. The current value of 66185 is well below the 25th percentile of the survey. **Therefore, the society recommends that the current WRVU 0f 9.58 be maintained.**

We reviewed the RUC database for codes in other specialties that were reviewed recently with comparable ISTs (60 min) and total time (259 minutes) to see if they had similar WRVU. 57288 *Sling operation for stress incontinence (eg, fascia or synthetic)* (60 min,248 min, WRVU=12.13) was RUC reviewed in October 2010. CPT 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele* (Sept 2005) (60, 307, 11.50) and *57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic)* (Oct 2010) (60,239, 11.15) were also similar. All of these codes have higher WRVU than our recommended value. CPT codes 27784, 28555, 29906 and 25607 are all recently RUC-reviewed codes with 60 minutes of IST and WRVUs between 9.56 and 9.67. This also supports our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 66185

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 290

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The provision of this service is primarily in the Medicare population. We have estimated that the new code which represents revision of a shunt without a scleral graft would be done outside the Medicare population approximately 15 percent of the time .

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 250
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 66185

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66185 Tracking Number P5 Original Specialty Recommended RVU: **10.26**
Presented Recommended RVU: **10.58**
Global Period: 090 RUC Recommended RVU: **10.58**

CPT Descriptor: Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72 year old female who had a glaucoma implant device surgery 4 years ago presents with blurred vision and a foreign-body sensation, and is found to have exposure of the shunt tube with erosion of the overlying conjunctiva and low intraocular pressure due to leakage from the open conjunctiva. Urgent surgical management with a tissue graft is required to prevent further complications.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 25% , In the ASC 75%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 74%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review is conducted of past surgical history, medical history, and the surgical plan. Required paperwork is completed. The patient is positioned in preparation for local anesthetic block anesthesia, the surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye.

Description of Intra-Service Work: The local anesthetic block is performed while the patient is monitored with pulse oximetry and electrocardiography. The operative eye and periocular area are prepped and draped. A lid speculum is placed. A corneal paracentesis is made and the eye is pressurized with balanced salt solution and viscoelastic material. A silk traction suture is placed through partial thickness clear cornea, and the eye is rotated inferiorly to expose the superior limbus and conjunctiva over the implant. A conjunctival peritomy is performed at the superior limbus. The area of surface exposure over the external shunt tubing is explored. Cautery is performed to control bleeding. Subconjunctival dissection is accomplished to mobilize surrounding conjunctiva, encountering scar tissue and scleral thinning from the prior surgery, while taking care to prevent damage to the remaining conjunctiva. The exposed bare sclera is cleaned, scraped, cauterized, and treated with dehydrated alcohol to remove any epithelial cells that hinder healing. The tube entry site into the anterior chamber is located and confirmed to be stable. The posterior external plate is identified and confirmed to be in stable position. The area for the patch graft is measured with calipers.The donor sclera is prepared by freehand dissection and is anchored with interrupted sutures to cover the tube. The donor material is trimmed as needed and additional interrupted sutures are placed. Conjuctiva is the pulled to cover the graft, the exposed tubing, and sutured to the surrounding conjunctiva with interrupted and running sutures to ensure a traction-free closure. Viscoelastic is evacuated from the anterior chamber, which is refilled with balanced salt solution. The incisions are inspected for leaks. The traction suture and lid speculum are removed. Sub-conjunctival antibiotic and steroid injections are performed. The eye is dressed with topical ointment, patched and a shield is placed.

Description of Post-Service Work: The patient is given postoperative care instructions. Postoperative pain control is reviewed. An operative report is generated, and required paperwork completed.

Postoperative visits begin on the first postoperative day and continue regularly throughout the postoperative period to assess vision, wound integrity, degree of filtration through the tube and over the plate, extraocular and intraocular inflammation, and edema of the cornea and/or retina, and intraocular pressure control. Anti-inflammatory and glaucoma medications are adjusted at each post-operative visit based on the clinical appearance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Stephen A. Kamenetzky, M.D., David B. Glasser, M.D. and George Reiss, M.D.				
Specialty(s):	Ophthalmology/Glaucoma				
CPT Code:	66185				
Sample Size:	950	**Resp N:**	36	**Response:** 3.7 %	
Description of Sample:	A random sample of members was pulled from the Academy and American Glaucoma Socidety members database.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	8.50	100.00
Survey RVW:	10.00	14.88	**16.84**	17.22	35.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	45.00	**60.00**	81.25	150.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**140.00**	99211x **0.00** 12x **3.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	66185	**Recommended Physician Work RVU: 10.58**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**65.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**19.00**	**-9.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**140.00**	99211x **0.00** 12x **3.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65285	090	15.36	**RUC Time**

CPT Descriptor Repair of laceration; cornea and/or sclera, performating with reposition or resection of uvueal tissue

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
28003	090	9.06	**RUC Time**	4,822

CPT Descriptor 1 Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,759

CPT Descriptor 2 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
27784	090	9.67	**RUC Time**

CPT Descriptor Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 38.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 66185**	**Key Reference CPT Code:** 65285	**Source of Time RUC Time**

Median Pre-Service Time	25.00	60.00
Median Intra-Service Time	65.00	90.00
Median Immediate Post-service Time	10.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	140.0	154.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**259.00**	**353.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.29
Urgency of medical decision making	4.36	4.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.07
Physical effort required	4.00	3.86
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.14
Outcome depends on the skill and judgment of physician	4.57	3.86
Estimated risk of malpractice suit with poor outcome	3.86	3.93

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.07	3.86
Intra-Service intensity/complexity	4.71	4.29
Post-Service intensity/complexity	3.93	3.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 66185 RUC Rationale
Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft

Code 66185, which formerly described the revision of a failed shunt without a patch graft, now defines the procedure with a patch graft. It was surveyed as part of this family. The work is identical in all respects to 66184 except for the fact that a patch is used to cover the exposed portions of the tubing.

Previous codes	New codes for 2015	
66180 – Aqueous shunt	66179	Without graft
	66180	With graft
66185 – Revision of aqueous shunt	66184	Without graft
	66185	With graft

The survey for 66185 had 36 respondents. Over 95% found the vignette to be typical. The median IST was 60 minutes and the median WRVU was 16.84. The 25th percentile was 14.88. The same reference code was chosen as for 66179.

The AAO expert panel reviewed the survey results and compared them with the findings for 66184. The median IST was the same for both codes. This is due to the inherent inability for median time to distinguish small differences when the typical unit of measure is not less than 5 minutes (almost all of the estimated times end in either "0" or "5"). When the average ISTs for the two procedures are compared, the difference was 8 minutes (67.5-59.5 min). This is the same difference in the average times that occurred with the shunt without graft codes.

As noted previously, updated surgical techniques are required to deal with drainage failure of current shunt models, which are more complex than when the code was initially valued. The patient population has changed as well. When the initial Harvard valuation took place, these shunts were new devices. They were used primarily in patients who had blind, painful eyes that had not responded to conventional treatment, or for eyes that had complex ocular conditions with a poor prognosis with other methods. The surgical goals were to lower pressure, relieve pain, prevent the need for enucleation and delay the inevitable progressive vision loss associated with severe glaucoma. **Today, many of the patients have advanced glaucoma, but with an excellent chance for preservation of functional vision. The goal of treatment is to lower pressure in order to maintain vision rather than relieve pain. This increases the physician work by increasing the iatrogenic risk as well as mental effort and judgment during the intra-service period and during the follow-up period. The shunts and the external reservoirs also are more complex with extension devices and flow restriction modifications that improve results, but increase technical challenges both intra-operatively and in the postoperative period.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 66185

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1880
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The provision of this service is primarily in the Medicare population. We have estimated that the new code which represents revision of a shunt with a scleral graft would be done outside the Medicare population approximately 15 percent of the time .

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,635
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. There was no data provided to indicate the usage of the revision code with graft . This is purely an estimation based using the same 13 percent rate of the number of shunt insertions that were done without a graft.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66185

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:67255 Tracking Number P6 Original Specialty Recommended RVU: **9.98**
Presented Recommended RVU: **9.98**
Global Period: 090 RUC Recommended RVU: **10.17**

CPT Descriptor: Scleral reinforcement (separate procedure); with graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74 year old female with rheumatoid arthritis has progressive thinning of the sclera in the left eye with exposure of underlying uvea due to scleritis. Surgical reinforcement to preserve the integrity of the globe is necessary.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 53% , In the ASC 47%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 88% , Overnight stay-less than 24 hours 12% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 45%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient record. Obtain consent. Write preoperative orders for medications, pupillary dilation, and antibiotic prophylaxis. Discuss surgery again with patient and family. The patient is brought to the operating room and positioned on the table. Regional injection anesthesia is administered. Surgeon scrubs and gowns. A surgical 'time out' is performed with the OR team. The eye is prepped and draped, and the eye for surgery confirmed.

Description of Intra-Service Work: The operating microscope is positioned. A limbal traction suture is placed and the globe is rotated to expose the area of scleral melt. Sharp dissection is carried out to remove necrotic tissue with care taken not to breach exposed choroid. Hemostasis is obtained with cautery. The scleral defect is measured with calipers.

The donor sclera is prepared by freehand dissection and is then initially anchored with interrupted sutures to cover the defect. The donor material is trimmed to precisely match the defect and additional interrupted sutures are placed. Conjunctiva is mobilized and sutured over the donor to cover as much of the graft as possible. The lid speculum and drapes are removed and the eye is patched and shielded.

Description of Post-Service Work: Post-operative orders are written. Progress note is charted. Surgical procedure is discussed with patient and family. Operative note and communicate with referring physician are dictated. The patient is advised of post operative care and follow up exams after recovery. Activity and restrictions are reviewed. Medications are tapered or changed as appropriate at each postoperative visit. Progress is discussed with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Stephen A. Kamenetzky, M.D. and David B. Glasser, M.D.				
Specialty(s):	Ophthalmology/Cornea				
CPT Code:	67255				
Sample Size:	450	**Resp N:**	15	**Response:** 3.3 %	
Description of Sample:	A random sample of physicians was drawn from the membership database of both the Academy and the Cornea Society				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	50.00
Survey RVW:	10.00	11.10	**12.00**	17.75	26.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	37.50	**45.00**	75.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**117.00**	99211x **0.00** 12x **3.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	67255	**Recommended Physician Work RVU: 10.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**16.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**117.00**	99211x **0.00** 12x **3.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65780	090	10.73	**RUC Time**

CPT Descriptor Ocular surface reconstruction; amniotic membrane transplantation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
28003	090	9.06	**RUC Time**	4,822

CPT Descriptor 1 Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,759

CPT Descriptor 2 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
27829	090	8.80	**RUC Time**

CPT Descriptor Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 53.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 67255**	**Key Reference CPT Code:** 65780	**Source of Time** **RUC Time**

Median Pre-Service Time	25.00	60.00
Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	10.00	17.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	19.0	19.00
Median Office Visit Time	117.0	160.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**216.00**	**316.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.50
Urgency of medical decision making	4.13	3.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.75
Physical effort required	3.88	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.13
Outcome depends on the skill and judgment of physician	4.13	3.75
Estimated risk of malpractice suit with poor outcome	3.50	3.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.38
Intra-Service intensity/complexity	3.63	3.63
Post-Service intensity/complexity	3.38	3.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 67255 RUC Rationale
Scleral reinforcement (separate procedure); with graft

This code is a Harvard-valued code that was surveyed as part of the review of a series of glaucoma shunt codes. It was found that this code, formerly used primarily to reinforce thin sclera and prevent ocular perforation, was being used more than 50% of the time in association with the tube shunts. This necessitated development of new CPT codes to specifically address this clinical situation. As this scleral patch graft code had never been surveyed, the decision was made to survey at this time.

The use of a scleral patch as a stand-alone code was never common. Formerly the surgery was used to reinforce sclera in patients with staphylomas of the sclera and other diseases associated with thinning sclera without inflammation. Now the typical patient is one with scleral melting due to rheumatoid disease. While this has become less frequent due to better medical treatments for these diseases, spontaneous rupture of the eye from a melt is a situation that often results in total loss of useful vision. Thus the intensity of this procedure, often performed in an urgent or emergent situation, is significant.

The survey had 15 respondents reflecting the infrequent use of the code. The median performance rate was 2 and 73% felt the vignette was typical. The median RVW was 12.00 with the 25th percentile 11.10. Median IST was 45 minutes. The survey indicated that there were 3-99213 and 3-99212 postoperative visits during the global period. The reference code used was 65780: *OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION,* which was RUC-reviewed in Feb 2010. It has a WRVU of 10.73 and an IST of 60 minutes. The current value of 67255 is 10.17 with an IST of 89 minutes and 4 postoperative 99213 visits.

The expert panel of the AAO Health Policy Committee reviewed the survey results. All participants were familiar with the RUC process. All were familiar as well with the code although not all had performed the procedure in the past 12 months. Despite significant prompting of potential respondents, there were fewer than 30 surveys completed which necessitated development of our recommendations by a consensus panel. The group felt that although there were changes in the typical patient, there was insufficient compelling evidence that met the RUC standard needed to support a value higher than the current value of 10.17. The panel also felt that the Harvard time of 89 minutes was probably longer than the actual time it took to perform the procedure. This is consistent with most Harvard-valued codes across all specialties, having longer intraservice times than recent surveys would indicate. This is likely due to the methods used to determine times for the Harvard codes, which were less rigorous than the RUC currently employs.

The panel also believes that the Harvard post-operative visit data are no longer valid given that the patient population has changed. Currently, CPT 67255 patients will be suffering from rheumatoid melts with good visual potential, but at substantial risk of going blind or perforating and losing the eye. In the past, these were patients having reinforcement for thin sclera in a non-inflamed eye or for tectonic support in an eye that was already blind. The panel agreed that the survey data indicating three 99212 and three 99213 office visits was accurate. Because of the gravity of the scleral melt, more postoperative examinations are needed for these patients to assess healing, confirm integrity of the posterior segment and graft, and monitor intraocular pressure and the response to anti-inflammatory medications. Despite the increased number of visits, the actual postoperative WRVUs are only 0.48 higher because one 99213 visit has been replaced by two 99212 visits.

Other codes with IST of 45 minutes were found by the panel. CPT 27829 *Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed* has a WRVU of 8.80. Valued in Feb 2007, it has one inpatient hospital visit (99231) but less outpatient post-operative care (2-99213 and 2-99212). CPT

45020*Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess* has a WRVU of 8.56 (RUC 2005). It also has one hospital day but only 3 outpatient follow up visits (2-99213 and 1-99212). The WRVU for a 99231 is less than that of a 99213, suggesting that the total work for 67255 should be higher than for either of those codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. While not its original intention, over the last few years this code had been used inconjunction with glaucoma tube shunt surgery. Going forward, that will no longer be the case and it should revert back to being used with corneal defects.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 67255

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 2Newer techniques and procedures now exist which will mean that this procedure will be performed very infrequently

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please

explain the rationale for this estimate. This is purely a consensus estimate based on the fact that the autoimmune and other conditions that percipitate the corneal issues this procedure is used to treat usually present in patients that are younger than the Medicare population.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 67255

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Aqueous Shunt

TAB: 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Office 15	Office 14	Office 13	Office 12	Office 11
REF	65756	Keratoplasty; endothelial	51	0.177			16.84			255	33	1	5			60			20			3	3	
CURRENT	66180	Insertion of aqueos	N/A	0.115			16.30			278	29		15			84			23			5.5		
SVY	66179	Insertion of aqueos	38	0.125	11.50	14.00	15.65	16.89	30.00	316	30	10	10	30	45	55	60	100	10			5	3	
REC				0.116			14.00			272	19	1	5			55			10			5	3	

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Office 15	Office 14	Office 13	Office 12	Office 11
REF	65756	Keratoplasty; endothelial	51	0.177			16.84			255	33	1	5			60			20			3	3	
CURRENT	66180	Insertion of aqueous	N/A	0.115			16.30			278	29		15			84			23			5.5		
SVY	66180	Insertion of aqueous	45	0.122	12.00	15.00	16.33	18.00	35.00	331	40	10	10	30	45	60	75	120	10			5	3	
REC				0.123			15.00			277	19	1	5			60			10			5	3	

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Office 15	Office 14	Office 13	Office 12	Office 11
REF	65285	Repair of laceration	30	0.074			15.36			353	30	10	20			90			30			6	1	
CURRENT	66185	Revision of aqueous		0.068			9.58			223	25		15			60			19			4.5		

SS Rec Summary

ISSUE: Scleral patch graft/Aqueous shunt

TAB: 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	FAC-obs 38	39	26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	65780	Ocular surface		0.070			10.73			297	60					60			17														10				
CURRENT	67255	Scleral patch; with graft		0.052			10.17			262	22		25			89			15						0.5								4				
SVY	67255	Scleral patch; with graft		0.115	10.00	11.10	12.00	17.75	26.00	260	35	5	10	20	38	45	75	120	10					1.0							3	3					
REC				0.099			10.17			216	19	1	5			45			10					0.5							3	3					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 66179 Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

Global Period: 090 Meeting Date: 01/2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. After review of newly created 66179, the panel adjusted the supplies to match the number of surveyed post operative visits (see below). Additionally, lidocaine and prednisolone were removed from the supplies.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is a new code that the RUC requested be reviewed as part of the CMS request to review CPT 66180 and 66185. Two new codes were created to represent when an aqueous shunt was inserted without graft and the existing codes were revised to represent when the service was done with a graft.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for five 99213 and three 99212 post-operative office visits as determined by the RUC survey were utilized.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 66180 Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft

Global Period: 090 Meeting Date: 01/2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. After review of newly revised 66180, the panel adjusted the supplies to match the number of surveyed post operative visits. Additionally, lidocaine and prednisolone were removed from the supplies.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is a revised code that the RUC requested be reviewed as part of the CMS request to review CPT 66180 and 66185. Two new codes were created to represent when an aqueous shunt was inserted without graft and the existing codes were revised to represent when the service was done with a graft.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for five 99213 and three 99212 post-operative office visits as determined by the RUC survey were utilized.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 66184 Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft

Global Period: 090 Meeting Date: 01/2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. After review of newly created 66184, the panel adjusted the supplies in comparison to the existing code 66185 to match the newly surveyed post operative visits (see below). Lidocaine and prednisolone were also removed from the supplies.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is a newly created code that the RUC requested be reviewed as part of the CMS request to review CPT 66180 and 66185. Two new codes were created to represent when an aqueous shunt was inserted without graft and the existing codes were revised to represent when the service was done with a graft.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for four 99213 and three 99212 post-operative office visits as determined by the RUC survey were utilized.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 66185 Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft

Global Period: 090 Meeting Date: 01/2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. After review of newly revised 66185, the panel adjusted the supplies in comparison to the existing code 66185. The number of post operative visits were also adjusted to match the number of surveyed post operative visits. Additionally, lidocaine and prednisolone were removed from the supplies.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is a revised existing code that the RUC requested be reviewed as part of the CMS request to review CPT 66180 and 66185. Two new codes were created to represent when an aqueous shunt was inserted without graft and the existing codes were revised to represent when the service was done with a graft.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for four 99213 and three 99212 post-operative office visits as determined by the RUC survey were utilized.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 67255

Global Period: 090 Meeting Date: 01/2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment. After review, one supply was added, a surgical blade, and several supply items were removed as they are no longer typical. Those include: lidocaine, prednisolone, eye pad, hydrogen peroxide and sterile water.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is an existing code that the RUC requested be reviewed as part of the CMS request to review CPT 66180 and 66185 because CPT 67255 (graft code) was reported a majority of the time with 66180.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

The standard of 6 minutes for discharge day management coordination was utilized.

Post-Service Clinical Labor Activities:

Standard times for three 99213 and three 99212 post-operative office visits as determined by the RUC survey were utilized.

	A	B	C	D	E
1				reference	
2				**67255**	**67255**
3	**Meeting Date: Jan 2014** **Tab: 12 Scleral Patch Graft (no longer considered part of Aqueous shunt family)** **Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Scleral reinforcement (separate procedure), with graft	Scleral reinforcement (separate procedure), with graft
4	**LOCATION**			**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**			**210**	**255**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**60**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**6**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**144**	**189**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN/CST	**5**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/RN/CST	**20**	**20**
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST	**8**	**8**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST	**20**	**20**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN/CST	**7**	**7**
17	Other Clinical Activity - *specify:*				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure:**				
21	Greet patient, provide gowning, ensure appropriate medical records are available				
22	Obtain vital signs				
23	Provide pre-service education/obtain consent				
24	Prepare room, equipment, supplies				
25	Setup scope (non facility setting only)				
26	Prepare and position patient/ monitor patient/ set up IV				
27	Sedate/apply anesthesia				
28	**Intra-service**				
29	Assist physician in performing procedure				
30	**Post-Service**				
31	Monitor pt. following service/check tubes, monitors, drains				
32	Clean room/equipment by physician staff				
33	Clean Scope				
34	Clean Surgical Instrument Package				
35	Complete diagnostic forms, lab & X-ray requisitions				
36	Review/read X-ray, lab, and pathology reports				
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
38	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A		**6**	**6**
39	Other Clinical Activity - *specify:*				
40	End: **Patient leaves office**				
41	**POST-SERVICE Period**				
42	**Start: Patient leaves office/facility**				
43	Conduct phone calls/call in prescriptions				
44	***Office visits: List Number and Level of Office Visits***				
45	99211 16 minutes		16		
46	99212 27 minutes		27		**3**
47	99213 36 minutes		36	**4**	**3**
48	99214 53 minutes		53		
49	99215 63 minutes		63		
50	**Total Office Visit Time**	*L038A*	COMT/COT/RN/CST	**144.0**	**189.0**
51	Other Clinical Activity - *specify:*				
52	**End: with last office visit before end of global period**				

	A	B	C	D	E
1				reference	
2				**67255**	**67255**
3	**Meeting Date: Jan 2014** **Tab: 12 Scleral Patch Graft (no longer considered part of Aqueous shunt family)** **Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Scleral reinforcement (separate procedure), with graft	Scleral reinforcement (separate procedure), with graft
53	**MEDICAL SUPPLIES**	**CODE**	**UNIT**		
54	pack, ophthalmology visit (w dilation)	SA082	pack	**4**	**3**
55	pack, ophthalmology visit (w/o dilation)	SA050			**3**
56	Povidone soln (Betadine)	SJ041	ml	**226**	**10**
57	Blade, surgical, super	SF007	each		**1**
58	lidocaine 2% w-epi inj	SH049	ml	**120**	
59	prednisolone acet 1% oph soln (5ml)	SJ041	5ml	**6**	
60	Eye Pad,sterile, strabismus	SG046	each	**14**	
61	Hydrogen peroxide	SJ028		**200**	
62	Water, Sterile, for irrigation (250-1000 ml)	SH074		**1**	
63	**EQUIPMENT**	**CODE**			
64	Lane, exam (oph)	EL005	minutes	**144**	**189**
65					

	A	B	C	D	E	F
1					Reference	
2				66179	66180	66180
3	**Meeting Date: Jan 2014 Tab: 12 Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Aqueous shunt to equatorial plate reservoir, external approach; without graft	Aqueous shunt to external reservoir	Aqueous shunt to equatorial plate reservoir, external approach; with graft
4	**LOCATION**			**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**			**327**	**264**	**327.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**60**	**60**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**6**	**6**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**261**	**198**	**261.0**
10	**PRE-SERVICE**					
11	**Start: Following visit when decision for surgery or procedure made**					
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN/CST	**5**	**5**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/RN/CST	**20**	**20**	**20**
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST	**20**	**20**	**20**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN/CST	**7**	**7**	**7**
17	Other Clinical Activity - *specify:*					
18	**End: When patient enters office/facility for surgery/procedure**					
19	**SERVICE PERIOD**					
20	**Start: When patient enters office/facility for surgery/procedure:**					
21	Greet patient, provide gowning, ensure appropriate medical records are available					
22	Obtain vital signs					
23	Provide pre-service education/obtain consent					
24	Prepare room, equipment, supplies					
25	Setup scope (non facility setting only)					
26	Prepare and position patient/ monitor patient/ set up IV					
27	Sedate/apply anesthesia					
28	**Intra-service**					
29	Assist physician in performing procedure					
30	**Post-Service**					
31	Monitor pt. following service/check tubes, monitors, drains					
32	Clean room/equipment by physician staff					
33	Clean Scope					
34	Clean Surgical Instrument Package					
35	Complete diagnostic forms, lab & X-ray requisitions					
36	Review/read X-ray, lab, and pathology reports					
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
38	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A		**6**	**6**	**6**
39	Other Clinical Activity - *specify:*					
40	End: **Patient leaves office**					
41	**POST-SERVICE Period**					
42	**Start: Patient leaves office/facility**					
43	Conduct phone calls/call in prescriptions					
44	***Office visits: List Number and Level of Office Visits***					
45	99211 16 minutes		16			
46	99212 27 minutes		27	**3**		**3**
47	99213 36 minutes		36	**5**	**5.5**	**5**
48	99214 53 minutes		53			
49	99215 63 minutes		63			
50	**Total Office Visit Time**	*L038A*	COMT/COT/RN/CST	**261**	**198**	**261.0**
51	Other Clinical Activity - *specify:*					
52	**End: with last office visit before end of global period**					

	A	B	C	D	E	F
1					Reference	
2				66179	66180	66180
3	**Meeting Date: Jan 2014** **Tab: 12** **Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Aqueous shunt to equatorial plate reservoir, external approach; without graft	Aqueous shunt to external reservoir	Aqueous shunt to equatorial plate reservoir, external approach; with graft
4	**LOCATION**			**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**
53	**MEDICAL SUPPLIES**	**CODE**	**UNIT**			
54	pack, ophthalmology visit (w dilation)	SA082	pack	**5**	**5.5**	**5**
55	pack, ophthalmology visit (w/o dilation)	SA050		**3**		**3**
56	Povidone soln (Betadine)	SJ041	ml	**10**	**24**	**10**
57	Blade, surgical, super	SF006	each	**1**	**1**	**1**
58	lidocaine 2% w-epi inj	SH049	ml		**20**	
59	prednisolone acet 1% oph soln (5ml)	SJ041	5ml		**1**	
60	**EQUIPMENT**	**CODE**				
61	Lane, exam (oph)	EL005	minutes	**261**	**198**	**261**
62						

	A	B	C	G	H	I
1					REFERENCE	
2				66184	66185	66185
3	**Meeting Date: Jan 2014 Tab: 12 Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Revision of aqueous shunt to equatorial plate reservoir, external approach; without graft	Revision of aqueous shunt to extraocular reservoir	Revision of aqueous shunt to equatorial plate reservoir, external approach; with graft
4	**LOCATION**				**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**			**291.0**	**228.0**	**291.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**60.0**	**6.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**6.0**	**60.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**225.0**	**162.0**	**225.0**
10	**PRE-SERVICE**					
11	**Start: Following visit when decision for surgery or procedure made**					
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN/CST	**5**	**5**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/RN/CST	**20**	**20**	**20**
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST	**20**	**20**	**20**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN/CST	**7**	**7**	**7**
17	Other Clinical Activity - *specify:*					
18	**End: When patient enters office/facility for surgery/procedure**					
19	**SERVICE PERIOD**					
20	**Start: When patient enters office/facility for surgery/procedure:**					
21	Greet patient, provide gowning, ensure appropriate medical records are available					
22	Obtain vital signs					
23	Provide pre-service education/obtain consent					
24	Prepare room, equipment, supplies					
25	Setup scope (non facility setting only)					
26	Prepare and position patient/ monitor patient/ set up IV					
27	Sedate/apply anesthesia					
28	**Intra-service**					
29	Assist physician in performing procedure					
30	**Post-Service**					
31	Monitor pt. following service/check tubes, monitors, drains					
32	Clean room/equipment by physician staff					
33	Clean Scope					
34	Clean Surgical Instrument Package					
35	Complete diagnostic forms, lab & X-ray requisitions					
36	Review/read X-ray, lab, and pathology reports					
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
38	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L038A		**6**	**6**	**6**
39	Other Clinical Activity - *specify:*					
40	End: **Patient leaves office**					
41	**POST-SERVICE Period**					
42	**Start: Patient leaves office/facility**					
43	Conduct phone calls/call in prescriptions					
44	***Office visits: List Number and Level of Office Visits***					
45	99211 16 minutes		16			
46	99212 27 minutes		27	**3**		**3**
47	99213 36 minutes		36	**4**	**4.5**	**4**
48	99214 53 minutes		53			
49	99215 63 minutes		63			
50	**Total Office Visit Time**	*L038A*	COMT/COT/RN/CST	**225.0**	**162.0**	**225.0**
51	Other Clinical Activity - *specify:*					
52	**End: with last office visit before end of global period**					

	A	B	C	G	H	I
1					REFERENCE	
2				66184	66185	66185
3	**Meeting Date: Jan 2014** **Tab: 12** **Specialty:ophthalmology**	**CMS Code**	**Staff Type**	Revision of aqueous shunt to equatorial plate reservoir, external approach; without graft	Revision of aqueous shunt to extraocular reservoir	Revision of aqueous shunt to equatorial plate reservoir, external approach; with graft
4	**LOCATION**				**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**
53	**MEDICAL SUPPLIES**	**CODE**	**UNIT**			
54	pack, ophthalmology visit (w dilation)	SA082	pack	**4**	**4.5**	**4**
55	pack, ophthalmology visit (w/o dilation)	SA050		**3**		**3**
56	Povidone soln (Betadine)	SJ041	ml	**10**	**24**	**10**
57	Blade, surgical, super	SF006	each	**1**	**1**	**1**
58	lidocaine 2% w-epi inj	SH049	ml		**20**	
59	prednisolone acet 1% oph soln (5ml)	SJ041	5ml		**1**	
60	**EQUIPMENT**	**CODE**				
61	Lane, exam (oph)	EL005	minutes	**225**	**162**	**225**
62						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January/April 2013

Insertion of Anterior Segment Device

In October 2012, the CPT Editorial Panel approved to convert category III code, 0192T *Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach* to a category I code, 66183 due to widespread use and adequate published peer reviewed articles supporting the safety and effectiveness of the procedure.

66183 ***Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach***
In January 2013, the RUC recommended postponement until the April 2013 RUC meeting to allow the specialty society sufficient time to ensure that the post-operative visits were appropriately estimated. At the April 2013 RUC meeting, it was confirmed that post-operative visits were accurately calculated and that 70% of the physician work is captured in the post-operative visits. The RUC noted that patients with glaucoma undergoing this procedure require intense care for the entire 090-day global period, above any other ophthalmological service. The patient is in danger of further visual loss due to the intraocular pressure which the physician must frequently monitor. In addition, this procedure creates a fistula which must remain open after healing is complete. Closure of the fistula can occur throughout the entire 090-day global period and requires constant management of the patient. The RUC had a robust discussion regarding number of post-operative office visits and agreed that 8 visits: (3) 99212 and (5) 99213, the survey mode, rather than 9 visits, the survey median: (3) 99212 and (6) 99213 with the reduction of one office visit is more appropriate. To validate the number of visits, the RUC compared 66183 to CPT code 66174 *Transluminal dilation of aqueous outflow canal; without retention of device or stent* (work RVU=12.85) which was reviewed at the April 2010 RUC meeting and include 6 post-operative visits, (2) 99212 and (4) 99213. The RUC agreed that 66183 is a more intense procedure than 66174 and requires additional monitoring.

The RUC reviewed the survey results from 56 ophthalmologists and determined that a work RVU of 13.20, the survey 25th percentile is appropriate. The RUC compared 66183 to key reference code 65756 *Keratoplasty (corneal transplant); endothelial* (work RVU=16.84) and agreed that since 65756 requires 15 minutes more intra-service time, it should be valued higher. The RUC also reviewed 65850 *Trabeculotomy ab externo* (work RVU=11.39) and determined that the 66183 requires less intra-service time but is more intense and complex to perform. **The RUC recommends a work RVU of 13.20, the survey 25th percentile for CPT code 66183.**

Practice Expense:
The RUC approved the practice expense inputs as reviewed and approved by the PE Subcommittee.

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New Technology
CPT code 66183 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
0191T		Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork	XXX	N/A
#0253T		internal approach, into the subrachoroidal space	YYY	N/A
D0192T		~~external approach~~ (0192T has been deleted. To report insertion of drainage device by external approach, use 66183)	XXX	N/A
Category I **Surgery** **Eye and Ocular Adnexa** **Anterior Sclera** **Aqueous Shunt**				
●66183	J1	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	090	13.20

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66183 Tracking Number J1 Original Specialty Recommended RVU: **13.20**
Presented Recommended RVU: **13.20**
Global Period: 090 RUC Recommended RVU: **13.20**

CPT Descriptor: Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62 year old male presents with chronic open angle glaucoma and intraocular pressure that is uncontrolled in the right eye with current treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 34% , In the ASC 66%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 46%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Review is conducted of past surgical history, medical history, and the surgical plan. Required paperwork is completed. The patient is positioned in preparation for local anesthetic block anesthesia, the surgical eye is confirmed with the patient, surgical and anesthesia team, and the forehead is marked to indicate the operative eye.A local anesthetic block is performed while the patient is monitored with pulse oximetry and electrocardiography.

Description of Intra-Service Work: The operative eye is confirmed by the surgeon. A lid speculum is placed. A partial thickness corneal traction suture is placed and secured to the drape for superior conjunctival exposure. A limbal- or fornix-based conjunctival incision for 5-6 mm is performed followed by deep subconjunctival dissection into the superior temporal and superior nasal fornices to free Tenon's capsule from its attachments to the underlying sclera. Bleeding is controlled with cautery. Next, a 3 mm by 3 mm partial-thickness scleral flap is created with a base at the limbus. An antifibrotic agent is applied to the sclera and the conjunctiva is draped over the applicator sponges for 2-5 minutes. The surgical area is rinsed copiously with balanced salt solution and dried with sponges. A paracentesis is created through temporal clear cornea and the anterior chamber is inflated with balanced salt solution. A 27 gauge needle is bent to allow for easier maneuverability, the needle is placed posterior to the blue line underneath the scleral flap and advanced through the tissue into the anterior chamber while avoiding contact with cornea or iris. The aqueous drainage device is implanted through this needle-entry sclerostomy site under the scleral flap in order to maintain the aqueous flow out of the eye. The device is rotated and confirmed to be stable in the proper orientation and position, and the inserter is released. The scleral flap is reapproximated over the external flange of the device and secured with interrupted 10-0 nylon sutures. The anterior chamber is reinflated with balanced salt solution through the paracentesis and the aqueous flow beneath the scleral flap is observed. If necessary, additional 10-0 nylon sutures are placed in the scleral flap. The conjunctiva is reapproximated and carefully sutured to create a water-tight seal. The conjunctival wound is then tested for integrity by inspecting with fluorescein dye. Injections of antibiotics and steroids are performed. The traction suture and lid speculum are removed.

Description of Post-Service Work: The eye is dressed with topical ointment, patched and a shield is placed. The patient is given detailed postoperative care instructions. The IV is removed. Postoperative pain control is reviewed. An operative report is generated, and required paperwork completed.

Postoperative visits begin on the first postoperative day and continue regularly throughout the postoperative period to assess vision, wound integrity, aqueous flow through the drainage device into the subconjunctival filtration bleb, optic nerve appearance, extraocular and intraocular inflammation, edema of the cornea and/or retina, and intraocular pressure control. Anti-inflammatory and glaucoma medications are adjusted at each post-operative visit based on the clinical appearance. Suture removal either by releasing temporary sutures or laser lysis is performed as needed throughout the post-operative period to modulate flow of aqueous from the eye to titrate intraocular pressure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2013		
Presenter(s):	Stephen A. Kamenetzky, MD and Cindie Mattox, MD		
Specialty(s):	Ophthalmology/Glaucoma		
CPT Code:	66183		
Sample Size:	900	**Resp N:** 56	**Response:** 6.2 %
Description of Sample:	Random sample of members were pulled from the AAO and American Glaucoma Society database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	25.00	250.00
Survey RVW:	8.50	13.20	**15.01**	17.00	43.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**7.50**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	40.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**186.00**	99211x **0.00** 12x **3.00** 13x **6.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	66183	**Recommended Physician Work RVU: 13.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**19.00**	**-9.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**163.00**	99211x **0.00** 12x **3.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65756	090	16.84	**RUC Time**

CPT Descriptor Keratoplasty (corneal transplant); endothelial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,800

CPT Descriptor 1 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33249	090	15.17	**RUC Time**	50,309

CPT Descriptor 2 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

Other Reference CPT Code	Global	Work RVU	Time Source
66175	090	13.60	**RUC Time**

CPT Descriptor Transluminal dilation of aqueous outflow canal; with retention of device or stent

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 66183**	**Key Reference CPT Code:** 65756	**Source of Time** **RUC Time**
Median Pre-Service Time	20.00	39.00	
Median Intra-Service Time	45.00	60.00	
Median Immediate Post-service Time	10.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	19.0	19.00	
Median Office Visit Time	163.0	117.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**257.00**	**255.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.69	3.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.62	3.92
Urgency of medical decision making	4.46	3.85
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.92	4.77
Physical effort required	4.62	4.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.85	4.38
Outcome depends on the skill and judgment of physician	4.85	4.62
Estimated risk of malpractice suit with poor outcome	4.85	4.46

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.54	4.08
Intra-Service intensity/complexity	4.62	4.46
Post-Service intensity/complexity	4.77	4.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An issue was raised at the January meeting about the number of postoperative visits for this code. The society recognizes that the number is higher than typical for many surgical procedures. Patients with glaucoma severe enough for surgical intervention require intense care for the entire 90-day global period, more so than for any other ophthalmological procedure. The patient is in danger of further visual loss from the intraocular pressure being either too high or too low postoperatively. In addition, this

procedure creates a fistula which must remain open after healing is complete for the procedure to be successful.

Post-operative Care
The aqueous drainage device is covered by a layer of sclera that must be tightly closed to prevent the immediate postoperative pressure from being too low. Because this device has no external reservoir, it is then covered by a layer of conjunctiva. The aqueous drains from the eye via the device, percolates between the edges of the scleral flap and is then captured under the conjunctival bleb. The thin conjunctiva overlying the bleb can retract or develop weak areas that leak. The scleral flap is closed with several sutures that are sequentially released (usually by releasing a temporary suture) depending on the pressure. These sutures have to be specially placed because the conjunctiva overlying them cannot be opened or the bleb will leak. These are typically 2-3 in number and are released on sequential office visits so that the pressure can be titrated.

Failure of the fistula to remain open due to scarring can occur at the device, the margins of the scleral flap and the conjunctiva reservoir. Careful and frequent examinations are needed to monitor for this issue which would result in failure of the surgery and persistent elevation of the pressure. The fistula is at risk of closure throughout the entire 90-day global period. Treatment at the postoperative examination includes special contact lenses if the pressure becomes too low or the bleb leaks. Massage of the eye, suture release, needling of the scleral flap and/or the conjunctiva is performed if the pressure is too high. In addition topical medications for both pressure control and postoperative inflammation need careful management. Timing of the interventions is critical and evaluations must be performed frequently to prevent irreversible scarring and failure of the procedure with resultant elevated intraocular pressure. Unlike most surgical procedures where the intensity of the postoperative care decreases as time passes, the care for this procedure remains complex for the duration of the global period.

Canaloplasty with or without a stent was recently (2010) reviewed by the RUC (CPT 66175 and 66174, respectively). Six postoperative visits were approved for both procedures. Neither procedure creates an external fistula that has to be monitored; the primary care for these frequent visits to monitor pressure and adjust medications. Postoperative care for this procedure is much more intense and needs more frequent visits. There are orthopedic procedures, such as CPT 24300 (elbow) and 25259(wrist)) which deal with joint contractures and have six visits the global period because continued monitoring and therapy is needed to prevent recurrence of the "frozen" joint.

CPT 66183 Survey Analysis
The AAO survey produced 56 responses. The vignette was felt to be typical by 91% of the respondents. The 25th percentile for WRVU was 13.2 and the median 15.01. Median IST was 45 minutes. Pre-service package 1B was recommended with slight modification. The survey indicated that there were six 99213 and three 99212 postoperative visits reflecting the frequent monitoring of pressure and optic nerve appearance that is needed in glaucoma patients to detect pressure elevation from shunt obstruction. The key reference service *CPT 65765 Keratoplasty (corneal transplant); endothelial* was valued by the RUC in 2008. It has a WRVU of 16.84. Survey respondents consistently valued the intensity and complexity of the surveyed code as being greater than or equal to the reference code which has an IST of 60 minutes. The survey respondents felt that the surveyed coded was greater in intensity and complexity than the reference code for all categories.

CPT 66183 Recommendation
The expert panel of the AAO Health Policy Committee aided by representatives of the American Glaucoma Society reviewed the survey results. All participants were familiar with the RUC process. The panel felt that the survey results were strong and accurately reflected the physician work of the procedure. The key reference service has a longer IST but the respondents felt that the intensity and complexity were less than the surveyed code. With that in mind, the expert panel believes that the 25th percentile WRVU accurately reflected these differences and the society is recommending that value of 13.2 WRVU for this procedure.

The specialty is aware that this WRVU is significantly higher than other codes with 45 minutes of IST. However the total time for this procedure is significantly greater than for most of those procedures. In addition, ophthalmology procedures, in general, have this relationship between WRVU and time because of the nature of the surgical approach. There is no time spent in getting to the operative site. The higher intensity work of the procedure (as opposed to lower-intensity work of obtaining access to be able to begin the procedure) starts immediately. This concentrates high intensity work in a shorter period of

time and the RUC has recognized this in the past. If this 25th *percentile* WRVU is accepted, the IWPUT will be 0.102. In April 2010 the RUC accepted IWPUTs in this range for two other glaucoma operations: CPT 66174 (IWPUT = 0.131) and 66175 (0.127). In addition, these codes have WRVU of 12.85 and 13.6 respectively with fewer, lower intensity postoperative visits. Another glaucoma invasive procedure CPT 65850 *Trabeculotomy ab externo* has an IWPUT of 0.111. It also requires less postoperative work than the surveyed code. Laser surgery for glaucoma (CPT 65855 (*Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)* is a 10 day global period and has an IWPUT of 0.13.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0192T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 16000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Data from manufacturer

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,000
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. RUC database

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 65850

SS Rec Summary

ISSUE: 6618X1 Insertion of Anterior Chamber Drainage Device; Without Extraocular Reservoir

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	65756	Keratoplasty; endothelia	51	0.177			16.84			255	33	1	5			60			20						0.5				3	3	
SVY	66183	Aqueous shunt w/o extraocular reservoir	56	0.143	8.50	13.20	15.01	17.00	43.50	288	10	7.5	10	30	40	45	60	90	10						0.5				6	3	
REC	66183			0.124			13.20			262	15	5	5			45			10						0.5				5	3	

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 66183 Insertion of anterior segment drainage device

Global Period: 090 Meeting Date: 4/2013

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a Consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on the supplies and equipment needed.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

This code is a new code in the glaucoma shunt family.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Intra-Service Clinical Labor Activities:

Standard 6 minutes for discharge day management coordination.

Post-Service Clinical Labor Activities:

Standard times for 9 post-operative office visits at the appropriate levels.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE	Tab 25		REFERENCE CODE	Tab 25		Tab 12 (In the family as 66180/66185			
2	**Note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**66180**		**66180**		**66185**		**66185**		**66183**	
3	**Meeting Date: 1/2013 Tab: 12/25 Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Aqueous shunt to extraocular reservoir		Aqueous shunt to extraocular reservoir		Revision of Aqeous shunt to extraocular reservoir		Revision of Aqeous shunt to extraocular reservoir		Insertion of anterior segment drainage device, without extraocular reservoir	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**N/A**	**90**	**N/A**	**90**	**N/A**	**90**	**N/A**	**90**	**N/A**	**90**
6	**TOTAL CLINICAL LABOR TIME**				**264**	**0.0**	**327.0**		**228.0**	**0.0**	**291.0**	**0.0**	**327.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**				**60**	**0.0**	**60.0**		**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**				**6**	**0.0**	**6.0**		**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**				**198**	**0.0**	**261.0**		**162.0**	**0.0**	**225.0**	**0.0**	**261.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/ RN/CST		**5**		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/ RN/CST		**20**		**20**		**20**		**20**		**20**
14	Schedule space and equipment in facility	L038A	COMT/COT/ RN/CST		**8**		**8**		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/ RN/CST		**20**		**20**		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/ RN/CST		**7**		**7**		**7**		**7**		**7**
17	Other Clinical Activity - *specify:*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
30	**Post-Service**												
38	Other Clinical Activity - *specify:*												
39	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**6**	**n/a**	**6**		**6**	**n/a**	**6**	**n/a**	**6**
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**				**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**				**n/a**		**n/a**	
42	**End: Patient leaves office**												
43	**POST-SERVICE Period**												
44	**Start: Patient leaves office/facility**												
45	Conduct phone calls/call in prescriptions												
46	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
47	99211 16 minutes		16										
48	99212 27 minutes		27				**3**				**3**		**3**
49	99213 36 minutes		36		**5.5**		**5**		**4.5**		**4**		**5**
50	99214 53 minutes		53										
51	99215 63 minutes		63										
52	**Total Office Visit Time**	*L038A*	COMT/COT/ RN/CST		**198**	**0.0**	**261.0**		**162.0**	**0.0**	**225.0**	**0.0**	**261.0**
53	Other Clinical Activity - *specify:*												
54	**End: with last office visit before end of global period**												
55	**MEDICAL SUPPLIES**	**CODE**	**UNIT**										
56	pack, ophthalmology visit (w dilation)	SA082	pack		**5.5**		**8**		**4.5**		**7**		**8**
57	Povidone soln (Betadine)	SJ041	ml		**24**				**24**				
58	Blade, surgical, super	SF006	each		**1**				**1**				
59	lidocaine 2% w-epi inj	SH049	ml		**20**				**20**				
60	prednisolone acet 1% oph soln (5ml)	SJ041	5ml		**1**				**1**				
61	**EQUIPMENT**	**CODE**											
62	Lane, exam (oph)	EL005	minutes		**198**		**261**		**162**		**225**		**261**
63													
64													
65													
66													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other - Utilization over 500,000 Screen

January 2014

Breast Ultrasound

CPT code 76645 *Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation* was one of seven codes describing ultrasound of the body identified by the CMS/Other Utilization over 500,000 screen. The six other ultrasound services were surveyed and reviewed by the RUC at the October 2013 meeting. CPT code 76645 was brought to the CPT Editorial Panel for clarification. In October 2013, the CPT Editorial Panel deleted code 76645 and established two codes to report limited and complete breast ultrasound procedures.

The specialty societies indicated, and the RUC agreed, that there is compelling evidence that the physician work has changed for these services based on an original flawed methodology, as well as a change in technology and patient population for CPT code 76645. The current work RVU and physician time for 76645 is based on a CMS crosswalk, not a survey. Technology has changed, specifically with the increased utilization of higher frequency transducers, improved resolution of transducers and more sophisticated ultrasound algorithms, physicians are better able to evaluate cysts and delineate which ones require aspiration. Additionally, physicians are better able to evaluate solid nodules, including evaluation of internal architecture, edge morphology, and vascularity. They are able to assess for the presence of satellite lesions and are able to find very small lesions, previously undetectable by ultrasound. Ultrasound is now capable of evaluating subtle abnormalities seen on other imaging modalities such as architectural distortion seen on mammography or suspicious enhancement seen on MRI. The physician work and intensity level has increased because of the aforementioned reasons and need to make decisions regarding the necessity of biopsy. The specialty society indicated that even a "negative" ultrasound in the setting of a palpable lump, or focal pain, or a finding on another imaging exam is quite intense. In these negative cases, the physician is under remarkable pressure to make absolutely sure no significant pathology is present. The RUC agreed that the intensity for these services has increased.

The specialty societies noted that the new breast ultrasound codes will be performed approximately 88% unilaterally and 12% bilaterally and that approximately 84% will perform the limited study and 16% will perform the complete study. A RUC member questioned whether imaging of the axilla is typically performed with the breast ultrasound. The specialty societies indicated that examining and imaging the axilla is typically performed together with the breast ultrasound, but is not reported separately. The specialty societies indicated that for staging the breast, the radiologist will typically examine the axilla. CMS confirmed that physicians are not currently reporting 76645 with 76882 *Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific.* The 2012 Medicare utilization data shows that CPT code 76645 was reported 862,941 times and CPT code 76882 was reported with 76645 only 3.4% or 5,808 times. Therefore, less than 1% of physicians were reporting these services together for the Medicare population.

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76641 ***Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete***
The RUC reviewed the survey results from 51 radiologists for CPT code 76641 and determined that the survey 25th percentile work RVU of 0.73 appropriately accounts for the physician work required to perform this service. The RUC recommends 5 minutes of pre-service time, 12 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC noted that the radiologist interacts with the patient to a greater degree when conducting a breast ultrasound compared to other ultrasound codes. Additionally, the physician will typically talk to the patient directly for the immediate post-service period. The specialty societies estimated that the physician will include the axilla approximately 15-20% of the time for CPT code 76641. The RUC determined that the survey respondents may have indicated a median survey response including the work of examining the axilla and therefore recommend that the survey 25th percentile work RVU is more appropriate. The RUC compared the surveyed service to the key reference service 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85) and determined that 76816 requires more physician work and time and therefore should be valued higher. For additional support the RUC referenced MPC codes 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69). **The RUC recommends a work RVU of 0.73 for CPT code 76641.**

76642 ***Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited***
The RUC reviewed the survey results from 51 radiologists for CPT code 76642 and determined that the survey 25th percentile work RVU of 0.68 appropriately accounts for the physician work required to perform this service. The RUC recommends 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC noted that the radiologist interacts with the patient to a greater degree when conducting a breast ultrasound compared to other ultrasound codes. Additionally, the physician will typically talk to the patient directly for the immediate post-service period. The specialty societies estimated that the physician will include the axilla approximately 25-30% of the time for CPT code 76642. The RUC determined that the survey respondents may have indicated a median survey response including the work of examining the axilla and therefore recommend that the survey 25th percentile work RVU is more appropriate. The RUC compared the surveyed service to the key reference service 77055 *Mammography; unilateral* (work RVU = 0.70) and determined that both services require similar physician work. For additional support, the RUC referenced MPC codes 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69) **The RUC recommends a work RVU of 0.68 for CPT code 76642.**

The RUC noted that the October 2013 recommendations are outlined in the attached spreadsheet. The RUC confirmed that the breast ultrasound recommendations are appropriate relative to the previously recommended ultrasound codes.

Practice Expense
The RUC recommends the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Diagnostic Ultrasound** **Chest** Code 76641 represents a complete ultrasound examination of the breast. Code 76641 consists of an ultrasound examination of all four quadrants of the breast and the retroareolar region. It also includes ultrasound examination of the axilla, if performed. Code 76642 consists of a focused examination limited to the assessment of one or more, but not all of the elements listed in code 76641. It also includes ultrasound examination of the axilla, if performed. Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation and final, written report, is not separately reportable.				
●76641	Q1	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	XXX	0.73
●76642	Q2	limited (Report 76641, 76642 only once per breast per session) (For axillary ultrasound only, use 76882)	XXX	0.68
D76645		~~Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation~~ ~~(Do not report 76645 in conjunction with 0301T)~~ (76645 has been deleted. To report, see 76641, 76642)	XXX	N/A

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Category III

⦿0301T Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance

(Do not report 0301T in conjunction with ~~76645~~ 76641, 76642, 76942, 76998, 77600-77615)

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other - Utilization over 500,000 Screen

January 2014

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Practice Expense
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Category III

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76641 Tracking Number Q1 Original Specialty Recommended RVU: **0.86**
Presented Recommended RVU: **0.73**
Global Period: XXX RUC Recommended RVU: **0.73**

CPT Descriptor: Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 37-year-old female with diffuse left breast pain for 2 months.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work:
• Review the reason for the exam and any pertinent clinical history.
• Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work:
• Supervise the sonographer performing the exam.
• Scan with ultrasound throughout all four quadrants and the retroareolar region of the affected breast in both transverse and longitudinal planes (or in radial and anti-radial planes), including image documentation of normal structures in each quadrant and in the retroareolar region.
• Document any visualized pathology in each quadrant and in the retroareolar region.
• Scan with ultrasound through the ipsilateral axilla in transverse and longitudinal planes. Document any significant pathology as well as any visualized normal axillary lymph nodes.
• Compare the exam and correlate the findings to previous studies.
• Dictate report for the medical record.

Description of Post-Service Work:
• The results and further management are discussed with the patient and their family, if present.
• Review and sign procedure report.
• Communicate findings to referring clinician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76641		
Sample Size:	750	**Resp N:** 51	**Response:** 6.8 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	200.00	4000.00
Survey RVW:	0.36	0.73	**0.86**	1.00	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	7.00	**12.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76641	**Recommended Physician Work RVU: 0.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76816	XXX	0.85	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	348,724

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 21.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 76641**	**Key Reference CPT Code:** 76816	**Source of Time RUC Time**

Median Pre-Service Time	5.00	6.00
Median Intra-Service Time	12.00	15.00
Median Immediate Post-service Time	5.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**22.00**	**31.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.36	3.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.18	3.18
Urgency of medical decision making	3.36	2.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.64	3.00
Physical effort required	3.36	2.91
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.18	2.45
Outcome depends on the skill and judgment of physician	3.73	2.91
Estimated risk of malpractice suit with poor outcome	3.73	3.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	3.00
Intra-Service intensity/complexity	3.45	3.09
Post-Service intensity/complexity	3.09	3.18

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:

CPT code 76645 *(Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation)* was identified by the CMS/Other – Utilization over 500,000 screen and action requested by the RAW. The specialty societies referred the code to CPT who deleted the existing code, 76645, and created two new codes to describe ultrasound of the breast:

- 76641: *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete*
- 76642: *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited*

How the two new breast ultrasound codes are structured:

The two new codes for breast ultrasound are both unilateral codes.

76641 describes a complete unilateral breast ultrasound and includes imaging of the axilla when performed. Axillary ultrasound is currently separately reported by CPT code 76882 (*Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific),* with 0.49 RVU and 5 minutes pre, 11 minutes intra, and 5 minutes post. A complete ultrasound includes evaluation and documentation of all four breast quadrants and the retroareolar region, and includes axillary ultrasound when performed.

76642 describes a limited unilateral breast ultrasound such as evaluation of a clinically palpable lump, a focal abnormality detected on mammography, or focal breast pain. This code is used if anything less than a complete breast exam (described above) is performed.

Survey Process:

The American College of Radiology (ACR) randomly surveyed its members, and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendations:

The society recommends the median survey work RVUs and service period times for both of these new codes. Even though our recommendation is an increase over the existing code's value of 0.54 RVUs, 76645 has CMS/Other time, indicating that it was never RUC surveyed, and this is the first survey of these new codes.

Changes in technology, patient population, and the updated guidelines have occurred since 76645 originally entered the CPT book, further supporting our recommendation. These changes include the need to evaluate for extent of disease (including evaluation of axillary nodes for possible metastatic disease), improved resolution of transducers allowing for identification of smaller masses and satellite lesions (including some not visualized on mammography) and better characterization of lesions as either benign or malignant.

More specifically, higher frequency transducers and more sophisticated ultrasound algorithms allow us to better evaluate cysts to delineate which ones require aspiration and which can be left alone. We can evaluate solid nodules much better than ever before, including evaluation of internal architecture, edge morphology,

vascularity, and assess for the presence of satellite lesions. We are now able to find very small lesions, previously undetectable by ultrasound. Ultrasound is now capable of evaluating subtle abnormalities seen on other imaging modalities such as architectural distortion seen on mammography or suspicious enhancement seen on MRI. The physician work and intensity level have increased because we are now expected to find even smaller lesions and make decisions regarding the need for biopsy. Perhaps the most intense is a "negative" ultrasound in the setting of a palpable lump, or focal pain, or a finding on another imaging exam. In these cases, the physician is under remarkable pressure to make absolutely sure there is really nothing there and that he/she is not simply overlooking something.

Our recommendation maintains appropriate relativity between these two codes as well as the other codes in the ultrasound family, several of which were presented to the RUC at the October 2013 RUC meeting.

Work RVU and Service Period Time Recommendations:

The society recommends the median RVW of 0.86 RVUs and the median survey period times of 5 minutes pre, 12 minutes intra, and 5 minutes post.

Key Reference Service:

The KRS for 76641 is 76816 (*Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus*), chosen by 22% of respondents. 76816 has a nearly identical RVU and 3 minutes more intra-service time. 76641 was rated higher or equal to 76816 on 10 of 11 intensity/complexity measures supporting the greater intensity of the service.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76641	0.73	5	12	5	22	0.042
76816	0.85	6	15	10	31	0.0328

MPC Code:

The selected Key Reference Service, 76816, is on the MPC list.

76641 also compares favorably to MPC code 78306 (*Bone and/or joint imaging; whole body*)

Code	RVU	Pre	Intra	Post	Total	IWPUT
76641	0.73	5	12	5	22	0.042
78306	0.86	5	8	5	18	0.0794

Breast ultrasound complete (76641) versus breast ultrasound limited (76642):

Between these two codes, the pre and post times are comparable at 5 minutes for each, as both complete and limited studies require the review of prior studies during the pre-service period and decision making and reporting of those comparisons during the post-service period.

The intra-service time for the complete study is 2 minutes longer due to the greater number of structures studied; the 10 minutes of intra-service time for the limited study is appropriate since the limited study involves the follow up of a specific condition in the breast such as a clinically palpable lump, a focal abnormality detected on mammography, or focal breast pain.

Summary:

Our recommendation for 76641: 0.73 RVUs and service period times of 5 pre, 12 intra, and 5 post compares favorably to our KRS and MPC code and maintains relativity with 76642, the breast limited ultrasound code. Our recommendation also maintains relativity across the rest of the ultrasound family including the 6 body ultrasound codes which were surveyed in October of 2013.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76645

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 573360
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7664X1 provided nationally in a one-year period is estimated to be 573,360.

Specialty Diagnostic Radiology Frequency 512990 Percentage 89.47 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 191,120 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty.

Please explain the rationale for this estimate. It is estimated that CPT code 7664X1 will be billed approximately 191,120 ttimes for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 171000 Percentage 89.47 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 76645

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76642 Tracking Number Q2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.68**
Global Period: XXX RUC Recommended RVU: **0.68**

CPT Descriptor: Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old female with newly palpable lump in the left breast upper outer quadrant.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work:
• Review the reason for the exam and any pertinent clinical history.
• Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work:
• Supervise the sonographer performing the exam.
• Scan with ultrasound throughout the area of concern within the affected breast in both transverse and longitudinal planes (or in radial and anti-radial planes), including image documentation of normal structures.
• Document any visualized pathology.
• Compare the exam and correlate the findings to previous studies.
• Dictate report for the medical record.

Description of Post-Service Work:
• The results and further management are discussed with the patient and their family, if present.
• Review and sign procedure report.
• Communicate findings to referring clinician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD		
Specialty(s):	American College of Radiology		
CPT Code:	76642		
Sample Size:	750	**Resp N:** 51	**Response:** 6.8 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	78.00	**200.00**	275.00	3500.00
Survey RVW:	0.22	0.68	**0.80**	0.90	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	5.00	**10.00**	11.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76642	**Recommended Physician Work RVU: 0.68**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77055	XXX	0.70	**RUC Time**

CPT Descriptor Mammography; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,379,967

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 27.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 76642**	**Key Reference CPT Code: 77055**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	4.50	
Median Intra-Service Time	10.00	7.00	
Median Immediate Post-service Time	5.00	8.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**20.00**	**19.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.07	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.29	3.00
Urgency of medical decision making	3.14	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.86	2.79
Physical effort required	3.50	2.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.71	2.36
Outcome depends on the skill and judgment of physician	3.71	3.50
Estimated risk of malpractice suit with poor outcome	4.00	3.64

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.93	2.79
Intra-Service intensity/complexity	3.64	3.29

Post-Service intensity/complexity	3.14	3.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:

CPT code 76645 *(Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation)* was identified by the CMS/Other – Utilization over 500,000 screen and action requested by the RAW. The specialty societies referred the code to CPT who deleted the existing code, 76645, and created two new codes to describe ultrasound of the breast:

- 76641: *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete*
- 76642: *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited*

How the two new breast ultrasound codes are structured:

The two new codes for breast ultrasound are both unilateral codes.

76641 describes a complete unilateral breast ultrasound and includes imaging of the axilla when performed. Axillary ultrasound is currently separately reported by CPT code 76882 (*Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific),* with 0.49 RVU and 5 minutes pre, 11 minutes intra, and 5 minutes post. A complete ultrasound includes evaluation and documentation of all four breast quadrants and the retroareolar region, and includes axillary ultrasound when performed.

76642 describes a limited unilateral breast ultrasound such as evaluation of a clinically palpable lump, a focal abnormality detected on mammography, or focal breast pain. This code is used if anything less than a complete breast exam (described above) is performed.

Survey Process:

The American College of Radiology (ACR) randomly surveyed its members, and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendations:

The society recommends the median survey work RVUs and service period times for both of these new codes. Even though our recommendation is an increase over the existing code's value of 0.54 RVUs, 76645 has CMS/Other time, indicating that it was never RUC surveyed, and this is the first survey of these new codes.

Changes in technology, patient population, and the updated guidelines have occurred since 76645 originally entered the CPT book, further supporting our recommendation. These changes include the need to evaluate for extent of disease (including evaluation of axillary nodes for possible metastatic disease), improved resolution of transducers allowing for identification of smaller masses and satellite lesions (including some not visualized on mammography) and better characterization of lesions as either benign or malignant.

More specifically, higher frequency transducers and more sophisticated ultrasound algorithms allow us to better evaluate cysts to delineate which ones require aspiration and which can be left alone. We can evaluate solid nodules much better than ever before, including evaluation of internal architecture, edge morphology, vascularity, and assess for the presence of satellite lesions. We are now able to find very small lesions, previously undetectable by ultrasound. Ultrasound is now capable of evaluating subtle abnormalities seen on other imaging modalities such as architectural distortion seen on mammography or suspicious enhancement seen on MRI. The physician work and intensity level have increased because we are now expected to find even smaller lesions and make decisions regarding the need for biopsy. Perhaps the most intense is a "negative" ultrasound in the setting of a palpable lump, or focal pain, or a finding on another imaging exam. In these cases, the physician is under remarkable pressure to make absolutely sure there is really nothing there and that he/she is not simply overlooking something.

Our recommendation maintains appropriate relativity between these two codes as well as the other codes in the ultrasound family, several of which were presented to the RUC at the October 2013 RUC meeting.

Work RVU and Service Period Time Recommendations:

The society recommends the median RVW of 0.80 RVUs and the median survey period times of 5 minutes pre, 10 minutes intra, and 5 minutes post.

Key Reference Service:

The KRS for 76642 is 77055 (*Mammography; unilateral*), chosen by 27% of respondents. 77055 has a slightly lower RVU and 3 minutes less intra-service time. 76642 was rated higher than 77055 on all 11 intensity/complexity measures, further supporting the higher RVU.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76642	0.68	5	10	5	20	0.046
77055	0.70	4.5	7	8	19.5	0.0600

MPC Code:

76642 compares favorably to MPC code 99231 (*Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit*), which has a slightly lower RVU and the same intra-service time.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76642	0.68	5	10	5	20	0.046
99231	0.76	5	10	5	20	0.0536

Breast ultrasound complete (76641) versus breast ultrasound limited (76642):

Between these two codes, the pre and post times are comparable at 5 minutes for each, as both complete and limited studies require the review of prior studies during the pre-service period and decision making and reporting of those comparisons during the post-service period.

The intra-service time for the complete study is 2 minutes longer due to the greater number of structures studied; the 10 minutes of intra-service time for the limited study is appropriate since the limited study involves the follow up of a specific condition in the breast such as a clinically palpable lump, a focal abnormality detected on mammography, or focal breast pain.

Summary:

Our recommendation for 76642: 0.68 RVUs and service period times of 5 pre, 10 intra, and 5 post, compares favorably to our KRS and MPC code and maintains relativity with 76641, the breast complete ultrasound code. Our recommendations also maintain relativity across the rest of the ultrasound family including the 6 body ultrasound codes which were surveyed in October of 2013.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76645

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2345559
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7664X2 provided nationally in a one-year period is estimated to be 2,345,559

Specialty Diagnostic Radiology Frequency 2098600 Percentage 89.47 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 781,853 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7664X2 provided nationally in a one-year period is estimated to be 781,853

Specialty Diagnostic Radiology Frequency 699500 Percentage 89.46 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 76645

SS Rec Summary

ISSUE: Breast Ultrasound

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF - Apr '02	76816	Ultrasound, pregnant uterus, real time with i	11	0.033			0.85			31	6					15			10					
CMS/Other	76645	Ultrasound, breast(s) (unilateral or bilateral), real ti		#DIV/0!			0.54			17														
SVY	76641	Ultrasound, breast, unilateral, real time with	51	0.053	0.36	0.73	0.86	1.00	2.25	22	5			3	7	12	15	40	5	0	50	100	200	4000
REC	76641	Ultrasound, breast, unilateral, real time with image		0.0422			0.73			22	5					12			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF - Aug '00	77055	Mammography; unilateral	14	0.060			0.70			19.5	4.5					7			8					
CMS/Other	76645	Ultrasound, breast(s) (unilateral or bilateral), real ti		#DIV/0!			0.54			17														
SVY	76642	Ultrasound, breast, unilateral, real time with	51	0.058	0.22	0.68	0.80	0.90	2.00	20	5			3	5	10	11	20	5	0	78	200	275	3500
REC	76642	Ultrasound, breast, unilateral, real time with image		0.0456			0.68			20	5					10			5					

Breast US
Median Recommendations

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting
76700	*Ultrasound, abdominal, real time with image documentation; complete*	0.81	5	11	5	21	0.053	Oct-13
76705	*Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)*	0.59	5	8	5	18	0.046	Oct-13
76770	*Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete*	0.74	5	10	5	20	0.052	Oct-13
76775	*Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited*	0.58	5	8	5	18	0.045	Oct-13
76856	*Ultrasound, pelvic (nonobstetric), real time with image documentation; complete*	0.69	5	10	5	20	0.047	Oct-13
76857	*Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)*	0.50	5	7	5	17	0.039	Oct-13
76641	*Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete*	0.73	5	12	5	22	0.042	Jan-14
76642	*Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited*	0.68	5	10	5	20	0.046	Jan-14
76645	*Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation*	0.54				17		CMS/Other

CPT Code: 76641, 76642
Specialty Society('s) ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

Global Period: XXX Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology convened a consensus panel to finalize the practice expense data for CPT codes 76641 and 76642.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The basis for the two new CPT codes, 76641 and 76642, is existing code 76645 *(Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation)*, which is used as the reference code. CPT codes 76700 *(complete abdominal ultrasound)* and 76705 *(limited abdominal ultrasound)* were both recently reviewed and approved at the October 2013 RUC meeting, and are included as references to demonstrate consistency across the ultrasound family.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare and position patient/ monitor patient/ set up IV –** Requesting 3 minutes, 1 minute more than the standard of 2 minutes, for the "complete" ultrasound code, which involves the study of all four breast quadrants and the retroareolar region. The additional minute is required to accommodate the varied positioning, and includes ensuring the proper positioning of the technologists, the technologist's chair, the machine itself and the necessary probes.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare and position patient/ monitor patient/ set up IV –** for the complete breast ultrasound, 3 minutes, only 1 minute more than for limited breast ultrasound, is necessary for additional positioning of the patient.
- The total 2 minutes previously allotted for all 3 tasks listed below is insufficient. The recommended total 5 minutes for 76641 and 4 minutes for 76642 are clinically necessary, and parallel the RUC-approved US codes, 76700 and 76705.
    - **Technologist QC's images in PACS, checking for all images, reformats, and dose page**
    - **Review examination with interpreting MD**

  - **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**
- **ultrasound transmission gel (SJ062)** - The complete breast ultrasound procedure, 76641, requires at least twice as much gel as the limited breast ultrasound procedure, 76642.
- **Disinfectant spray (Transeptic) (SM012)** – 10 ml clinically necessary. .
- **Sanitizing cloth-wipe (SM022)** – 2 clinically necessary.
- **Pillowcase (SB037)** – 1 clinically necessary.
- **Room, ultrasound, general (EL015) –** Room time is determined by the time that the room is unavailable for other patients. In the case of ultrasound studies, especially breast ultrasound, the same technologist is engaged throughout the patient encounter and all service period activities occur in the ultrasound room itself. For example, the technologist has generally entered patient identifier information into the machine before the patient is greeted. Then, during the greeting period, the technologist is interviewing the patient and entering data concurrently and directly into the machine. After the study, the processing of images, confirming measurements and summarizing findings for the radiologist occurs directly on the machine itself. Studies may also be reviewed with the radiologist on the machine.
- **Film alternator (ER029) –** Clinically necessary equipment. Times parallel the RUC-approved US codes, 76700 and 76705.
- **Film processor, dry, laser (ED024) -** Clinically necessary equipment. Times parallel the RUC-approved US codes, 76700 and 76705.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	G	I	K
1	**REVISED AT RUC 1/29/14**			**REF CODE**	**REF CODE**	**REF CODE**		
2	**Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76700**	**76705**	**76645**	**76641**	**76642**
3	**Meeting Date: January 2014 Tab: 13 Specialty: ACR**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete **(Oct 2013 RUC)**	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) **(Oct 2013 RUC)**	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **(CMS Refined)**	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete **(Jan 2014 RUC)**	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited **(Jan 2014 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**	**L050B**	**DMS**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L050B**	**DMS**	**43.0**	**33.0**	**34.0**	**37.0**	**30.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4.0**	**4.0**	**5.0**	**4.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**39.0**	**29.0**	**29.0**	**33.0**	**26.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L050B	DMS	**2**	**2**		**2**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L050B	DMS	**2**	**2**		**2**	**2**
19	*Other Clinical Activity - *specify:*							
20	- Pull and hang all related prior imaging studies and hang for MD review	L050B	DMS			**5**		
21	**End: When patient enters office/facility for surgery/procedure**							
22	**SERVICE PERIOD**							
23	**Start: When patient enters office/facility for surgery/procedure:**							
24	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	**3**	**3**	**3**	**3**	**3**
25	Obtain vital signs							
26	Provide pre-service education/obtain consent	L050B	DMS			**2**	**2**	**2**
27	Prepare room, equipment, supplies	L050B	DMS	**2**	**2**	**2**	**2**	**2**
28	Setup scope (non facility setting only)							
29	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	**3**	**2**	**2**	**3**	**2**
30	Sedate/apply anesthesia							
31	*Other Clinical Activity - specify:							
32	**Intra-service**							
33	Acquire images	L050B	DMS	**23**	**15**	**15**	**15**	**10**
34	**Post-Service**							
35	Monitor pt. following moderate sedation							
36	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation							
37	Clean room/equipment by physician staff	L050B	DMS	**3**	**3**	**3**	**3**	**3**
38	Clean Scope							
39	Clean Surgical Instrument Package							
40	Complete diagnostic forms, lab & X-ray requisitions							
41	Review/read X-ray, lab, and pathology reports							
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
43	*Other Clinical Activity - *specify:*							
44	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	L050B	DMS			**2**		
45	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050B	DMS	**2**	**1**		**2**	**1**
46	Review examination with interpreting MD	L050B	DMS	**2**	**2**		**2**	**2**
47	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L050B	DMS	**1**	**1**		**1**	**1**
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
51	**End: Patient leaves office**							
52	**POST-SERVICE Period**							

	A	B	C	D	E	G	I	K
1	REVISED AT RUC 1/29/14			REF CODE	REF CODE	REF CODE		
2	~~Please note: If a supply has a purchase price of $100~~ or more please bold the item name and CMS code.			76700	76705	76645	76641	76642
3	**Meeting Date: January 2014 Tab: 13 Specialty: ACR**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete (Oct 2013 RUC)	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) (Oct 2013 RUC)	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation (CMS Refined)	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete (Jan 2014 RUC)	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited (Jan 2014 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**	**L050B**	**DMS**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
65	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**1**	**1**	**1**	**1**
66	gloves, non-sterile	SB022	pair	**2**	**2**	**2**	**2**	**2**
67	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**
68	paper, exam table	SB036	foot	**7**	**7**	**7**	**7**	**7**
69	underpad 2ft x 3ft (Chux)	SB044	item	**1**	**1**	**1**	**1**	**1**
70	ultrasound transmission gel	SJ062	ml	**60**	**60**	**60**	**~~120~~ 90**	**60**
71	x-ray envelope	SK091	item			**1**		
72	film, x-ray, laser print	SK098	item			**1**	**1**	**1**
73	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			**0.33**		
74	sanitizing cloth-wipe (patient)	SM021	item	**2**	**2**	**2**	**2**	**2**
75	disinfectant spray (Transeptic)	SM012	ml	**10**	**10**		**10**	**10**
76	film, x-ray 14in x 17in	SK034	item	**3**	**2**		**3**	**2**
77	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**	**2**		**3**	**2**
78	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**		**2**	**2**
79	pillow case	SB037	item	**1**	**1**		**1**	**1**
80	x-ray developer solution	SK089	oz	**1**	**1**		**1**	**1**
81	video tape, VHS	SK086	item	**1**	**1**		**1**	**1**
82	**EQUIPMENT**	**CODE**						
83	room, ultrasound, general	EL015		**33**	**23**	**29**	**27**	**20**
84	film alternator (motorized film viewbox)	ER029		**10**	**10**	**2**	**10**	**10**
85	film processor, dry, laser	ED024		**5**	**5**	**2**	**5**	**5**

	A	B	C	D	E	G	I	K
1	REVISED AT RUC 1/29/14			REF CODE	REF CODE	REF CODE		
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			76700	76705	76645	76641	76642
3	**Meeting Date: January 2014 Tab: 13 Specialty: ACR**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete (Oct 2013 RUC)	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) (Oct 2013 RUC)	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation (CMS Refined)	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete (Jan 2014 RUC)	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited (Jan 2014 RUC)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**	**L050B**	**DMS**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L050B**	**DMS**	**43.0**	**33.0**	**34.0**	**37.0**	**35.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4.0**	**4.0**	**5.0**	**4.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**39.0**	**29.0**	**29.0**	**33.0**	**31.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L050B	DMS	**2**	**2**		**2**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L050B	DMS	**2**	**2**		**2**	**2**
19	*Other Clinical Activity - *specify:*							
20	- Pull and hang all related prior imaging studies and hang for MD review	L050B	DMS			**5**		
21	**End: When patient enters office/facility for surgery/procedure**							
22	**SERVICE PERIOD**							
23	**Start: When patient enters office/facility for surgery/procedure:**							
24	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	**3**	**3**	**3**	**3**	**3**
25	Obtain vital signs							
26	Provide pre-service education/obtain consent	L050B	DMS			**2**	**2**	**2**
27	Prepare room, equipment, supplies	L050B	DMS	**2**	**2**	**2**	**2**	**2**
28	Setup scope (non facility setting only)							
29	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	**3**	**2**	**2**	**3**	**2**
30	Sedate/apply anesthesia							
31	*Other Clinical Activity - specify:							
32	**Intra-service**							
33	Acquire images	L050B	DMS	**23**	**15**	**15**	**15**	**15**
34	**Post-Service**							
35	Monitor pt. following moderate sedation							
36	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation							
37	Clean room/equipment by physician staff	L050B	DMS	**3**	**3**	**3**	**3**	**3**
38	Clean Scope							
39	Clean Surgical Instrument Package							
40	Complete diagnostic forms, lab & X-ray requisitions							
41	Review/read X-ray, lab, and pathology reports							
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
43	*Other Clinical Activity - *specify:*							
44	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	L050B	DMS			**2**		
45	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050B	DMS	**2**	**1**		**2**	**1**
46	Review examination with interpreting MD	L050B	DMS	**2**	**2**		**2**	**2**
47	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L050B	DMS	**1**	**1**		**1**	**1**
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
51	**End: Patient leaves office**							
52	**POST-SERVICE Period**							

	A	B	C	D	E	G	I	K
1	REVISED AT RUC 1/29/14			REF CODE	REF CODE	REF CODE		
2	**Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76700**	**76705**	**76645**	**76641**	**76642**
3	**Meeting Date: January 2014 Tab: 13 Specialty: ACR**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete **(Oct 2013 RUC)**	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) **(Oct 2013 RUC)**	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **(CMS Refined)**	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete **(Jan 2014 RUC)**	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited **(Jan 2014 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**	**L050B**	**DMS**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
65	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**1**	**1**	**1**	**1**
66	gloves, non-sterile	SB022	pair	**2**	**2**	**2**	**2**	**2**
67	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**
68	paper, exam table	SB036	foot	**7**	**7**	**7**	**7**	**7**
69	underpad 2ft x 3ft (Chux)	SB044	item	**1**	**1**	**1**	**1**	**1**
70	ultrasound transmission gel	SJ062	ml	**60**	**60**	**60**	**~~120~~ 90**	**60**
71	x-ray envelope	SK091	item			**1**		
72	film, x-ray, laser print	SK098	item			**1**	**1**	**1**
73	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			**0.33**		
74	sanitizing cloth-wipe (patient)	SM021	item	**2**	**2**	**2**	**2**	**2**
75	disinfectant spray (Transeptic)	SM012	ml	**10**	**10**		**10**	**10**
76	film, x-ray 14in x 17in	SK034	item	**3**	**2**		**3**	**2**
77	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**	**2**		**3**	**2**
78	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**		**2**	**2**
79	pillow case	SB037	item	**1**	**1**		**1**	**1**
80	x-ray developer solution	SK089	oz	**1**	**1**		**1**	**1**
81	video tape, VHS	SK086	item	**1**	**1**		**1**	**1**
82	**EQUIPMENT**	**CODE**						
83	room, ultrasound, general	EL015		**33**	**23**	**29**	**30**	**28**
84	film alternator (motorized film viewbox)	ER029		**10**	**10**	**2**	**10**	**10**
85	film processor, dry, laser	ED024		**5**	**5**	**2**	**5**	**5**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Breast Tomosynthesis

In February 2014, the CPT Editorial Panel created three new codes to describe breast tomosynthesis. Breast tomosynthesis is a digital tomographic technique performed using multiple low-dose x-ray exposures that are obtained as the X-ray tube swings in an arc around the compressed breast. The resulting image data is reconstructed using standard computer algorithms to produce a series of sequential stacked slices through the breast. This type of tomographic imaging allows the physician to view the breast as thin discrete image slices on a computer workstation.

77061 ***Digital breast tomosynthesis; unilateral***
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.70 for CPT code 77061 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes of pre-service, 7 minutes of intra-service and 4 minutes of post-service time. The RUC compared this to the key reference service 77055 *Mammography; unilateral* (work RVU = 0.70) and noted that both services require the same intra-service time to complete and should be valued the same. For additional support the RUC also referenced MPC code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and similar service 76830 *Ultrasound, transvaginal* (work RVU = 0.69). **The RUC recommends a work RVU of 0.70 for CPT code 77061.**

77062 ***Digital breast tomosynthesis; bilateral***
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.90 for CPT code 77062 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes of pre-service, 10 minutes of intra-service and 4 minutes of post-service time. The RUC compared this to the key reference service 77056 *Mammography; bilateral* (work RVU = 0.87) and noted that both services require similar physician work and time. For additional support, the RUC also referenced MPC code 76805 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU = 0.99) and similar service 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends a work RVU of 0.90 for CPT code 77062.**

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77063 ***Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 32 radiologists and determined that the survey 25th percentile work RVU of 0.60 for CPT code 77063 appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes of intra-service time. The RUC compared this to the key reference service 76810 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU = 0.98) and noted that the key reference service requires more than double the time to perform than CPT code 77063 and is appropriately valued higher. For additional support the RUC also referenced MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80) and 64484 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.00), which has a higher RVU but a comparable time of 10 minutes. Lastly the RUC referenced similar service 78020 *Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)* (work RVU = 0.60). **The RUC recommends a work RVU of 0.60 for CPT code 77063.**

77055, 77056, 77057, G0202, G0204 and G0206
The RUC noted that screening mammography and diagnostic mammography CPT and G-codes appeared on the LOI for the specialty society to survey and questioned why these services were not surveyed together. The specialty indicated that they did not survey these services for the April 2014 RUC meeting because they believed it important to have the screening and diagnostic mammography CPT codes on the reference service list for the new breast tomosynthesis codes. Additionally, the specialty society indicated that they wanted to wait until the Proposed Rule for MFS for 2015 is published, to see what CMS proposes for these services. It is possible that the G codes, which describe full field digital mammography (diagnostic and screening), will be impacted by the RUC recommended changes to convert the direct practice expense items for film to digital for the existing analog screening and diagnostic mammography codes (77055, 77056 and 77057) and both these CPT codes and the G codes may describe the same services and direct practice expense inputs. **The RUC requests the specialty society submit an action plan for the September 2014 Relativity Assessment meeting to address what CMS indicates in the CY2015 Proposed Rule regarding these services.**

New Technology
The RUC recommends that codes 77061, 77062 and 77063 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs as accepted by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Diagnostic Radiology (Diagnostic Imaging)** **Other Procedures**				
76376		*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; not requiring image post-processing on an independent workstation* (*Use 76376 in conjunction with code[s] for base imaging procedure[s])* (Do not report 76376 in conjunction with 31627, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 77061, 77062, 77063, 78012-78999, 0159T)		
76377		*requiring image post-processing on an independent workstation* *(Use 76377 in conjunction with code[s] for base imaging procedure[s])* (Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76376, 77061, 77062, 77063, 78012-78999, 0159T)		
Breast, Mammography				
77055	HHI	Mammography; unilateral	XXX	Specialty Society did not survey – Action Plan Sept 2014

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77056	HH2	bilateral (Do not report 77055, 77056 in conjunction with 77063)	XXX	Specialty Society did not survey – Action Plan Sept 2014
77057	HH3	Screening mammography, bilateral (2-view film study of each breast) (Use 77057 in conjunction with 77052 for computer-aided detection applied to a screening mammogram) (Do not report 77057 in conjunction with 77061, 77062)	XXX	Specialty Society did not survey – Action Plan Sept 2014
●77061	HH4	Digital breast tomosynthesis; unilateral	XXX	0.70
●77062	HH5	bilateral (Do not report 77061, 77062 in conjunction with 76376, 76377, 77057)	XXX	0.90
●✚77063	HH6	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) (Use 77063 in conjunction with 77057) (Do not report 77063 in conjunction with 76376, 76377, 77055 and 77056)	ZZZ	0.60
G0202	HH7	Screening mammography, producing direct digital image, bilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014

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G0204	HH8	Diagnostic mammography, producing direct digital image, bilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014
G0206	HH9	Diagnostic mammography, producing direct digital image, unilateral, all views	XXX	Specialty Society did not survey – Action Plan Sept 2014

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April 1, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Screening and Diagnostic Mammography

Dear Dr. Levy,

The CPT Editorial Panel (EP) created three new codes to describe Digital Breast Tomosynthesis (DBT) at the February 2014 Panel Meeting. The CPT EP added parenthetical language to the mammography codes 77055-77057 to indicate that 77055 *(Mammography; unilateral)* and 77056 *(Mammography; bilateral)* should not be reported with 7705XX3 *(Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure))* and that 77057 *(Screening mammography, bilateral (2-view film study of each breast))* should not be reported with 7705XX1 *(Digital breast tomosynthesis; unilateral)* or 7705XX2 *(Digital breast tomosynthesis; bilateral)*. The April 2014 RUC LOI expanded the family of DBT to include the screening and diagnostic mammography codes, 77055-77057 and G0202-G0204.

The ACR has elected not to expand the DBT family and has opted to survey only the new DBT codes for the April 2014 RUC meeting for the following reasons:

1. Surveying mammography along with DBT would preclude an accurate valuation of DBT. Almost the entirety of breast imaging and intervention codes has been surveyed during the past 12 months, including breast interventions, breast ultrasound, and now DBT. Accordingly, the only breast radiology comparison study available for DBT is mammography. To also survey the mammography codes at this time would limit the codes for comparison by our survey respondents. This is the reason we included the mammography codes in the RSL for DBT to ensure a fair and proper valuation.

2. The ACR considers the changes made by the CPT EP to the mammography codes editorial in nature. The changes to the mammography codes consisted only of exclusionary parentheticals and were not changes to the code descriptors. These exclusionary parentheticals were only added to assure that screening and diagnostic studies remained separate and were not mixed.

3. DBT and mammography involve different technology, different work, different practice expense, and often different patients. DBT is a new technology so the data regarding utilization, site of service, and specialty remain to be seen. The relative benefit of DBT among different patient populations based on both risk factors for breast

cancer and factors such as breast density that affect the sensitivity of mammography has not been fully determined. Investigation of the most beneficial utilization of DBT (in addition to or instead of other breast imaging examinations including mammography, MRI, nuclear medicine studies, and ultrasound) is ongoing. To include DBT as simply part of the mammography code family is premature and may eventually prove to be inaccurate.

DBT is new technology and we plan to re-review the DBT family in three years per the conventional RAW schedule for the re-review of new technologies. For the reasons cited above, the ACR is justified in not expanding the DBT family to include diagnostic and screening mammography.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,



Ezequiel Silva, III, MD
ACR RUC Advisor

cc: Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77061 Tracking Number HH4 Original Specialty Recommended RVU: **0.89**
Presented Recommended RVU: **0.89**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Digital breast tomosynthesis; unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old asymptomatic female recalled from a screening mammogram for a unilateral focal asymmetry presents for further evaluation with digital breast tomosynthesis.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review prior exams with attention to area of concern on previous screening mammograms.

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images of that side are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning, or artifacts. View the DBT images of that side to determine if the DBT resolves the focal asymmetry seen previously as overlapping breast tissue, or if an abnormality persists that requires further attention. Evaluate the remainder of the DBT image data set to determine if there are any additional suspicious findings. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference. Formulate recommendations.

Description of Post-Service Work: Discuss results with patient. If DBT resolved the issue for which the patient was recalled from screening, explain findings and provide reassurance. Encourage continued monthly self-exam and regular screening mammography in absence of any breast symptoms. If DBT demonstrates need for additional work-up such as ultrasound, explain to patient. Dictate exam report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD				
Specialty(s):	American College of Radiology				
CPT Code:	77061				
Sample Size:	750	**Resp N:**	32	**Response:** 4.2 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	80.00	**150.00**	500.00	8000.00
Survey RVW:	0.22	0.70	**0.89**	1.00	1.75
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	4.00	**7.00**	9.00	30.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77061	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77055	XXX	0.70	**RUC Time**

CPT Descriptor Mammography; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77061**	**Key Reference CPT Code:** 77055	**Source of Time** RUC Time
Median Pre-Service Time	3.00	4.50	

Median Intra-Service Time	7.00	7.00
Median Immediate Post-service Time	4.00	8.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**14.00**	**19.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.25
Urgency of medical decision making	3.50	3.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.67	3.42
Physical effort required	3.17	3.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.00
Outcome depends on the skill and judgment of physician	3.42	3.33
Estimated risk of malpractice suit with poor outcome	4.33	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.08	2.58
Intra-Service intensity/complexity	3.75	3.25
Post-Service intensity/complexity	3.33	2.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 7705XX3 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure)*.

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Work Recommendation
The society recommends the median work RVU of 0.89 RVUs

Service Period Time Recommendations:
The society recommends the median service period times of 3 minutes pre-service, 7 minutes intra-service and 4 minutes post-service.

Key Reference Service:
The KRS for 77061 is 77055 *(Mammography; unilateral)*. These services compare favorably as both 77061 and 77055 involve diagnostic imaging of the unilateral breast and have the same intra-service time of 7 minutes. 77055 has longer pre and post time. The survey respondents rated 77061 higher than 77055 on 11 of 11 complexity measurements. Our expert panel also agrees that 77061 is a more intense procedure for the following reasons: Each series of images from a DBT study is viewed multiple times,

with the reader focusing on one section of the breast at a time. Potential abnormalities identified on standard mammography are examined on the DBT slices to determine if there is a persistent, suspicious finding. In addition, the remainder of the breast must be surveyed for underlying abnormalities that are not identifiable on standard mammography. Once a suspicious finding is confirmed, it is then localized in three dimensions using DBT, which permits identification of a finding in a the sagittalplane on the CC slices and in the axial plane on MLO, medial lateral, and lateral medial images, unlike standard mammography.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously:

Code	Descriptor	RV U	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0. 0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 207000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 207,000 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 197400 Percentage 95.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 69,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 69,000 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0206.

Specialty Diagnostic Radiology Frequency 65800 Percentage 95.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77062 Tracking Number HH5 Original Specialty Recommended RVU: **0.99**
Presented Recommended RVU: **0.99**
Global Period: XXX RUC Recommended RVU: **0.90**

CPT Descriptor: Digital breast tomosynthesis; bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 53-year-old asymptomatic female recalled from a screening mammogram for bilateral focal asymmetries presents for further evaluation with bilateral digital breast tomosynthesis.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review prior exams with attention to bilateral areas of concern on previous screening mammograms.

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images of both sides are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning, or artifacts. View the DBT images of both sides to determine if the DBT resolves the focal asymmetries seen bilaterally as overlapping breast tissue, or if an abnormality persists on either side that requires further attention. Evaluate the remainder of the DBT image data sets to determine if there are any additional suspicious findings. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference. Formulate recommendations.

Description of Post-Service Work: Discuss results with patient. If DBT resolved the issues for which the patient was recalled from screening, explain findings and provide reassurance. Encourage continued monthly self-exam and regular screening mammography in absence of any breast symptoms. If DBT demonstrates need for additional work-up such as ultrasound on either side, explain to patient. Dictate exam report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD		
Specialty(s):	American College of Radiology		
CPT Code:	77062		
Sample Size:	750	**Resp N:** 32	**Response:** 4.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	71.00	**113.00**	525.00	10000.00
Survey RVW:	0.27	0.90	**0.99**	1.20	3.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	7.00	**10.00**	11.00	35.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77062	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77056	XXX	0.87	**RUC Time**

CPT Descriptor Mammography; bilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77062**	**Key Reference CPT Code:** 77056	**Source of Time RUC Time**
Median Pre-Service Time	3.00	5.00	

Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	4.00	8.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**17.00**	**23.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	2.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	2.92
Urgency of medical decision making	3.42	2.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.92	3.33
Physical effort required	3.25	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.58	3.08
Outcome depends on the skill and judgment of physician	3.58	2.75
Estimated risk of malpractice suit with poor outcome	4.25	4.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.42	2.50
Intra-Service intensity/complexity	4.00	3.25
Post-Service intensity/complexity	3.42	2.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 77063 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure)*.

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Service Period Time Recommendations:
The society recommends the median service period times of 3 minutes pre-service, 10 minutes intra-service and 4 minutes post-service.

Key Reference Service:
The KRS for 77062 is 77056 *(Mammography; bilateral)*. These services compare favorably, as both 77062 and 77056 involve diagnostic imaging of the bilateral breasts and have the same intra-service time of 10 minutes. 77056 has longer pre and post time. The survey respondents rated 77062 higher than 77056 on 11 of 11 complexity measurements. Our expert panel also agrees that 77062 is a more intense procedure for the following reasons: As with unilateral diagnostic DBT, every series of images must be viewed multiple times and data from each set must be correlated with other images from the same breast. Each breast must be evaluated independently.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously: With bilateral DBT, each breast is viewed separately and evaluated independently of the other. One must also sustain concentration to avoid overlooking abnormalities in the contralateral breast once one has reached satisfaction of search by identifying a single abnormality in one breast.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0. 0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 160200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 160,200 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 152550 Percentage 95.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 53,400 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 53.400 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0204.

Specialty Diagnostic Radiology Frequency 50850 Percentage 95.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77063 Tracking Number HH6 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old asymptomatic female with heterogeneously dense breasts seen on prior mammograms, presents for her regular screening mammogram.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Determine whether the digital breast tomosynthesis (DBT) images on both sides are of adequate quality for interpretation or whether any of the data sets require repeating due to motion, inadequate positioning or artifacts. View the DBT images on both sides to determine if there are any additional suspicious findings. Compare to the conventional mammogram. If the conventional mammographic images showed an abnormality for which recall is contemplated, determine if the DBT images can obviate the need for this recall. Determine the significance of abnormal findings and formulate recommendations. Perform annotation of DBT images and perform secondary screen capture of selected images to indicate findings of concern for future reference.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Mark Alson, MD; Dana Smetherman, MD		
Specialty(s):	American College of Radiology		
CPT Code:	77063		
Sample Size:	750	**Resp N:** 32	**Response:** 4.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	50.00	100.00	**500.00**	2250.00	25000.00
Survey RVW:	0.27	0.60	**0.90**	1.13	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**8.00**	9.00	20.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77063	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76810	ZZZ	0.98	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	435,407

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 43.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77063**	**Key Reference CPT Code: 76810**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	8.00	20.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**8.00**	**20.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.57 / 3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43 / 3.21
Urgency of medical decision making	3.36 / 3.21
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.14 / 3.71
Physical effort required	2.79 / 2.57
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.93 / 3.71
Outcome depends on the skill and judgment of physician	4.64 / 4.14
Estimated risk of malpractice suit with poor outcome	4.71 / 4.29

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.79	2.00
Intra-Service intensity/complexity	4.07	3.36

Post-Service intensity/complexity	2.14	2.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
The CPT Editorial Panel created three new codes to describe digital breast tomosynthesis (DBT). The code structure is as follows:

Code	Descriptor	Global Period
77061	Digital breast tomosynthesis; unilateral	XXX
77062	Digital breast tomosynthesis; bilateral	XXX
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	ZZZ

The codes are structured as follows:

77061 describes a unilateral diagnostic DBT and 77062 describes a bilateral diagnostic DBT. Both of these codes have an XXX global period. While these two diagnostic codes may be reported with a diagnostic mammogram (77055, 77056, G0204 or G0206), CPT precludes the billing of 77061 or 77062 with a screening mammogram (77057, G0202).

77063 is a ZZZ add-on code which describes a screening DBT and will always be reported with a screening mammogram (77057 or G0202). A screening mammogram would not, however, always include a concomitant DBT. CPT language precludes the billing of 77063 with the diagnostic mammography codes (77055, 77056, G0204 or G0206).

DBT is a screening and diagnostic modality that involves a digital tomographic technique performed using multiple small x-ray exposures that are obtained as the x-ray tube swings in an arc around the compressed breast. The images are then reconstructed to produce a series of sequential thin (usually 1mm thick) slices through the breast. This type of tomographic imaging allows the physician to view the breast as discrete image slices on a computer workstation.

DBT is a new technology currently reported with unlisted code 76499 *(Unlisted diagnostic radiographic procedure)*.

Survey Process
The American College of Radiology performed a random survey of its members and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes. Our recommendations place DBT higher in relativity than the other codes in the breast imaging family. DBT involves a significant increase in work compared to standard mammography. DBT images are acquired in the same projections as mammography (cranio-caudal or CC, mediolateral oblique or MLO, and medial – lateral or lateral - medial). The number of DBT images varies with breast size. If the thickness of the compressed breast is 5 cm, for example, a bilateral DBT will produce 200 images to review (50 images in each of the four projections – right CC, right MLO, left CC, and left MLO). DBT is used to confirm the presence of, and further characterize, asymmetries identified on standard mammography. DBT can also reveal an abnormality that is obscured by overlying tissue on the standard mammogram. In addition, DBT images allow three dimensional localization of abnormalities, which then requires further correlation with DBT images in different projections. Finally, DBT does not completely obviate the need for standard mammography, as DBT does not have the capability to perform magnification imaging, which is necessary for optimal characterization of microcalcifications.

Intra-service Time Recommendations:
77063 is a ZZZ code which is always reported with a screening mammogram. The pre and post service activities are captured by the screening mammography code. The society recommends the median intra-service period time of 8 minutes.

Key Reference Service:

The KRS for 77063 is 76810 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))*. 76810 has longer intra-service period time. The survey respondents rated 77063 higher than 76810 on 9 of 11 complexity measurements. Our expert panel also agrees that 77063 is a more intense procedure for the following reasons: Transabdominal imaging of a fetus after the first trimester involves review of a more limited number of images than bilateral screening DBT. With screening DBT, one must view the entirety of both breasts, correlate with both the standard mammogram images and the DBT slices, and maintain attention to identify findings that may indicate the presence of breast cancer in a screening population, where the incidence of the disease is expected to be approximately 2- 10/1000.

Comparison to other breast imaging XXX codes:
Our recommendation maintains relativity within the larger family of diagnostic breast imaging codes. DBT is of greater intensity than the other codes in the diagnostic imaging family for the clinical reasons detailed previously: Screening bilateral DBT is more intense than unilateral diagnostic DBT because a significantly greater amount of information must be reviewed. In addition, concentration must be sustained to prevent errors of omission caused by overlooking potential abnormalities.

Code	Descriptor	RV U	Pre	Intra	Post	Total	IWPUT	RUC Meeting	Global Period
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	0.68	5	10	5	20	0.0456	Jan 2014	XXX
77055	Mammography; unilateral	0.70	4.5	7	8	19.5	0.0600	Aug 2000	XXX
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	0.70	4.5	7	8	19.5	0.0600	CMS/Other	XXX
77057	Screening mammography, bilateral (2-view film study of each breast)	0.70	2	5	5	12	0.1086	Apr 2002	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	0.70	2	5	5	12	0.1086	CMS/Other	XXX
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	5	12	5	22	0.0422	Jan 2014	XXX
77056	Mammography; bilateral	0.87	5	10	8	23	0.0579	Aug 2000	XXX
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	0.87	5	10	8	23	0.0579	CMS/Other	XXX

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 7705XX3 is an add-on code and can be reported with 77057.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76499

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1358400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 1,358,400 nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1279900 Percentage 94.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 452,800 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is estimated to be provided 452,800 times to Medicare patients nationally in a one-year period. This estimate is based off of the ratio of DBT-compatible machines to mammography machines and extrapolated to the 2012 Medicare utilization for G0202.

Specialty Diagnostic Radiology Frequency 426600 Percentage 94.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77056

SS Rec Summary

ISSUE: Breast Tomosynthesis

TAB: 19

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	77055	Mammograph	12	0.060			0.70			19.5	4.5					7			8					
CMS/Other	76499	Unlisted diagnostic		#DIV/0!			0.00			0														
SVY	77061	Digital breast	32	0.105	0.22	0.70	0.89	1.00	1.75	14	3			2	4	7	9	30	4	0	80	150	500	8000
REC				0.078			0.70			14	3					7			4					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	77056	Mammograph	12	0.058			0.87			23	5					10			8					
CMS/Other	76499	Unlisted diagnostic		#DIV/0!						0														
SVY	77062	Digital breast	32	0.083	0.27	0.90	0.99	1.20	3.50	17	3			3	7	10	11	35	4	5	71	113	525	10000
REC				0.074			0.90			17	3					10			4					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	76810	Ultrasound, pr	14	0.049			0.98			20						20								
CMS/Other	76499	Unlisted diagnostic		#DIV/0!						0														
SVY	77063	Screening dig	32	0.113	0.27	0.60	0.90	1.13	3.50	8				1	5	8	9	20		50	100	500	2250	25000
REC				0.075			0.60			8						8								

CPT Code: 77061, 77062
Specialty Society('s) ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology convened a consensus panel to finalize the practice expense data for CPT codes 77061 and 77062.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The existing codes, 77055 *(Mammography; unilateral)* and 77056 *(Mammography; bilateral)* are being used as the basis for the digital breast tomosynthesis recommended PE inputs. These inputs were approved by the Practice Expense Advisory Committee in 2003. The digital mammography codes, G0204-G0206, do not have PE inputs listed in the RUC database for use as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist** – Clinically appropriate.
- **Review examination with interpreting MD -** Clinically appropriate - the larger volume of tomosynthesis images requires more time for technologist and physician to review the images
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**–Clinically appropriate
- **Room, digital breast tomosynthesis** – Clinically necessary. This room will include the necessary tomosynthesis system, workstations, and other equipment.
- **PACs storage cache**- Clinically necessary.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
- Accompany MD for discussion of results

Post-Service Clinical Labor Activities:

- Federally mandated MQSA activities allocated to each mammogram

CPT Code: 77063
Specialty Society('s) ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology convened a consensus panel to finalize the practice expense data for CPT codes 7705XX3.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Existing code 77057 *(Screening mammography, bilateral)* is being used as the basis for the digital breast tomosynthesis recommended PE inputs. These inputs were approved by the Practice Expense Advisory Committee in 2003. The digital screening mammography code, G0202, does not have PE inputs listed in the RUC database for use as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Room, digital breast tomosynthesis** – Clinically necessary. This room will include the necessary tomosynthesis system, workstations, and other equipment.
- **PACs storage cache**- Clinically necessary.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Provide pre-service education/obtain consent
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Technologist QC's images in PACS, checking for all images, reformats, and dose page

Post-Service Clinical Labor Activities:

- Federally mandated MQSA activities allocated to each mammogram

	A	B	C	D	E	F	G	H	I
1	REVISED AT RUC 4/23/14			REFERENCE CODE	REFERENCE CODE		REFERENCE CODE		
2	more please bold the item name and CMS code.			77055	77061	77056	77062	77057	77063
3	Meeting Date: April 2014 Tab: 19 Specialty: ACR	CMS Code	Staff Type	Mammography; unilateral (RUC DB)	Digital breast tomosynthesis; unilateral (April 2014 RUC)	Mammography; bilateral (RUC DB)	Digital breast tomosynthesis; bilateral (April 2014 RUC)	Screening mammography, bilateral (2-view film study of each breast) (RUC DB)	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) (April 2014 RUC)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	ZZZ
6	TOTAL CLINICAL LABOR TIME	L043A	Mammo Tech	42.0	38.0	51.0	42.0	32.0	12.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	5.0	7.0	5.0	2.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L043A	Mammo Tech	28.0	29.0	37.0	33.0	23.0	12.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	4.0	7.0	4.0	7.0	0.0
10	PRE-SERVICE								
11	Start: Following visit when decision for surgery or procedure made								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Availability of prior images confirmed	L043A	Mammo Tech	5	2	5	2	2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	2	3	2	3		
19	*Other Clinical Activity - *specify:*								
20	End: When patient enters office/facility for surgery/procedure								
21	SERVICE PERIOD								
22	Start: When patient enters office/facility for surgery/procedure:								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	3	3	3	3	3	
24	Obtain vital signs								
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	2	2	2	2	2	2
26	Prepare room, equipment, supplies	L043A	Mammo Tech	2	2	2	2	2	
27	Setup scope (non facility setting only)								
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	1	1	2	2	2	2
29	Sedate/apply anesthesia								
30	*Other Clinical Activity - specify:								
31	Intra-service								
32	Acquire images	L043A	Mammo Tech	10	10	13	13	6	6
33	Post-Service								
34	Monitor pt. following moderate sedation								
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
36	Clean room/equipment by physician staff	L043A	Mammo Tech	3	3	3	3	3	
37	Clean Scope								
38	Clean Surgical Instrument Package								
39	Complete diagnostic forms, lab & X-ray requisitions								
40	Review/read X-ray, lab, and pathology reports								
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	5	2	10	2	5	2
43	Review examination with interpreting MD	L043A	Mammo Tech		3		3		
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech		1		1		
45	-Accompany MD for discussion of results	L043A	Mammo Tech	2	2	2	2		
46	*Other Clinical Activity - *specify:*								
50	End: Patient leaves office								
51	POST-SERVICE Period								
52	Start: Patient leaves office/facility								
61	*Other Clinical Activity - *specify:*								
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	3		3		3	
63	Federally Mandated MQSA Activities Allocated To Each Mammogram	L043A	Mammo Tech	4	4	4	4	4	0
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*								
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*								
66	*Maintain physician qualifications, outcomes and CME*								
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*								
68	End: with last office visit before end of global period								
69	MEDICAL SUPPLIES**	CODE	UNIT						
70	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1	
71	gloves, non-sterile	SB022	pair	1	1	1	1	1	
72	gown, patient	SB026	item	1	1	1	1	1	
73	towel, professional 13in x 18in	SB043	item	1		1		1	
74	gauze, non-sterile 4in x 4in	SG051	item	2		4		4	
75	patient education booklet	SK062	item	1	1	1	1	1	1
76	skin marking pen, sterile (Skin Skribe)	SK075	item	1		1		1	
77	x-ray envelope	SK091	item	1		1		1	
78	x-ray ID card (flashcard)	SK093	item	3		6		4	
79	film, x-ray, laser print	SK098	item	3	3	6	6	4	4
80	cleaner, x-ray cassette-screen	SM009	oz	0.5	0.5	0.5	0.5	0.5	
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	0.5	0.5	0.5	0.5	0.5	
82	sanitizing cloth-wipe (patient)	SM021	item	1	1	2	2	2	
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	3	3	6	6	6	
84	EQUIPMENT	CODE							
85	room, digital breast tomosynthesis	NEW			21		25		10
86	PACs storage cache	NEW			21		25		10

	A	B	C	D	E	F	G	H
1	REVISED AT RUC 4/23/14			REFERENCE CODE		REFERENCE CODE		REFERENCE COD
2	more please bold the item name and CMS code.			77055	77061	77056	77062	77057
3	Meeting Date: April 2014 Tab: 19 Specialty: ACR	CMS Code	Staff Type	Mammography; unilateral (RUC DB)	Digital breast tomosynthesis; unilateral (April 2014 RUC)	Mammography; bilateral (RUC DB)	Digital breast tomosynthesis; bilateral (April 2014 RUC)	Screening mammography, bilateral (2-view film study of each breast) (RUC DB)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L043A	Mammo Tech	42.0	39.0	51.0	43.0	32.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	6.0	7.0	6.0	2.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L043A	Mammo Tech	28.0	29.0	37.0	33.0	23.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L043A	Mammo Tech	7.0	4.0	7.0	4.0	7.0
10	PRE-SERVICE							
11	Start: Following visit when decision for surgery or procedure made							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L043A	Mammo Tech	5	3	5	3	2
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	2	3	2	3	
19	*Other Clinical Activity - *specify:*							
20	End: When patient enters office/facility for surgery/procedure							
21	SERVICE PERIOD							
22	Start: When patient enters office/facility for surgery/procedure:							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	3	3	3	3	3
24	Obtain vital signs							
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	2	2	2	2	2
26	Prepare room, equipment, supplies	L043A	Mammo Tech	2	2	2	2	2
27	Setup scope (non facility setting only)							
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	1	1	2	2	2
29	Sedate/apply anesthesia							
30	*Other Clinical Activity - specify:							
31	Intra-service							
32	Acquire images	L043A	Mammo Tech	10	10	13	13	6
33	Post-Service							
34	Monitor pt. following moderate sedation							
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
36	Clean room/equipment by physician staff	L043A	Mammo Tech	3	3	3	3	3
37	Clean Scope							
38	Clean Surgical Instrument Package							
39	Complete diagnostic forms, lab & X-ray requisitions							
40	Review/read X-ray, lab, and pathology reports							
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	5	2	10	2	5
43	Review examination with interpreting MD	L043A	Mammo Tech		3		3	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech		1		1	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	2	2	2	2	
46	*Other Clinical Activity - *specify:*							
50	End: Patient leaves office							

	A	B	C	D	E	F	G	H
1	REVISED AT RUC 4/23/14			REFERENCE CODE		REFERENCE CODE		REFERENCE COD
2	more please bold the item name and CMS code.			77055	77061	77056	77062	77057
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Mammography; unilateral (RUC DB)	Digital breast tomosynthesis; unilateral (April 2014 RUC)	Mammography; bilateral (RUC DB)	Digital breast tomosynthesis; bilateral (April 2014 RUC)	Screening mammography, bilateral (2-view film study of each breast) (RUC DB)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
51	**POST-SERVICE Period**							
52	**Start: Patient leaves office/facility**							
61	*Other Clinical Activity - *specify:*							
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	**3**		**3**		**3**
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**4**	**4**	**4**	**4**	**4**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*							
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*							
66	*Maintain physician qualifications, outcomes and CME*							
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*							
68	**End: with last office visit before end of global period**							
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
70	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**
71	gloves, non-sterile	SB022	pair	**1**	**1**	**1**	**1**	**1**
72	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**
73	towel, professional 13in x 18in	SB043	item	**1**		**1**		**1**
74	gauze, non-sterile 4in x 4in	SG051	item	**2**		**4**		**4**
75	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**		**1**
77	x-ray envelope	SK091	item	**1**		**1**		**1**
78	x-ray ID card (flashcard)	SK093	item	**3**		**6**		**4**
79	film, x-ray, laser print	SK098	item	**3**	**3**	**6**	**6**	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
82	sanitizing cloth-wipe (patient)	SM021	item	**1**	**1**	**2**	**2**	**2**
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**	**3**	**6**	**6**	**6**
84	**EQUIPMENT**	**CODE**						
85	room, digital breast tomosynthesis	NEW			**21**		**25**	
86	PACs storage cache	NEW			**21**		**25**	

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RĐE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**16.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**4.0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
12	Complete pre-service diagnostic & referral forms			
13	Coordinate pre-surgery services			
14	Schedule space and equipment in facility			
15	Provide pre-service education/obtain consent			
16	Follow-up phone calls & prescriptions			
17	Availability of prior images confirmed	**L043A**	**Mammo Tech**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	
19	*Other Clinical Activity - *specify:*			
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	
24	Obtain vital signs			
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	**2**
26	Prepare room, equipment, supplies	L043A	Mammo Tech	
27	Setup scope (non facility setting only)			
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	**2**
29	Sedate/apply anesthesia			
30	*Other Clinical Activity - specify:			
31	**Intra-service**			
32	Acquire images	L043A	Mammo Tech	**6**
33	**Post-Service**			
34	Monitor pt. following moderate sedation			
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			
36	Clean room/equipment by physician staff	L043A	Mammo Tech	
37	Clean Scope			
38	Clean Surgical Instrument Package			
39	Complete diagnostic forms, lab & X-ray requisitions			
40	Review/read X-ray, lab, and pathology reports			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	**2**
43	Review examination with interpreting MD	**L043A**	**Mammo Tech**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L043A**	**Mammo Tech**	
45	-Accompany MD for discussion of results	L043A	Mammo Tech	
46	*Other Clinical Activity - *specify:*			
50	**End: Patient leaves office**			

	A	B	C	I
1	**REVISED AT RUC 4/23/14**		**RĐE**	
2	**more please bold the item name and CMS code.**			**77063**
3	**Meeting Date: April 2014** **Tab: 19** **Specialty: ACR**	**CMS Code**	**Staff Type**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(April 2014 RUC)**
4	**LOCATION**			**Non Fac**
5	**GLOBAL PERIOD**			**ZZZ**
51	**POST-SERVICE Period**			
52	**Start: Patient leaves office/facility**			
61	*Other Clinical Activity - *specify:*			
62	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech	
63	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	**L043A**	**Mammo Tech**	**4**
64	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*			
65	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*			
66	*Maintain physician qualifications, outcomes and CME*			
67	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*			
68	**End: with last office visit before end of global period**			
69	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
70	drape, non-sterile, sheet 40in x 60in	SB006	item	
71	gloves, non-sterile	SB022	pair	
72	gown, patient	SB026	item	
73	towel, professional 13in x 18in	SB043	item	
74	gauze, non-sterile 4in x 4in	SG051	item	
75	patient education booklet	SK062	item	**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	
77	x-ray envelope	SK091	item	
78	x-ray ID card (flashcard)	SK093	item	
79	film, x-ray, laser print	SK098	item	**4**
80	cleaner, x-ray cassette-screen	SM009	oz	
81	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	
82	sanitizing cloth-wipe (patient)	SM021	item	
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
84	**EQUIPMENT**	**CODE**		
85	room, digital breast tomosynthesis	NEW		**10**
86	PACs storage cache	NEW		**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

October 2013

Dual Energy X-Ray

For calendar years 2010 and 2011, the Affordable Care Act (ACA) modified the payment for dual X-ray absorptiometry (DXA) services described by 77080 and 77082 to 70 percent of the product of the CY 2006 RVUs for these services, the CY 2006 conversion factor and the geographic adjustment for the relevant payment year. The ACA also allowed for a study to be conducted on the ramifications of Medicare payment reductions for DXA on beneficiary access to bone mass density tests. As of 2011, the study had not been initiated. Therefore, CMS requested that the AMA RUC review CPT codes 77080 and 77082.

The RUC understood that there were duplicate practice expense items that CMS corrected several years ago, which led to a significant reduction in payment. However, Congress reversed this payment reduction. The Congressional correction expired on December 31, 2011. The RUC reviewed the physician work and practice expense for CPT codes 77080 and 77082 in January 2012 and submitted recommendations to CMS for CPT 2013. The RUC recommendations were not to establish the payment but the correct physician work and practice expense required to perform a service.

In October 2012, CPT codes 77082 and 77080 were identified by the Joint CPT/RUC Workgroup, which recommended creating a code bundling solution by the 2015 CPT cycle. In May 2013, the CPT Editorial Panel establish a bundled code to report DXA bone density study of axial skeleton with vertebral fracture assessment; deleted code 77082 and replaced with new code 77086; and added a parenthetical note following 77080 to clarify reporting of DEXA services.

77080 ***Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)***
In October 2013, the RUC reviewed the survey results from 91 physicians and recommends maintaining the current work RVU of 0.20 for CPT code 77080. The survey respondents indicated a work RVU median of 0.27 and 25th percentile of 0.22. The specialty societies indicated and the RUC agreed that the physician work required to perform this service has not changed and therefore there is no compelling evidence to increase the work RVUs for this service. The specialty societies recommended and the RUC agreed that the physician time of 2 minutes pre-time, 5 minutes intra-time and 2 minutes immediate post-time be maintained. The RUC compared CPT code 77080 to key reference service 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22) and noted that the current work RVU for 77080 maintains the appropriate relativity in relation to this family of services and other similar services. For additional support to maintain the current work RVU, the RUC referenced similar service 74020 *Radiologic examination, abdomen; complete, including decubitus and/or erect views* (work RVU = 0.27) and noted that 74020 is more intense to perform than 77080. The RUC noted that 77080 is slightly more intense and complex than 77086 due to the body sites examined and therefore should be valued slightly higher. **The RUC recommends a work RVU of 0.20 for CPT code 77080.**

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77085 ***Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment***

In October 2013, the RUC reviewed the survey results from 90 physicians and recommends the survey 25th percentile work RVU of 0.30 and 3 minutes pre-time, 8 minutes intra-time and 3 minutes immediate post-time for CPT code 77085. CPT code 77085 represents the bundling of DXA axial with a vertebral fracture assessment when performed on the same date of service. The RUC compared CPT code 77085 to key reference service 72052 *Radiologic examination, spine, cervical; 6 or more views* (work RVU = 0.36) and determined that 77085 is less intense and requires less physician work to perform than CPT code 72052. For further support, the RUC referenced MPC code 92081 *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)* (work RVU = 0.30) which requires the same physician work and similar physician time to perform. **The RUC recommends a work RVU of 0.30 for CPT code 77085.**

77086 ***Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)***

In October 2013, the RUC reviewed the survey results from 88 physicians and recommends a work RVU of 0.17 and 2 minutes pre-time, 5 minutes intra-time and 2 minutes immediate post-time, for CPT code 77086. The survey respondents indicated a work RVU median of 0.22 and 25th percentile of 0.18. The specialty societies indicated and the RUC agreed that the physician work required to perform this service has not changed compared to previously described code 77082 *Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment* (work RVU = 0.17). The RUC compared CPT code 77086 to key reference service 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU = 0.22) and noted that a work RVU of 0.17 maintains the appropriate relativity in relation to this family of services and other similar services. For additional support, the RUC referenced similar service 74020 *Radiologic examination, abdomen; complete, including decubitus and/or erect views* (work RVU = 0.27) and noted that 74020 is more intense to perform than 77086.**The RUC recommends a work RVU of 0.17 for CPT code 77086.**

Practice Expense:

The practice expense was recently refined by CMS for CY 2013. However, due to the Migration of Radiologic Images from Film to Digital Workgroup recommendations, lines 12 and 13 were added to specify the pre-service time of the clinical labor staff: 1) Availability of prior electronic images confirmed and 2) Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist. The Practice Expense Subcommittee determined a standard of 2 minutes for each of these line items is appropriate for 77080 and 77086, with 3 minutes allotted for 77085. Secondly, lines 37, 38 and 39 were added to specify clinical labor staff post-service activities: 1) Technologist QC's images in PACS, checking for all images, reformats, and dose page; 2) Review examination with interpreting MD; and 3) Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue. The Practice Expense Subcommittee confirmed that the typical clinical staff for these services is a Radiation Technologist because

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the typical setting is in a diagnostic radiology office. **The RUC accepted the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.**

Work Neutrality:
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77080	F1	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) (Do not report 77080 in conjunction with 77085, 77086)	XXX	0.20 (No Change)
77081	F2	appendicular skeleton (peripheral) (eg, radius, wrist, heel)	XXX	Specialty societies indicated this code is not part of DXA family
D77082		~~vertebral fracture assessment~~ (For dual energy x-ray absorptiometry [DXA] body composition study, use 76499) (77082 has been deleted. To report, use 77086)	XXX	N/A
●77085	F3	axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment (Do not report 77085 in conjunction with 77080, 77086)	XXX	0.30
●77086	F4	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) (Do not report 77086 in conjunction with 77080, 77085)	XXX	0.17

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77080 Tracking Number F1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX RUC Recommended RVU: **0.20**

CPT Descriptor: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

(Do not report 77080 in conjunction with 77085, 77086)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old female had a previous bone density study that demonstrated severe osteoporosis. The patient has been on hormone replacement therapy for two years and a follow-up dual-energy X-ray absorptiometry (DXA) scan is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work:
•Review the order and reason for the examination and any pertinent clinical history, including the patient clinical information sheet.
•Review any prior DXA studies or other relevant studies.

Description of Intra-Service Work:
•Supervise the technologist in acquiring the images.
•Review images to determine levels to be included in bone density calculations.
•Interpret the DXA scan data and compare to established norms.
•Compare the results of the DXA scan to previous studies.
•Compare the reported bone density values to standards based on WHO or other criteria.
•Obtain computerized FRAX score for possible treatment.
•Dictate report.

Description of Post-Service Work:
•Review and sign the final report.
•Communicate results to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Timothy Laing, MD; Scott C. Bartley, MD; Allan Glass, MD				
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American College of Rheumatology, Society of Nuclear Medicine and Molecular Imaging, American College of Nuclear Medicine, The Endocrine Society				
CPT Code:	77080				
Sample Size:	3226	**Resp N:**	91	**Response:** 2.8 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	60.00	**200.00**	500.00	10000.00
Survey RVW:	0.13	0.22	**0.27**	0.41	0.97
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	4.00	**5.00**	7.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	77080	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	**RUC Time**	718,241

CPT Descriptor 1 Tympanometry (impedance testing)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77080**	**Key Reference CPT Code:** 72100	**Source of Time** **RUC Time**
Median Pre-Service Time	2.00	1.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	2.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**9.00**	**6.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.12	2.19
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.54	2.42
Urgency of medical decision making	2.24	2.24
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.58	2.38
Physical effort required	2.04	1.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.04	2.08
Outcome depends on the skill and judgment of physician	2.46	2.42
Estimated risk of malpractice suit with poor outcome	2.23	2.24

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.96	1.96
Intra-Service intensity/complexity	2.46	2.38
Post-Service intensity/complexity	2.38	2.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:

CPT codes 77080 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine))* and 77082 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment)* were identified by the RAW 75% reported together screen. These same two codes were recently surveyed and recommendations presented to the RUC in January of 2012 in response to a request from CMS through the 2012 NPRM. In January 2012, their existing values were maintained.

In response to the 75% screen, the societies elected to send these two codes to the CPT Editorial Panel.

New Code Family:
The CPT EP created a family of three codes:

- **77080** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)).* This code is unchanged and describes DXA bone density study, axial when performed alone.
- **77085** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment).* This code describes DXA bone density study, axial, including vertebral fracture assessment (VFA).
- **77086** *(Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA))*. This code describes VFA performed alone.

77080 is unchanged and has an existing value of 0.20 RVUs. The change at the CPT EP for 77082 was essentially editorial, including renumbering to 77086, and it has an existing value of 0.17 RVUs. 77085 is a new code combining 77080 and 77086, when performed together.

Survey Process:
The American College of Radiology (ACR), The Endocrine Society (TES), the American Association of Clinical Endocrinologists (AACE), the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Rheumatology (ACRh) randomly surveyed their respective members, and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

Work RVU recommendation:
The societies recommend maintaining the existing value for 77080 at 0.20 RVUs, which is below the 25th percentile survey value.

This recommendation, along with others we are making for this family, will result in a net savings and satisfy budget neutrality requirements.

Service Period Times:
For all 3 codes, the surveyed times were greater than the existing times. Even though none of the three codes are typically performed with an E/M on the same date of service, it is possible that survey respondents added time for E/M related activities. Accordingly, the societies recommend maintaining the existing service period times for 77080 at 2 mins pre, 5 mins intra, and 2 mins post. Our expert panel feels these times are appropriate, with the pre time accounting for the physician review of the patient history and the 2 minutes of post time accounting for the physician correlating the previous studies with the current findings as well as determining use of medications and treatment for osteoporosis.

Key Reference Services:
The #1 KRS for 77080 is 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views)*, chosen by 28.5% of respondents. 72100 has 0.22 RVUs and is within 1-2 minutes of the surveyed code for each of the service periods.

The #2 most commonly selected KRS for 77080 is 74020 *(Radiologic examination, abdomen; complete, including decubitus and/or erect views),* chosen by 12.1% of respondents, and has a comparable RVU of 0.27 and is also within 1-2 minutes for each of the three service periods.

The variability in selection of the KRS likely reflects the broad range of specialties participating in the survey and the diversity of their familiarity with the codes on the RSL.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

77080	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)*	0.20	2	5	2	9	0.022
72100	*Radiologic examination, spine, lumbosacral; 2 or 3 views*	0.22	1	3	2	6	0.051
74020	*Radiologic examination, abdomen; complete, including decubitus and/or erect views*	0.27	1	3	1	5	0.075

MPC Code:
77080 compares favorably to MPC code 92567 *(Tympanometry (impedance testing)),* with similar RVUs and service period times which fall within 1 minute of our surveyed times for each of the three service periods.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77080	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)*	0.20	2	5	2	9	0.022
92567	*Tympanometry (impedance testing)*	0.20	1	4	1	6	0.039

Summary:
Our recommendation for 77080, maintaining 0.20 RVUs and service period times of 2 pre, 5 intra, and 2 post, compares favorably to the two KRS codes and the MPC code above.

Our recommendations will also maintain relativity across the family and satisfy budget neutrality requirements:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77080	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)*	0.20	2	5	2	9	0.022
77085	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*	0.30	3	8	3	14	0.021
77086	*Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*	0.17	2	5	2	9	0.016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology	How often? Commonly
Specialty Rheumatology	How often? Commonly
Specialty Endocrinology	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 6472419
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 77080 provided nationally in a one-year period is estimated to be 6,472,419

Specialty Radiology	Frequency 3606432	Percentage 55.72 %
Specialty Rheumatology	Frequency 467309	Percentage 7.22 %
Specialty Endocrinology	Frequency 313266	Percentage 4.84 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,157,473 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 77080 was billed approximately 2,157,473 times for Medicare patients nationally in a one-year period.

Specialty Radiology	Frequency 1202144	Percentage 55.72 %
Specialty Rheumatology	Frequency 155770	Percentage 7.22 %
Specialty Endocrinology	Frequency 104422	Percentage 4.84 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77080

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77085 Tracking Number F3 Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment

(Do not report 77085 in conjunction with 77080, 77086)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 70-year-old female with a two year history of intermittent acute sharp back pain along with loss of one inch in height. Evaluation for osteoporosis and vertebral fracture assessment ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work:
•Review the order and reason for the examination and any pertinent clinical history, including the patient clinical information sheet.
•Review any prior DXA, VFA, or other relevant studies, such as spine radiographs.

Description of Intra-Service Work:
•Supervise the technologist in acquiring images.
•Review images to determine levels to be included in bone density calculations.
•Interpret the DXA scan data and compare to established norms.
•Compare the results of the DXA scan to previous studies.
•Compare the reported bone density values to standards based on WHO or other criteria.
•Obtain computerized FRAX score for possible treatment.
•Review the VFA images obtained and the post-processed measurements to assure that the measurements were accurately done and that scanning technique was satisfactory.
•Interpret the VFA thoracic and lumbar images (lateral views) using accepted fracture assessment methodology, the Semiquantitative Analysis of Genant and Quantitative Morphometry, to determine the number and severity of fractures present.
•Compare the results of the VFA interpretation to previous radiographic or VFA images to determine if a significant change in vertebral anatomy has occurred in the interim.
•Dictate report.

Description of Post-Service Work:
•Review and sign the final report.
•Communicate results to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Timothy Laing, MD; Scott C. Bartley, MD; Allan Glass, MD				
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American College of Rheumatology, Society of Nuclear Medicine and Molecular Imaging, American College of Nuclear Medicine, The Endocrine Society				
CPT Code:	77085				
Sample Size:	3226	**Resp N:**	90	**Response:** 2.7 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**60.00**	150.00	10000.00
Survey RVW:	0.00	0.30	**0.38**	0.50	1.20
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	4.00	**8.00**	11.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	77085	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72052	XXX	0.36	**RUC Time**

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92081	XXX	0.30	**RUC Time**	110,606

CPT Descriptor 1 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 77085**	**Key Reference CPT Code:** 72052	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	1.00	
Median Intra-Service Time	8.00	5.00	
Median Immediate Post-service Time	3.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**14.00**	**8.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.75	2.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	2.80
Urgency of medical decision making	2.45	2.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.95	2.70
Physical effort required	2.40	1.90
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.70	2.45
Outcome depends on the skill and judgment of physician	2.85	2.65
Estimated risk of malpractice suit with poor outcome	2.35	2.55

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.30	2.25
Intra-Service intensity/complexity	2.80	2.65
Post-Service intensity/complexity	2.65	2.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
CPT codes 77080 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine))* and 77082 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment)*

were identified by the RAW 75% reported together screen. These same two codes were recently surveyed and recommendations presented to the RUC in January of 2012 in response to a request from CMS through the 2012 NPRM. In January 2012, their existing values were maintained.

In response to the 75% screen, the societies elected to send these two codes to the CPT Editorial Panel.

New Code Family:
The CPT EP created a family of three codes:

- **77080** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)).* This code is unchanged and describes DXA bone density study, axial when performed alone.
- **77085** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment).* This code describes DXA bone density study, axial, including vertebral fracture assessment (VFA).
- **77086** *(Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA))*. This code describes VFA performed alone.

77080 is unchanged and has an existing value of 0.20 RVUs. The change at the CPT EP for 77082 was essentially editorial, including renumbering to 77086, and it has an existing value of 0.17 RVUs. 77085 is a new code combining 77080 and 77086, when performed together.

Survey Process:
The American College of Radiology (ACR), The Endocrine Society (TES), the American Association of Clinical Endocrinologists (AACE), the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Rheumatology (ACRh) randomly surveyed their respective members, and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

Work RVU recommendation:
The societies recommend 0.30 RVUs for 77085, which is the 25th percentile survey value and lower than the RVU of the newly bundled codes 77080 and 77086, which now encompass 77085.

This recommendation, along with others we are making for this family, will result in a net savings and satisfy budget neutrality requirements.

Service Period Times:
For all 3 codes, the surveyed times were greater than the existing times. Even though none of the three codes are typically performed with an E/M on the same date of service, it is possible that survey respondents added time for E/M related activities. For 77085, which is a new bundled code encompassing the activities of both 77080 and 77086, we recommend the median survey times of 3 mins pre, and 8 mins intra, and 3 minutes post. The additional intra and post times are appropriate since this code is a combination of the other 2 codes surveyed.

Key Reference Services:
The #1 KRS for 77085 is 72052 *(Radiologic examination, spine, cervical; 6 or more views)* chosen by 22.2% of respondents. 72052 has 0.36 RVUs and comparable service period times.

The #2 KRS for 77085 is *76536 (Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* chosen by 17.8% of respondents which has 0.56 RVUs and service period times all with 1-2 minutes of the surveyed code.

The variability in selection of the KRS likely reflects the broad range of specialties participating in the survey and the diversity of their familiarity with the codes on the RSL.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77085	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*	0.30	3	8	3	14	0.021
72052	*Radiologic examination, spine, cervical; 6 or more views*	0.36	1	5	2	8	0.059

76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	0.56	4	10	4	18	0.038

MPC Code:
77085 compares favorably to MPC code 92081, *(Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)),* having the exact same RVU, and similar pre and intra times.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77085	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*	0.30	3	8	3	14	0.021
92081	*Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)*	0.30	3	7		10	0.033

Summary:
Our recommendation for 77085, 0.30 RVUs and service period times of 3 pre, 8 intra, and 3 post minutes, compares favorably to the KRS and MPC codes above.

Our recommendations will also maintain relativity across the family and satisfy budget neutrality requirements:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77080	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)*	0.20	2	5	2	9	0.022
77085	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*	0.30	3	8	3	14	0.021
77086	*Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*	0.17	2	5	2	9	0.016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77080, 77082

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Rheumatology How often? Commonly

Specialty Endocrinology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 448059
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7708X1 provided nationally in a one-year period is estimated to be 448,059

Specialty Radiology Frequency 67209 Percentage 15.00 %

Specialty Rheumatology Frequency 4482 Percentage 1.00 %

Specialty Endocrinology Frequency 33606 Percentage 7.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 149,353 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 7708X1 was billed approximately 149,353 times for Medicare patients nationally in a one-year period.

Specialty Radiology Frequency 22403 Percentage 15.00 %

Specialty Rheumatology Frequency 1494 Percentage 1.00 %

Specialty Endocrinology Frequency 11202 Percentage 7.50 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77080

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77086 Tracking Number F4 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX RUC Recommended RVU: **0.17**

CPT Descriptor: Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)

(Do not report 77086 in conjunction with 77080, 77085)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 70-year-old woman with osteopenia diagnosed on screening bone density test done one month ago. Treatment was deferred at that time based on FRAX score and lack of symptoms. Patient now returns for follow-up with a history of several days of severe acute localized back pain, and physical exam shows tenderness in the L2 area. Vertebral fracture assessment by DXA is done since the presence of a vertebral fracture would influence the decision about treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work:
•Review the patient's history and clinical findings to confirm the appropriateness of scanning for vertebral fracture assessment (VFA).
•Review any prior VFA studies or other relevant studies, such as spine radiographs.

Description of Intra-Service Work:
•Supervise the technologist in acquiring images.
•Review the VFA images obtained and the post-processed measurements to assure that the measurements were accurately done and that scanning technique was satisfactory.
•Interpret the VFA thoracic and lumbar images (lateral views) using accepted fracture assessment methodology, the Semiquantitative Analysis of Genant and Quantitative Morphometry, to determine the number and severity of fractures present.
•Compare the results of the VFA interpretation to previous radiographic or VFA images to determine if a significant change in vertebral anatomy has occurred in the interim.
•Dictate report.

Description of Post-Service Work:

•Review and sign the final report.
•Communicate results to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Timothy Laing, MD; Scott C. Bartley, MD; Allan Glass, MD				
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American College of Rheumatology, Society of Nuclear Medicine and Molecular Imaging, American College of Nuclear Medicine, The Endocrine Society				
CPT Code:	77086				
Sample Size:	3226	**Resp N:**	88	**Response:** 2.7 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**10.00**	50.00	10000.00
Survey RVW:	0.05	0.18	**0.22**	0.30	0.78
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	3.00	**5.00**	6.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	77086	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72100	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	**RUC Time**	718,241

CPT Descriptor 1 Tympanometry (impedance testing)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 33 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77086**	**Key Reference CPT Code:** 72100	**Source of Time** **RUC Time**
Median Pre-Service Time	2.00	1.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	2.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**9.00**	**6.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.45	2.39
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.70	2.64
Urgency of medical decision making	2.45	2.39
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.76	2.73
Physical effort required	2.06	2.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.33	2.24
Outcome depends on the skill and judgment of physician	2.94	2.70
Estimated risk of malpractice suit with poor outcome	2.52	2.36

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.39	2.30
Intra-Service intensity/complexity	2.55	2.61
Post-Service intensity/complexity	2.45	2.42

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:

CPT codes 77080 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine))* and 77082 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment)* were identified by the RAW 75% reported together screen. These same two codes were recently surveyed and recommendations presented to the RUC in January of 2012 in response to a request from CMS through the 2012 NPRM. In January 2012, their existing values were maintained.

In response to the 75% screen, the societies elected to send these two codes to the CPT Editorial Panel.

New Code Family:
The CPT EP created a family of three codes:

- **77080** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)).* This code is unchanged and describes DXA bone density study, axial when performed alone.
- **77085** *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment).* This code describes DXA bone density study, axial, including vertebral fracture assessment (VFA).
- **77086** *(Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA))*. This code describes VFA performed alone.

77080 is unchanged and has an existing value of 0.20 RVUs. The change at the CPT EP for 77082 was essentially editorial, including renumbering to 77086, and it has an existing value of 0.17 RVUs. 77085 is a new code combining 77080 and 77086, when performed together.

Survey Process:
The American College of Radiology (ACR), The Endocrine Society (TES), the American Association of Clinical Endocrinologists (AACE), the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Rheumatology (ACRh) randomly surveyed their respective members, and an expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

Work RVU recommendation:
The societies recommend maintaining the existing value for 77086 at 0.17 RVUs, which is below the 25th percentile survey value.

This recommendation, along with others we are making for this family, will result in a net savings and satisfy budget neutrality requirements.

Service Period Times:
For all 3 codes, the surveyed times were greater than the existing times. Even though none of the three codes are typically performed with an E/M on the same date of service, it is possible that survey respondents added time for E/M related activities. Accordingly, the societies recommend maintaining the lower existing service period times for 77086 at 2 mins pre, 5 mins intra, and 2 mins post. Our expert panel feels these times are appropriate, with the pre time accounting for the physician review of the patient history and the 2 minutes of post time accounting for the physician correlating the previous studies with the current findings as well as determining use of medications and treatment for osteoporosis.

Key Reference Services:
The #1 KRS for 77086 is 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views)*, chosen by 37.5% of respondents. 72100 has 0.22 RVUs and is within 1-2 minutes of the surveyed code for each of the service periods.

The #2 most commonly selected KRS for 77086 is 74020 *(Radiologic examination, abdomen; complete, including decubitus and/or erect views),* chosen by 10.2% of respondents, and has a comparable RVU of 0.27 and is also within 1-2 minutes for each of the three service periods.

The variability in selection of the KRS likely reflects the broad range of specialties participating in the survey and the diversity of their familiarity with the codes on the RSL.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77086	*Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*	0.17	2	5	2	9	0.016

72100	*Radiologic examination, spine, lumbosacral; 2 or 3 views*	0.22	1	3	2	6	0.051
74020	*Radiologic examination, abdomen; complete, including decubitus and/or erect views*	0.27	1	3	1	5	0.075

MPC Code:
77086 compares favorably to MPC code 92567, *(Tympanometry (impedance testing)),* with similar RVUs and service period times which fall within 1 minute of our surveyed times for each of the three service periods.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77086	*Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*	0.17	2	5	2	9	0.016
92567	*Tympanometry (impedance testing)*	0.20	1	4	1	6	0.039

Summary:
Our recommendation for 77086, maintaining 0.17 RVUs and service period times of 2 pre, 5 intra, and 2 post minutes, compares favorably to the two KRS codes and the MPC code above.

Our recommendations will also maintain relativity across the family and satisfy budget neutrality requirements:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77080	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)*	0.20	2	5	2	9	0.022
77085	*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment*	0.30	3	8	3	14	0.021
77086	*Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)*	0.17	2	5	2	9	0.016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77082

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Rheumatology How often? Commonly

Specialty Endocrinology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 23583
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 7708X2 provided nationally in a one-year period is estimated to be 23,583

Specialty Radiology Frequency 8577 Percentage 36.36 %

Specialty Rheumatology Frequency 3639 Percentage 15.43 %

Specialty Endocrinology Frequency 2118 Percentage 8.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,861
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 7708X2 was billed approximately 7,861 times for Medicare patients nationally in a one-year period.

Specialty Radiology Frequency 2859 Percentage 36.36 %

Specialty Rheumatology Frequency 1213 Percentage 15.43 %

Specialty Endocrinology Frequency 706 Percentage 8.98 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77082

September 10, 2013

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: DXA Code 77081

Dear Dr. Levy,

CPT codes 77080 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine))* and 77082 *(Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment)* were identified by the RAW 75% reported together screen. These codes were sent to the CPT Editorial Panel (EP), which approved a new family of three codes to replace the older two-code family. This new three-code family, which is a keystone in the evaluation of patients with osteoporosis, has been surveyed for the October 2013 RUC meeting.

A fourth code, 77081 (*Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel))*, was also listed with this new three-code family on the LOI for the October 2013 meeting. The specialties elected to not survey 77081 because 77081 is not part of this family. Additional background on this point is provided below.

77081 was never part of the bundling discussions at the CPT EP, which focused on codes used for osteoporosis assessment, because 77081 is no longer used for osteoporosis assessment. The CPT EP has confirmed that 77081 was included on their documents for this code change proposal merely as a location marker, not because it was related at all to the code change proposal itself.

77081 is clinically different both in information gained and in patient population from the codes used for osteoporosis assessment that are the subjects of this survey. Regarding the information gained from these codes, 77081 measures the density of cortical bone (usually in the forearm) rather than the density of trabecular bone (found in the spine and hip) that is assessed by the

codes being surveyed; it is the density of trabecular bone that is related to osteoporosis. For example, the widely-used FRAX algorithm, employed to assess the probability of future vertebral fracture in patients with osteoporosis and therefore an important guide to treatment, can incorporate information about trabecular bone density but not cortical bone density (77081).

Regarding the patient population for which these codes are utilized, the most common use today of 77081 is to assess cortical bone density in patients with primary hyperparathyroidism; low cortical bone density is one factor that is incorporated into the decision making for surgical or medical treatment of this condition. By contrast, the decision making associated with osteoporosis evaluation virtually never involves the cortical bone density results provided by 77081. Rather, the information provided by the new three-code family being surveyed is vital for diagnosis and treatment of patients with osteoporosis.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,

Ezequiel Silva, III, MD
ACR RUC Advisor

Allan Glass, MD
TES RUC Advisor

Howard Lando, MD
AACE RUC Advisor

Tim Laing, MD
ACRh RUC Advisor

Gary Dillehay, MD
SNMMI RUC Advisor

Scott C. Bartley, MD
ACNM RUC Advisor

CC: Sherry Smith
Rosa Karbowiak

SS Rec Summary

ISSUE: DXA

TAB: 7

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF - Combined	72100	Radiologic exa	26	0.051			0.22			6	1					3			2
CURRENT	77080	Dual-energy X-ray ab		0.022			0.20			9	2					5			2
SVY-Radiology	77080	Dual-energy X	59	0.013	0.13	0.21	0.22	0.30	0.50	12	2			0	4	5	6	20	5
SVY-Non-Rad	77080	Dual-energy X	32	0.048	0.20	0.30	0.44	0.51	0.97	14	4			0	3	5	10	20	5
SVY - Combined	77080	Dual-energy X	91	0.018	0.13	0.22	0.27	0.41	0.97	13	3			0	4	5	7	20	5
REC	77080	Dual-energy X-ray ab		0.022			0.20			9	2					5			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF - Combined	72052	Radiologic exa	20	0.059			0.36			8	1					5			2
CURRENT	77080	Dual-energy X-ray ab		0.022			0.20			9	2					5			2
CURRENT	77082	Dual-energy X-ray ab		0.016			0.17			9	2					5			2
SVY-Radiology	77085	Dual-energy X	58	0.024	0.17	0.28	0.37	0.40	0.75	16	2			0	4	9	11	20	5
SVY-Non-Rad	77085	Dual-energy X	32	0.028	0.00	0.35	0.49	0.61	1.20	20	5			0	3	7	10	25	8
SVY - Combined	77085	Dual-energy X	90	0.025	0.00	0.30	0.38	0.50	1.20	16	3			0	4	8	11	25	5
REC	77085	Dual-energy X-ray ab		0.021			0.30			14	3					8			3

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF - Combined	72100	Radiologic exa	33	0.051			0.22			6	1					3			2
CURRENT	77082	Dual-energy X-ray ab		0.016			0.17			9	2					5			2
SVY-Radiology	77086	Vertebral fract	56	0.009	0.05	0.18	0.20	0.30	0.60	12	2			0	4	5	6	20	5
SVY-Non-Rad	77086	Vertebral fract	32	0.026	0.10	0.21	0.28	0.42	0.78	12	4			0	2	3	5	25	5
SVY - Combined	77086	Vertebral fract	88	0.008	0.05	0.18	0.22	0.30	0.78	13	3			0	3	5	6	25	5
REC	77086	Vertebral fracture as		0.016			0.17			9	2					5			2

CPT Code: 77080, 77085, 77086
Specialty Society('s) ACR, AACE, ACRh, SNMMI, ACNM, TES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)

Global Period: XXX Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology, The Endocrine Society (TES), the American Association of Clinical Endocrinologists (AACE), the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Rheumatology (ACRh) convened a consensus panel to finalize the practice expense data for CPT codes 77080, 77085, 77086.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 77080 is an existing code, we used the inputs from the CMS refinement of the inputs that were approved by the Practice Expense Subcommittee and the full RUC in 2012 for 77080 as the basis for the practice expense inputs for this code.

Similarly, since new code 77086 is identical to the old code 77082 except for a technical/editorial change made by the CPT EP, we used the inputs from the CMS refinement of the inputs that were approved by the Practice Expense Subcommittee and the full RUC in 2012 for existing code 77082 as the basis for the practice expense inputs for 77086.

77085 is a new code that represents a combination of both 77080 and 77082 when performed together.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The CPT code change made by the CPT EP to 77082 was editorial and addressed the fact that 77082 was indented in the CPT book under 77080. The current inputs for 77082 appear to have been based on the fact that 77082 was previously typically reported with 77080. The new code, 77086 is, by definition, a standalone code so the additional inputs are clinically appropriate and necessary.
5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Assist physician in performing procedure
- Clean room/equipment by physician staff
- Post processing
- Perform Quality Control

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H
1	REVISED AT RUC 10/3/13			REF Code		REF Code		
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			77080	77080	77082	77086	77085
3	Meeting Date: October 2013 Tab: 7 Specialty: ACR, SNMMI, ACNM, ACRh, TES, AACE	CMS Code	Staff Type	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) CMS Refined 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) October 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment CMS Refined 2013	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) October 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment October 2013
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	LO41B	RT	43.0	37.0	20.0	32.0	49.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	LO41B	RT	5.0	4.0	0.0	4.0	6.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	LO41B	RT	38.0	33.0	20.0	28.0	43.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE							
11	Other Clinical Activity - *specify:*							
12	Availability of prior electronic images confirmed	LO41B	RT		2		2	3
13	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	LO41B	RT	5	2		2	3
14	SERVICE PERIOD							
15	Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure							
16	Pre-service services							
17	Review charts							
18	Greet patient, provide gowning, ensure appropriate medical records are available	LO41B	RT	3	3		3	3
19	Obtain vital signs	LO41B	RT	3	3		3	3
20	Provide pre-service education/obtain consent	LO41B	RT	5	2		2	2
21	Prepare room, equipment, supplies	LO41B	RT	2	2		2	2
22	Setup scope (non facility setting only)							
23	Prepare and position patient/ monitor patient/ set up IV							
24	Sedate/apply anesthesia							
25	Intra-service							
26	Assist physician in performing procedure	LO41B	RT	15	15	10	10	25
27	Post-Service							
28	Monitor pt. following service/check tubes, monitors, drains							
29	Clean room/equipment by physician staff	LO41B	RT	3	3		3	3
30	Clean Scope							
31	Clean Surgical Instrument Package							
32	Complete diagnostic forms, lab & X-ray requisitions							
33	Review/read X-ray, lab, and pathology reports							
34	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
35	Discharge day management							
36	Other Clinical Activity (please specify):							
37	Technologist QC's images in PACS, checking for all images, reformats, and dose page.	LO41B	RT	5	2	10	2	2
38	Review examination with interpreting MD	LO41B	RT		2		2	2
39	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	LO41B	RT		1		1	1
40	-perform Quality Control	LO41B	RT	2	0		0	0
41	End: Patient leaves office							
42	POST-SERVICE Period							
43	MEDICAL SUPPLIES**	CODE	UNIT					
44	gown, patient	SB026	item	1	1		1	1
45	pillow case	SB037	item	1	1		1	1
46	paper, exam table	SB036	foot	1	7		7	7
47	EQUIPMENT	CODE						
48	densitometry unit, fan beam, DXA (w-computer hardward & software)	ER019		38	24	20	19	34
49	phantom, spine, DXA calibration check	ER078		2	0		0	0

	A	B	C	D	E	F	G	H
1	**REVISED AT RUC 10/3/13**			**REF Code**		**REF Code**		
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**77080**	**77080**	**77082**	**77086**	**77085**
3	**Meeting Date: October 2013** **Tab: 7** **Specialty: ACR, SNMMI, ACNM, ACRh, TES, AACE**	**CMS Code**	**Staff Type**	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) CMS Refined 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) October 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment CMS Refined 2013	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) October 2013	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment October 2013
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**LO41B**	**RT**	**43.0**	**37.0**	**20.0**	**34.0**	**53.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**LO41B**	**RT**	**5.0**	**4.0**	**0.0**	**4.0**	**6.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**LO41B**	**RT**	**38.0**	**33.0**	**20.0**	**30.0**	**47.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**							
11	Other Clinical Activity - *specify:*							
12	Availability of prior electronic images confirmed	LO41B	RT		**2**		**2**	**3**
13	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	LO41B	RT	**5**	**2**		**2**	**3**
14	**SERVICE PERIOD**							
15	**Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure**							
16	**Pre-service services**							
17	Review charts							
18	Greet patient, provide gowning, ensure appropriate medical records are available	LO41B	RT	**3**	**3**		**3**	**3**
19	Obtain vital signs	LO41B	RT	**3**	**3**		**3**	**3**
20	Provide pre-service education/obtain consent	LO41B	RT	**5**	**2**		**2**	**2**
21	Prepare room, equipment, supplies	LO41B	RT	**2**	**2**		**2**	**2**
22	Setup scope (non facility setting only)							
23	Prepare and position patient/ monitor patient/ set up IV							
24	Sedate/apply anesthesia							
25	**Intra-service**							
26	Assist physician in performing procedure	LO41B	RT	**15**	**15**	**10**	**10**	**25**
27	**Post-Service**							
28	Monitor pt. following service/check tubes, monitors, drains							
29	Clean room/equipment by physician staff	LO41B	RT	**3**	**3**		**3**	**3**
30	Clean Scope							
31	Clean Surgical Instrument Package							
32	Complete diagnostic forms, lab & X-ray requisitions							
33	Review/read X-ray, lab, and pathology reports							
34	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
35	Discharge day management							
36	Other Clinical Activity (please specify):							
37	Technologist QC's images in PACS, checking for all images, reformats, and dose page.	LO41B	RT	**5**	**2**	**10**	**4**	**6**
38	Review examination with interpreting MD	LO41B	RT		**2**		**2**	**2**
39	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	LO41B	RT		**1**		**1**	**1**
40	-perform Quality Control	LO41B	RT	**2**	**0**		**0**	**0**
41	**End: Patient leaves office**							
42	**POST-SERVICE Period**							
43	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
44	gown, patient	SB026	item	**1**	**1**		**1**	**1**
45	pillow case	SB037	item	**1**	**1**		**1**	**1**
46	paper, exam table	SB036	foot	**1**	**7**		**7**	**7**
47	**EQUIPMENT**	**CODE**						
48	densitometry unit, fan beam, DXA (w-computer hardward & software)	ER019		**38**	**24**	**20**	**21**	**38**
49	phantom, spine, DXA calibration check	ER078		**2**	**0**		**0**	**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

April 2014

Isodose Calculation with Isodose Planning Bundle

At the February 2014 CPT Editorial Panel meeting, the Panel approved the deletion of six CPT Category I codes (77305, 77310, 77315, 77326-77328) and created five new CPT Category I codes to bundle basic dosimetry calculation(s) with teletherapy and brachytherapy isodose planning.

77300 ***Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician***
The RUC reviewed the survey results from 83 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 0 minutes, intra-service time of 15 minutes and post-time of 0 minutes. The RUC determined that the current value of 0.62, lower than the survey 25th percentile, is appropriate for this service. The RUC compared the surveyed code to MPC code 88112 *Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal* (work RVU= 0.56, intra-service time of 15 minutes) and noted that both services have the same intra-service time and total time. The surveyed code is a slightly more intense service, justifying a slightly higher work value.

The RUC also compared the surveyed code to CPT code 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70, intra-service time of 15 minutes) and noted that both services have the same intra-service time, however the surveyed code has a lower total time (15 minutes versus 23 minutes), which supports a slightly lower work value for the surveyed code. **The RUC recommends a work RVU of 0.62 for CPT code 77300.**

77306 ***Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 77 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 40 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was two dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed two units of basic dosimetry for this service (same patient, same day, same provider),

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assuming that the volume of the deleted code 77310 is shared 50/50 between 77306 and 77307. The specialty indicated that they could not foresee additional basic dosimetry calculations on a separate day of service for teletherapy isodose planning codes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey 25th percentile work RVU of 1.40 is appropriate. The RUC compared the surveyed code to MPC code 88321 *Consultation and report on referred slides prepared elsewhere* (work RVU= 1.63, intra-service time of 50 minutes) and noted that the reference code has a higher intra-service time (50 minutes versus 40 minutes), supporting a lower work RVU of 1.40 for the surveyed code. The RUC also compared the surveyed code to CPT code 78709 *Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)* (work RVU= 1.41, intra-service time of 40 minutes) and noted that since both codes have identical intra-service time and total time, the work RVU recommendation of 1.40 is further supported by the additional reference code. **The RUC recommends a work RVU of 1.40 for CPT code 77306.**

77307 ***Teletherapy isodose plan; complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)***

The RUC reviewed the survey results from 78 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 80 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was four dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* indicated 2.4 units of basic dosimetry for this service (same patient, same day, same provider), assuming that the volume of the deleted code 77310 will be split 50/50 between 77306 and 77307. The specialty indicated that they could not foresee additional basic dosimetry calculations on a separate day of service for teletherapy isodose planning codes.

The RUC reviewed the survey respondents' estimated physician work values, while also accounting for the data from the Medicare Carrier 5% standard analytic file, and agreed with the specialty that the survey 25th percentile work RVU of 2.90 is appropriate. The RUC compared the surveyed code to CPT code 77263 *Therapeutic radiology treatment planning; complex* (work RVU= 3.14, intra-service time of 75 minutes) and agreed that since the surveyed code has a higher intra-service time (80 minutes versus 75 minutes) and a similar work intensity, a work RVU of 2.90 is justified. The RUC also compared the surveyed code to MPC code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, pre-time of 15 minutes, intra-service time of 36.5 minutes, post-time of 15 minutes) and noted that since the surveyed code has a much higher intra-service time (80 versus 36.5 minutes) and a higher total time (86 minutes versus 66.5 minutes), the recommended work value is correctly valued relative to services across the RBRVS. **The RUC recommends a work RVU of 2.90 for CPT code 77307.**

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77316 ***Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 70 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 40 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was one dose calculation for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey 25th percentile work RVU of 1.50 is appropriate. The RUC also agreed that the brachytherapy isodose planning is a more intense service relative to teletherapy isodose planning. The RUC compared the surveyed code to MPC code 88321 *Consultation and report on referred slides prepared elsewhere* (work RVU= 1.63, intra-service time of 50 minutes) and noted that the reference code has a higher intra-service time (50 minutes versus 40 minutes), supporting a lower work RVU of 1.50 for the surveyed code. The RUC also compared the surveyed code to CPT code 88380 *Microdissection (ie, sample preparation of microscopically identified target); laser capture* (work RVU= 1.56, intra-service time of 45 minutes) and noted that with similar total time (46 minutes versus 45 minutes) and similar work intensities, the RUC recommended work value is appropriate for 77316. **The RUC recommends a work RVU of 1.50 for CPT code 77316.**

77317 ***Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 70 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 50 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was one dose calculation for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the respondents overestimated the physician work required to perform this service. The RUC compared the surveyed code to CPT code 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU= 1.83 and intra-service time of 56 minutes) and agreed that since both services have similar intensities and identical total time, they should be valued the same. Therefore, the RUC recommends a direct crosswalk to 88323.

To further justify a work RVU of 1.83 for 77317, the RUC reviewed CPT code 95863 *Needle electromyography; 3 extremities with or without related paraspinal area* (work RVU= 1.87, pre-time of 10 minutes, intra-service time of 40 minutes, post-time of 11 minutes) and noted that the surveyed

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code has a higher total time (50 minutes versus 40 minutes), although a lower total time (56 minutes versus 61 minutes), validating that a similar work RVU is appropriate. **The RUC recommends a work RVU of 1.83 for CPT code 77317.**

77318 ***Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)***

The RUC reviewed the survey results from 72 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 80 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was two dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* indicated one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC agreed with the specialty that the *Medicare Carrier 5% standard analytic file* does not capture a second instance of basic dosimetry for 77318, since the second independent dose calculation is typically billed on a separate day from the brachytherapy isodose planning. Unlike the simple and intermediate brachytherapy isodose planning codes, 77318 is used for a prostate seed implant (vignette found to be 100 percent typical). Typically, the treatment planning for a prostate seed implant is initiated well before the date of the actual implant, since the radioactive seeds need to be custom ordered (typically 80 seeds). The seeds are received a number of days before the implant on a separate day, and then a separate independent dose calculation is performed to take into account the decay factor and verify the plan prior to the implant. The separate dose calculation is based on the activity of those seeds and re-entered into the actual plan.

The RUC reviewed the survey 25th percentile work RVU of 3.30 and determined that the respondents overestimated the physician work required to perform this service. Given the lack of an appropriate crosswalk to an existing code, the RUC agreed the the physician work and time required to perform 77318 is the same as 77307 (RUC recommended work RVU = 2.90), the other complex code in this family. Therefore, the RUC recommends a work RVU of 2.90 for CPT code 77318. . The RUC compared the surveyed code to CPT code 77263 *Therapeutic radiology treatment planning; complex* (work RVU= 3.14, intra-service time of 75 minutes) and agreed that since the surveyed code has a higher intra-service time (80 minutes versus 75 minutes) and a similar work intensity, a work RVU of 2.90 is justified. The RUC also compared the surveyed code to MPC code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, pre-time of 15 minutes, intra-service time of 36.5 minutes, post-time of 15 minutes) and noted that since the surveyed code has a much higher intra-service time (80 versus 36.5 minutes), as well as a higher total time (86 minutes versus 66.5 minutes), the recommended work value is correctly valued relative to services across the RBRVS. **The RUC recommends a work RVU of 2.90 for CPT code 77318.**

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Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for the dose calculations *Medical Dosimetrist/Medical Physicist* (L107A) corresponds with the median survey response to the survey question "*What is the typical number of dose calculations you currently perform for this procedure (typical patient)?*"

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Radiation Oncology** **Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services**				
77300	II1	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician (Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)	XXX	0.62 (no change)

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~~D 77305~~		~~Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)~~ (77305 has been deleted. To report, see 77306)	XXX	N/A
●77306	II2	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	XXX	1.40
~~D77310~~		~~intermediate (3 or more treatment ports directed to a single area of interest)~~ (77310 has been deleted. To report, use 77306, 77307)	XXX	N/A
~~D 77315~~		~~complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)~~ (77315 has been deleted. To report, see 77307)	XXX	N/A
●77307	II3	complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) *(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)* (Do not report 77306, 77307 in conjunction with 77300)	XXX	2.90
~~D 77326~~		~~Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)~~ (77326 has been deleted. To report, see 77316)	XXX	N/A

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●77316	II4	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) (For definition of source~~/ribbon~~, see ~~page 425~~ clinical brachytherapy introductory guidelines)	XXX	1.50
~~D 77327~~		~~intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)~~ (77327 has been deleted. To report, see 77317)	XXX	N/A
●77317	II5	intermediate (calculation[s] made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	XXX	1.83
~~D 77328~~		~~complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)~~ (77328 has been deleted. To report, see 77318)	XXX	N/A
●77318	II6	complex (calculation[s] made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) (Do not report 77316, 77317, 77318 in conjunction with 77300)	XXX	2.90

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77300 Tracking Number II1 Original Specialty Recommended RVU: **0.62**
Presented Recommended RVU: **0.62**
Global Period: XXX RUC Recommended RVU: **0.62**

CPT Descriptor: Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Central axis dose calculations (including independent dose calculations) are performed prior to initiating radiation treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The effort of the basic dosimetry calculation starts when the physician verifies the beam energy of the two fields, the field sizes, collimator sizes and the equivalent square. All four parameters are essential to the accuracy of the calculation. The patient thickness and calculation depth are reviewed. The calculation methodology (SSD or SAD) is verified. The appropriate absorption ratio (% depth dose, tissue air ratio, or tissue maximum ratio) is checked. The use of heterogeneity correction is verified. Beam weighting and reciprocal geometry are assessed. Correction factors, including the potential use of a wedge, compensator, bolus, and immobilization device are considered. After the accuracy of these parameters is assured, the calculated dose to the reference depth is calculated.

This dose absorption at depth is then converted into monitor units using the conversion factors for the standard output for the standard field at the reference depth. The physician then approves these monitor units for this specific field by signing and dating the plan.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77300		
Sample Size:	500	**Resp N:** 83	**Response:** 16.6 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**400.00**	850.00	2500.00
Survey RVW:	0.35	0.70	**0.73**	0.80	3.50
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**15.00**	16.00	90.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77300	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77331	XXX	0.87	**RUC Time**

CPT Descriptor Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	1,054,052

CPT Descriptor 1 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88305	XXX	0.75	**RUC Time**	16,818,789

CPT Descriptor 2 Tissue exam by pathologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 66 **% of respondents:** 79.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77300**	**Key Reference CPT Code:** 77331	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	15.00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**15.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.68	2.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.58
Urgency of medical decision making	2.62	2.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.79	2.61
Physical effort required	2.45	2.39
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.88	2.71
Outcome depends on the skill and judgment of physician	2.77	2.62
Estimated risk of malpractice suit with poor outcome	2.82	2.68

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.56	2.42
Intra-Service intensity/complexity	2.74	2.61
Post-Service intensity/complexity	2.55	2.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT Code 77300 will be billed with CPT Code 77295 (RAW approved not to bundle).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77300

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national average is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,300,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 RUC Database (current utilization minus the estimated newly bundled calculations)

Specialty Radiation Oncology Frequency 1250000 Percentage 96.15 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77300

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77306 Tracking Number II2 Original Specialty Recommended RVU: **1.40**
Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old man with advanced lung cancer presents with a painful metastasis to the lumbar spine. Following simulation, a teletherapy isodose plan and monitor unit calculation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area. The user origin is set and fields are aligned to the user origin in preparation for treatment planning.

Description of Intra-Service Work: The radiation oncologist defines treatment boarders for each field, ensuring that the fields cover the intended treatment area. Beam energy, beam configuration, tissue homogeneity factor, prescription point and dose/fractionation is determined by the physician, and this information is discussed with the medical dosimetrist. The dosimetrist then initiates the planning process by placing megavoltage beams on the treatment planning system, using the fields defined by the physician. Dose from each beam to be delivered is then calculated to the isocenter (prescription point). The isodose curves are examined and reviewed by the radiation oncologist and the dosimetrist to determine dose coverage, hot spots, cold spots and the effect of tissue inhomogeneity is also evaluated. Multiple beam weightings from the anterior and posterior beams are evaluated by the physician and the dosimetrist to provide optimum coverage of the treatment area, with the fewest hot or cold spots. The dose to the spinal cord is evaluated throughout the length of the field to keep this within tolerance dose. The optimal plan is selected and approved by the radiation oncologist. Basic dosimetry monitor unit calculations to deliver the prescribed dose are performed (which take into account the source axis distance, time dose factors, inhomogeneity, beam energy, machine characteristics and other parameters). Independent calculations are then performed to check the monitor unit calculations and verify critical point doses. Once the plan is finalized and approved by the radiation oncologist, the dosimetrist downloads all treatment planning parameters into the record and verify system in preparation for treatment.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan and dosimetry monitor unit calculation reports. The radiation oncologist reviews and confirms setup data have been accurately transferred

into the record and verify computer. He or she communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77306		
Sample Size:	500	**Resp N:** 77	**Response:** 15.4 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	128.00	3000.00
Survey RVW:	1.00	1.40	**1.45**	1.50	3.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	38.00	**40.00**	42.00	90.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77306	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 50 **% of respondents:** 64.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 77306**	**Key Reference CPT Code:** 77338	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	

Median Intra-Service Time	40.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.34	3.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.20
Urgency of medical decision making	3.34	3.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.24	3.20
Physical effort required	2.70	2.66
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.42	3.28
Outcome depends on the skill and judgment of physician	3.32	3.18
Estimated risk of malpractice suit with poor outcome	3.40	3.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.08	2.96
Intra-Service intensity/complexity	3.16	3.10
Post-Service intensity/complexity	3.06	2.92

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77305

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national estimate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 5350 Percentage 97.27 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77305

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77307 Tracking Number II3 Original Specialty Recommended RVU: **2.90**
Presented Recommended RVU: **2.90**
Global Period: XXX RUC Recommended RVU: **2.90**

CPT Descriptor: Teletherapy isodose plan; complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)

(Do not report 77306X, 77307X in conjunction with 77300)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman with an infiltrating cancer in the upper outer quadrant (UOQ) of the right breast presents for radiation therapy. Following lumpectomy and simulation, a teletherapy isodose plan and monitor unit calculation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area. The user origin is set and fields are aligned to the user origin in preparation for treatment planning.

Description of Intra-Service Work: The radiation oncologist reviews all images to make sure that the 6 surgical clips placed at the lumpectomy site and external markers placed at time of simulation are identified and transferred accurately (marker at AP set-up point, 4 wire markers for clinical estimate of cranial, caudal, medial, and lateral extent of anticipated tangents, wire extending around the infra-mammary fold and wire over lumpectomy scar). In addition, breast, chest-wall, axilla and supraclavicular areas are reviewed for inclusion on the images as follows: Cranial – clinical reference plus second rib insertion; Caudal – clinical reference plus loss of CT apparent breast; Anterior – skin; Posterior – excludes pectoralis muscles, chest wall muscles, and ribs; Lateral – clinical reference plus mid axillary line; and Medial – sternal rib junction. After verification of all borders, the physician contours the breast tissue and the chest wall on the superior, inferior slices, the central axis slices and multiple off axis slices; the lumpectomy site is contoured. In addition, depending on stage of disease, the axilla (level 1, 2 or 3) supraclavicular and internal mammary nodes are contoured. The borders and expansion margin may be modified by the physician to exclude heart and lung tissue. Lymph node chains may also be included based on stage and risk criteria.

Beam energy, beam configuration, tissue homogeneity factor, prescription point and dose/fractionation is determined by the radiation oncologist, and this information is discussed with the medical dosimetrist. The dosimetrist then generates a treatment plan based on parameters determined by the physician, in order to ensure necessary coverage. Each plan generated typically utilizes tangential beams with matched nondivergent posterior borders, and with collimator rotation to match the chest wall slope. As the beams pass through the lung and as there is tissue inhomogeneity throughout the treatment area, this has to be corrected for at multiple axes throughout the field starting with the central axis. Dose inhomogeneity within the central plane is minimized by modifying the beam energies, weighting, angles, shapes, wedges and compensators to ensure adequate dose distribution. The same process is repeated at other off axis planes. Dose is normalized at the breast and pectoralis major interface at mid separation in the central plane. Dose distributions are then plotted for each 1-cm slice, and the area of each isodose curve within the breast on each CT slice is calculated. The entire process and the final treatment plan are then reviewed by the physician. Plan evaluation is carried out by reviewing dose homogeneity, as well as the hot/cold areas within the plan. The physician edits the plan based on target volume coverage. The final plan is then approved if overall prescribed dose and dose constraints are met. Basic dosimetry monitor unit calculations to deliver the prescribed dose are then performed (which take into account the source axis distance, time dose factors, inhomogeneity, beam energy, machine characteristics and other parameters). Independent calculations are then performed to check these monitor unit calculations and verify critical point doses.

Once the plan is finalized and approved by the radiation oncologist, the dosimetrist downloads all treatment planning parameters into the record and verify system in preparation for treatment.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan and dosimetry monitor unit calculation reports. The radiation oncologist reviews and confirms setup data have been accurately transferred into the record and verify computer. He or she communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77307		
Sample Size:	500	**Resp N:** 78	**Response:** 15.6 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	80.00	**100.00**	150.00	300.00
Survey RVW:	1.60	2.90	**3.00**	3.00	5.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	77.00	**80.00**	80.00	120.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77307	**Recommended Physician Work RVU: 2.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 54 **% of respondents:** 69.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 77307**	**Key Reference CPT Code: 77338**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	80.00	115.00	
Median Immediate Post-service Time	3.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**86.00**	**115.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.76	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.76	3.41
Urgency of medical decision making	3.61	3.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.89	3.44
Physical effort required	2.94	2.74
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.72	3.39
Outcome depends on the skill and judgment of physician	3.83	3.44
Estimated risk of malpractice suit with poor outcome	3.67	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.63	3.11
Intra-Service intensity/complexity	3.76	3.30

Post-Service intensity/complexity	3.61	3.15

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306X – 25th percentile
77307X – 25th percentile
77316X – 25th percentile
77317X – slightly below the 25th percentile
77318X - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317X. The survey data for CPT Code 77317X yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317X. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317X	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306X	3	40	3	46	1.40	0.032
77316X	3	40	3	46	1.50	0.034
77317X	3	50	3	56	1.83	0.035
77307X	3	80	3	86	2.90	0.035
77318X	3	80	3	86	3.30	0.040

77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306X	**3**	**40**	**3**	**46**	**1.40**
77316X	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317X	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307X	**3**	**80**	**3**	**86**	**2.90**
77318X	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77310 or 77315

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national estimate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
82,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database (combination of CPT codes 77310 and 77315)

Specialty Radiation Oncology Frequency 80000 Percentage 97.56 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77315

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77316 Tracking Number II4 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman with high grade stage II endometrial cancer undergoes post-operative pelvic radiotherapy. Following placement of a single-channel vaginal after-loading applicator and simulation, a brachytherapy isodose plan is performed including calculation of dwell times, source decay, and point doses.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area, orientation of the implanted device, and correct placement of the fiducial wire.

Description of Intra-Service Work: After simulation, the images are sent to the treatment planning work station. The physician reviews all the images, identifies the anatomy, rotates the anatomy in each view box so the vertical axis runs parallel to the cylinder, and identifies the gold seed placed at the vaginal apex. Starting at the apex, the entire vaginal surface is contoured. The physician identifies the treatment length and depth based on his review of the final pathology, stage and grade, in this case it is determined to be a half-cm around the mucosa and a 4-cm length of vagina. The treatment area is outlined by the physician. The vaginal cylinder and the central source channel are identified and contoured by the dosimetrist. The physician enters the fractional dose and the number of fractions in the computer plan prescription. The dosimetrist plans source positions in the central channel, starting at the apex and using multiple positions through the single central channel. Multiple combinations of dwell times and source positions are evaluated and reviewed by the physician and dosimetrist. Manual adjustment of the isodose lines are performed to meet the objectives in addition to manual entering of the dwell times and position to achieve an acceptable plan which covers the target volume with the prescribed dose. The plan is reviewed and approved by the medical physicist. The plan and the dose distribution are evaluated before the plan is made deliverable by the physician. Independent dose calculations are performed by creating 3 reference points in the plan and exporting those points to an independent calculation system. Dose to these 3 points are calculated and compared to the dose calculated by the TPS and the final treatment times are approved.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77316		
Sample Size:	500	**Resp N:** 70	**Response:** 14.0 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	17.00	**30.00**	50.00	200.00
Survey RVW:	1.20	1.50	**1.60**	1.70	4.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	40.00	**40.00**	43.00	105.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	77316	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 75.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77316**	**Key Reference CPT Code:** 77338	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	

Median Intra-Service Time	40.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.34
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.36
Urgency of medical decision making	3.72	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.19	3.40
Physical effort required	3.28	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.08	3.42
Outcome depends on the skill and judgment of physician	4.09	3.38
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.68	3.17
Intra-Service intensity/complexity	3.83	3.34
Post-Service intensity/complexity	3.66	3.23

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77326

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national estimate is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,900
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 3875 Percentage 99.35 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77326

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77317 Tracking Number II5 Original Specialty Recommended RVU: **1.83**
Presented Recommended RVU: **1.83**
Global Period: XXX RUC Recommended RVU: **1.83**

CPT Descriptor: Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man presents with a squamous cancer of the scalp. Radiation is prescribed using surface brachytherapy to this curved surface. A brachytherapy flap apparatus is applied and simulation performed. Brachytherapy isodose planning is performed including calculation of dwell times, source decay, and point doses.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area, orientation of the implanted device, and correct placement of the fiducial wires.

Description of Intra-Service Work: After simulation, the image data set is sent to the treatment planning workstation. The radiation oncologist reviews all images to identify both the depth of the target volume and the critical avoidance structures, in this case notably eyes, bone and brain tissue underlying the skull. This requires careful review of the notes and skin photos, and often times discussion with the provider who performed the original biopsies. The initial target volume is evaluated in all directions, with contours drawn to determine the superior, inferior, medial, lateral, anterior and posterior borders. The target volume may require expansion to encompass an anatomic area which would be at risk of microscopic or subclinical spread. For curved planes, the reference isodose projects further at the concave than at the convex side. The arrangement of implanted or applied sources must take into account this geometry that will result in isodose line shifts.
Once the final target volume has been established and the plan treatment goals have been defined by the radiation oncologist, the dosimetrist will develop a treatment plan. Each of the 10 catheters are identified on each CT slice and recreated in the planning system. Dummy sources (previously placed) within each channel are used to demarcate the dwell positions within the region of the target volume. An initial plan is generated that encompasses the entire tumor and the plan modified in an iterative fashion to reduce normal tissue dosing and hot spots, which create alternatives for review. The different plans will involve stepwise modification of the dwell positions and dwell times for the radiation source as the radiation oncologist considers the risk-benefit ratio of achieving maximum target volume coverage with minimal radiation exposure to non-target critical structures, in this case, different parts of the brain. It is ultimately the radiation oncologist's responsibility to approve a plan that offers the best combination of tumor coverage and critical structure avoidance. The

radiation oncologist works side-by-side with the dosimetrist to adjust both dwell positions and dwell times to best optimize the radiation therapy plan. Differences between areas of maximum and minimum dose at depth are also reviewed so that values are within tolerance of the prescribed dose. A review is performed at the edges of the implant to optimize a sharp dose gradient, so that the detected dose at 5 mm beyond the planning target volume is acceptable. The plan is reviewed and approved by the medical physicist.

The approved plan generated by the treatment planning system is then evaluated by using an independent dose calculation method to perform point dose calculations at multiple points within and/or adjacent to the treatment volume. A separate calculation is performed to account for the decay of the radioactive source between the time of plan calculation and ultimate treatment time. The approved plan, including isodose distribution and calculated dwell positions and times for each of the ten channels are signed by the radiation oncologist.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77317		
Sample Size:	500	**Resp N:** 70	**Response:** 14.0 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	100.00
Survey RVW:	1.50	2.08	**2.15**	2.20	9.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	25.00	50.00	**50.00**	52.00	120.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77317	**Recommended Physician Work RVU: 1.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 1 Consultation and report on referred slides prepared elsewhere

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 2 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 75.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77317**	**Key Reference CPT Code:** 77338	**Source of Time**

Median Pre-Service Time	3.00	0.00
Median Intra-Service Time	50.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**56.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.34
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.36
Urgency of medical decision making	3.72	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.19	3.40
Physical effort required	3.28	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.08	3.42
Outcome depends on the skill and judgment of physician	4.09	3.38
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.68	3.17
Intra-Service intensity/complexity	3.83	3.34
Post-Service intensity/complexity	3.66	3.23

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU

88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77327

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national average is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,784
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 2750 Percentage 98.77 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77327

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77318 Tracking Number II6 Original Specialty Recommended RVU: **3.30**
Presented Recommended RVU: **3.30**
Global Period: XXX RUC Recommended RVU: **2.90**

CPT Descriptor: Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

(Do not report 77316, 77317, 77318 in conjunction with 77300)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with localized prostate cancer and an low does rate (LDR) brachytherapy implant is recommended. A prostate volume ultrasound study is performed in preparation for brachytherapy isodose planning including calculation(s) and point doses.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Trans rectal ultrasound (TRUS) images of the prostate are digitally imported into the treatment planning system. These TRUS images have the necessary grid coordinates showing the location of possible needle placement. Images are reviewed by the radiation oncologist to verify that these TRUS images include the entire prostate, foley catheter position (to contour urethra) and rectal marker orientation with spacer.

Description of Intra-Service Work: These TRUS images have the necessary grid coordinates showing the location of possible needle placement. These images are co-registered and scaled by the radiation oncologist using the electronic prostate template in the planning software. The physician then contours the prostate, urethra, rectum, seminal vesicles and periprostatic soft tissue margin on each of the axial slice. Planning target volumes includes the entire prostate, and typically extends 0.3 cm to include the base of the seminal vesicles and periprostatic soft tissues. The expansion margin may be modified by the physician to exclude the rectal muscularis posteriorly and bladder base superiorly. The physician then determines the isotope to be used based on the procedure date, source strengths available by the source manufacturer and prescribed dose.

The dosimetrist then generates a treatment plan based on radioactive source strengths, needle placement within the grid and number of seeds/position of seeds within each needle in order to ensure necessary coverage and yet sparing of organs at risk. Plan evaluation is carried out using isodose coverage of the treatment area, as well as various dosimetric indices following generally-accepted consensus guidelines. Needle location, seed strength and location of each seed within the

needle is then optimized, using contiguous and transverse images of the prostate. The distribution of sources (modified peripheral or modified uniform loading) is typically adjusted in order to limit dose to the prostatic urethra. Specific metrics are calculated, including percentage of target volume receiving specific percentages of the prescribed dose (V150, V100, V90, etc.) and dose received by percent of volume (D90, D30. D10, etc.) for the planning target volume, prostate, rectum and urethra. The plan is reviewed and approved by the medical physicist.

The treatment plan is then reviewed by the physician. The physician typically edits the plan based on target volume coverage and dose to organs at risk. Edits are also used to compensate for post implant edema, seed placement uncertainty and other factors, as long as normal structures are kept within tolerance. The final plan is then approved if overall prescribed dose and dose constraints are met.

Independent dose calculations are performed by creating multiple reference points in the plan and exporting those points to an independent calculation system. Doses to these points are calculated and compared to the dose calculated by the treatment planning system, and the final treatment is approved, if normal structures are kept within tolerance.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77318		
Sample Size:	500	**Resp N:** 72	**Response:** 14.4 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	400.00
Survey RVW:	2.00	3.30	**3.35**	3.40	12.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	80.00	**80.00**	84.00	180.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77318	**Recommended Physician Work RVU: 2.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 73.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 77318**	**Key Reference CPT Code: 77338**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	80.00	115.00	
Median Immediate Post-service Time	3.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**86.00**	**115.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.23	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.19	3.42
Urgency of medical decision making	4.00	3.30
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.72	3.43
Physical effort required	4.55	2.85
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.53	3.47
Outcome depends on the skill and judgment of physician	4.72	3.45
Estimated risk of malpractice suit with poor outcome	4.62	3.42

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.49	3.23
Intra-Service intensity/complexity	4.72	3.36

Post-Service intensity/complexity	4.53	3.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040

77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77328

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national average is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
13,900 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 13800 Percentage 99.28 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77328

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	**ISSUE:**	**Isodose Planning**																		
13	**TAB:**	**20**																		
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only w	63	0.029			0.87			30						30			
17	CURRENT	77300	Basic radiation dosimetry calculation, central axis depth dose calcu		0.041			0.62			15						15			
18	SVY	77300	Basic radiation dosimetry calculation, central axis depth dose calc	83	0.043	0.35	0.70	0.73	0.80	3.50	19	2			3	15	15	16	90	2
19	REC				0.041			0.62			15						15			
20																				
21	REF	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated	50	0.037			4.29			115						115			
22	CURRENT	77305	Teletherapy, isodose plan (whether hand or computer calculated); s		0.023			0.70			31						31			
23	CURRENT	77300	Basic radiation dosimetry calculation, central axis depth dose calcu		0.041			0.62			15						15			
24	SVY	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directe	77	0.033	1.00	1.40	1.45	1.50	3.50	46	3			15	38	40	42	90	3
25	REC		Median # of 77300s (2)		0.032			1.40			46	3					40			3
26																				

CPT Code: 77300, 77306, 77307, 77316, 77317 and 77318
Specialty Society('s): The American Society for Radiation Oncology (ASTRO)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: XXX **Meeting Date:** April 2014

CPT Long Descriptors

77300 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

77307 Teletherapy isodose plan: complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)
(Do not report 77306, 77307 in conjunction with 77300)

77316 Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

77317 Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

77318 Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
(Do not report 77316, 77317, 77318 in conjunction with 77300)

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus group representing ASTRO and AAPM was developed to review the existing PE inputs and develop recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. The current direct PE inputs are included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending adding the record and verify system (line 78) to the inputs for three of the codes (CPT Codes 77300, 77306 and 77307). This is additional step/change in technology since the codes were last valued and an integral part of those three procedures.

5. Please describe in detail the clinical activities of your staff:

See Below

77300 *Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician*

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

Calculation and verification of treatment monitor units (or time) to deliver prescribed dose.

The dosimetrist/physicist (CMD/MP) acquires the paper/pdf isodose plan output from Radiation Therapy Planning (RTP) system and Record and Verify system, comparing the plan date, print version stamp and calculation version stamp to verify the documents in each system are identical. The CMD/MP then measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared to the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for beam modifiers (wedge, blocked area, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.

The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx.

Discrepancies between RTP parameters and the parameters above are then reviewed and resolved.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77306 *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*

The dosimetrist converts the DICOM CT data set to the RTP system image convention and verifies correct transmission of patient demographics. The treatment planning system origin is set by the dosimetrist to the setup marks that were drawn on the patient at the time of simulation. Beam isocenter coordinates are then calculated relative to this point. The physician and dosimetrist review the physician's treatment intent including treatment volume, desired dose, dose per fraction, prescription point, field arrangement, Tissue density corrections and treatment energy.

In preparation for isodose calculation, the calculation box, grid resolution and calculation algorithm are set. The dosimetrist then places the radiation fields as directed by the physician and calculates an initial isodose distribution. The dosimetrist will then typically adjust field geometry (beam entry angles, collimator angle , collimator position) and weighting to optimize tumor coverage and dose homogeneity and to minimize dose to adjacent healthy tissue. If necessary, the dosimetrist may shift the position of isocenter and/or the prescription point to improve the dose distribution further. The dosimetrist will then review the plan with the physician. If necessary, further iterations will be performed. When a final plan is obtained, it will be approved by the physician who will choose a dose normalization and finalize the treatment prescription. The dosimetrist will then complete the planning process by generating beams-eye-view reference images for comparison with portal images that will be later obtained on the treatment unit. He/she will select appropriate planes through the patient for display of isodose lines and will prepare pdf images for inclusion in the patient chart.

The dosimetrist will then export the treatment field parameters and isodose planes to the record and verify system. This process includes a large number of steps including:

1. naming and ordering of treatment fields,
2. addition of treatment unit parameters in the field information including dose rate and treatment times, treatment table position and tolerances for geometric parameters of the linac.
3. creation of fields for imaging, and
4. creation of cumulative dose columns for the tumor and other structures within the treatment volume.

The dosimetrist will also set up the schedule of treatment fractions as directed by the physician. Lastly, the dosimetrist will prepare the field setup notes and compile setup distances/shifts that the therapists will use during patient setup. The dosimetrist will also generate the end of planning task list for the other members of the treatment team.

The CMD/MP measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.
The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx.

Discrepancies between RTP parameters and the parameters above are then reviewed and resolved. This process is repeated for each beam in the plan.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77307 *Teletherapy isodose plan*: complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)
(Do not report 77306, 77307 in conjunction with 77300)

The dosimetrist converts the DICOM CT data set to the RTP system image convention and verifies correct transmission of patient demographics. The treatment planning system origin is set by the dosimetrist to the setup marks that were drawn on the patient at the time of simulation. The first beam isocenter coordinates are then calculated relative to this point. The physician and dosimetrist review the physician's treatment intent including treatment volume, desired dose, prescription point, field arrangement, and treatment energy.

The physician, assisted by the dosimetrist, will begin the planning process by outlining the tumor volumes (breast tissue, lumpectomy site, supraclavicular, axillary and internal mammary lymph nodes) and other critical structures lungs, heart, spinal cord, trachea, slice by slice, on the CT simulation images. He/she will establish the desired radiation field borders by visualizing the surgical clips and external markers placed at the time of simulation. The dosimetrist will contour the simulation marker wires and correct for their density The dosimetrist will then place multiple radiation fields as directed by the physician. Treatment sites such as the breast require complicated treatment geometries because of the multiple volumes that must be covered and the highly irregular patient skin contours that are encountered. Field edges must be carefully matched to obtain even dose coverage across contiguous areas. Complex beam shaping and the use of beam modifiers such as wedges, blocks and/or bolus are required to deliver homogeneous doses to the treatment volume while protecting underlying organs such as the heart and lungs.

The dosimetrist sets the calculation box, grid resolution and calculation algorithm and calculates the resulting isodose distribution. The dosimetrist will then begin a lengthy iterative process of adjusting beam parameters to optimize tumor coverage and dose homogeneity. Field size, isocenter position, MLC leaf positions, weighting, and wedge angle are some of the parameters that will be be modified to achieve the desired dose distribution. When an acceptable plan is reached, the dosimetrist will then review it, slice by slice, in all planes, with the physician. As directed by the physician, further iterations will be performed. When a final plan is obtained, it will be approved by the physician who will choose a dose normalization and finalize the treatment prescription. The dosimetrist will then complete the planning process by generating beams-eye-view reference images for each beam for comparison with portal images that will be later obtained on the treatment unit. He/she will select appropriate planes through the patient for display of isodose lines and will prepare pdf images for inclusion in the patient chart. Skin renderings will be generated to show where each radiation beam enters the patient.

The dosimetrist will then export the treatment field parameters and isodose planes to the record and verify system. This process includes a large number of steps including:

1. naming and ordering of treatment fields,
2. addition of treatment unit parameters in the field information including dose rate and treatment times, treatment table position and tolerances for geometric parameters of the linac.
3. creation of fields for imaging, and
4. creation of cumulative dose columns for the tumor and other structures within the treatment volume.

The dosimetrist will also set up the schedule of treatment fractions as directed by the physician. Lastly, the dosimetrist will prepare the field setup notes and compile setup distances that the therapists will use during patient setup. The dosimetrist will also generate the end of planning task list for the other members of the treatment team.

The CMD/MP measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.

The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx. Discrepancies between RTP parameters and the parameters above are then reviewed and resolved. This process is repeated for each beam in the plan.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77316 *Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)*

The dosimetrist/physicist (CMD/MP) converts the DICOM CT data set to the RTP system image convention, verifies correct transmission of patient demographics and that there was no motion of the vaginal applicator during the acquisitions and the applicator channel lumen has no discontinuities. The CMD/MP assists the physician in aligning the images in the axis of the applicator and completing the contouring process. The applicator surface is entered as a structure, compared to the vaginal mucosa contoured by the physician, and then expanded to match the prescription surface specified by the physician. The expansion is modified to correct for auto-contouring anomalies. Reference calculation points and reference calculation lines are then created to match the specified prescription depth and other depths of interest (surface, 5mm, 10mm) as requested by the physician. Additional reference points/surfaces are created for organs at risk as directed by the physician. The 3-dimensional path of the applicator lumen is entered and source positions are spaced through the applicator. Multiple combinations of source dwell positions and dwell times are created to optimize the dose to the prescription points/shell and minimize the dose to organs at risk. The resultant optimized plans are reviewed with the physician and final optimization of the isodose lines in the chosen plan is performed. Dwell times receive minor modification to match delivery constraints in the autoloader delivery system. The plan is then authorized for delivery..

An independent dose calculation is completed by the CMD/medical physicist to several points in the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the dwell time for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the applicator lumen, source positions, point/line/ surface coordinates, organs at risk location, source activity, source positions, transfer tube length, dwell positions, decayed source activity, treatment time, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals

The plan is transferred to the afterloader delivery system. The brachytherapy plan and report (including 3D image data set, 2D isodose curves, organ at risk summaries, dwell positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

77317 Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

The dosimetrist/physicist (CMD/MP) converts the DICOM CT data set to the RTP system image convention, verifies correct transmission of patient demographics and that there was no motion of the skin applicator during the acquisition and the applicator channel lumen has no discontinuities. The CMD/MP assists the physician in aligning the images for the optimal orientation for the contouring process and in delineating the organs at risk (OAR's) near the anticipated treatment volume. The applicator surface is entered as a structure to assist the physician in creating the target volume. After the physician has created the target volume (GTV) an expansion volume (CTV) is created, modified to account for geometric distortions in the expansion process and, with the physician, is trimmed as necessary to respect OAR's and other normal tissue. Reference calculation points and reference calculation lines are then created to match the specified prescription depth and CTV. Additional reference points/surfaces are created for organs at risk as directed by the physician. The 3-dimensional path of each of the applicator lumens is entered, accounting for the lumen curvature and known dead space at the terminus of each catheter. Source positions are spaced through the applicator lumens, guided by dummy sources in the image data set convolved with the CTV created by the physician. Source positions are trimmed from areas immediately adjacent to OAR's as necessary. Multiple combinations of source dwell positions and dwell times are created to optimize the dose to the CTV and minimize the dose to organs at risk. In particular, substantial effort is directed at maintaining an appropriately conformal dose distribution at the central portion of concave regions of the CTV. Subsequent iterations of the source position/dwell time combinations are required to optimize the patient specific dose distribution. The resultant optimized plans are reviewed with the physician, modified as directed and final optimization of the isodose lines in the chosen plan is performed. Dwell times receive minor modification to match delivery constraints in the autoloader delivery system. The plan is then authorized for delivery.

An independent dose calculation is completed by the CMD/medical physicist to several points within the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the dwell time for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the applicator lumen, source positions, point/line/ surface coordinates, organs at risk location, source activity, source positions, transfer tube length, dwell positions, decayed source activity, treatment time, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals.

The plan is transferred to the afterloader delivery system. The brachytherapy plan and report (including 3D image data set, 2D isodose curves, organ at risk summaries, dwell positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

77318 *Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*
(Do not report 77316, 77317, 77318 in conjunction with 77300)

The dosimetrist/physicist (CMD/MP) converts the digitized trans rectal ultrasound (TRUS) data set to the brachytherapy RTP system image convention, verifies correct transmission of patient demographics and template grid image. The CMD/MP creates a digital overlay of the perineal grid image, scaling the digital grid to match the digitized image of the TRUS grid. Image display is scaled to assure visualization of the entire prostate, urethral catheter and balloon, and pubic arch reflections. The extent of the axial image data set is compared to the sagittal image of the prostate to confirm that there are no missing axial slices. The CMD/MP then assists the physician in contouring the prostate, urethra, rectum, seminal vesicles and periprostatic tissue. At the direction of the physician, an expansion of the prostatic volume is created (typically variable in each of the 3 dimensions) and then edited/ smoothed to account for expansion anomalies or proximity to organs at risk. After the physician chooses the isotope to be used, the CMD/MP creates an initial plan by placing simulated needles along the grid coordinates and placing radioactive seeds in the needles, generally alternating peripheral and central seed placement across adjacent axial image planes. The plan is then optimized based on prescribed treatment volumes and doses (percentages of the treatment volume to receive a specific percentage of the treatment dose) and absolute dose received by a specified percentage of the treatment volume. In addition the optimization includes maximum dose constraints to the urethra and urethral sub volumes as well as to the bladder and rectum and sub volumes of each of those organs. Source activities may be modified to assist in the optimization, but the activities must be correlated with the activities available from the source supplier on the implant date. Constraints on the maximum number of needles to be used must also be observed. At the conclusion of this initial optimization process, the plan is reviewed b the physician and additional edits are typically made. The delivery feasibility of the edited plan is then confirmed and the plan finalized, authorized for delivery and printed. The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the TRUS image data and template alignment, organs at risk location, source activity, source positions, needle positions, decayed source activity, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals.

An independent dose calculation is completed by the CMD/medical physicist to several points within the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the effective half-life for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The brachytherapy plan with report (including 3D image data set, 2D and 2D isodose curves, organ at risk summaries, source positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

	A	B	C	F	G	H	I	J	K
1	**REVISED AT THE MEETING**			**CURRENT**	**2002**	**Recommendations**		**CURRENT**	**2002**
2	**Meeting Date: April 2014** **Tab: 20 Isodose Planning** **Specialty: Radiation Oncology**			**77300**		**77300**		**77305**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician				Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
9		*L063A*	*MedDos*	*11*		*0*		*14*	
10		*L152A*	*MedPhys*	*5*		*0*		*0*	
11		*L107A*	*MedDos/ MedPhy*			*14*			
12	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
13	**PRE-SERVICE**								
14	**Start: Following visit when decision for surgery or procedure made**								
23	**End: When patient enters office/facility for surgery/procedure**								
24	**SERVICE PERIOD**								
25	**Start: When patient enters office/facility for surgery/procedure:**								
26	Greet patient, provide gowning, ensure appropriate medical records are available								
27	Obtain vital signs								
28	Provide pre-service education/obtain consent								
29	Prepare room, equipment, supplies								
30	Setup scope (non facility setting only)								
31	Prepare and position patient/ monitor patient/ set up IV								
32	Sedate/apply anesthesia								
33	*Other Clinical Activity - specify:								
34	**Intra-service**								
35	Perform Procedure								
36	*Isodose Planning*	L063A	MedDos	11				14	
37		L152A	MedPhys	5					
38	*Dose Calculations*	*L107A*	*MedDos/ MedPhy*			*14*			
39	**Post-Service**								
40	Monitor pt. following moderate sedation								
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
42	Clean room/equipment by physician staff								
43	Clean Scope								
44	Clean Surgical Instrument Package								
45	Complete diagnostic forms, lab & X-ray requisitions								
46	Review/read X-ray, lab, and pathology reports								
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page								
49	Review examination with interpreting MD								
50	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue								
51	*Other Clinical Activity - *specify:*								
55	**End: Patient leaves office**								
56	**POST-SERVICE Period**								
57	**Start: Patient leaves office/facility**								
58	Conduct phone calls/call in prescriptions								
66	*Other Clinical Activity - *specify:*								
67	**End: with last office visit before end of global period**								
68	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
69	pack, minimum multi-specialty visit	SA048	pack						
70	swab-pad, alcohol	SJ053							
71	pad, nail polish remover	SK053							
72	paper, graph-plotter	Sk056		1					
73	paper, laser printing (each sheet)	SK057				3			
74	skin marking pen, sterile (Skin Skribe)	SK075		1					
75	anatomical drawings (for treatment recording)	SK002		1					
76									
77	**EQUIPMENT**	**CODE**							
78	computer system, record and verify	ED011				0			
79	computer workstation, brachytherapy treatment planning	ED017							
80	x-ray view box, 4 panel	ER067							
81	printer, laser, paper	ED032		16		1		14	
82	radiation therapy dosimetry software (Argus QC)	ER055		16		14		14	
83	computer workstation, 3D teletherapy treatment planning	ED015		16		14		14	

	A	B	C	F	G	H	I	J	K
1	**REVISED AT THE MEETING**			**CURRENT**	**2002**	**Recommendations**		**CURRENT**	**2002**
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
9		*L063A*	*MedDos*	*11*		*0*		*14*	
10		*L152A*	*MedPhys*	*5*		*0*		*0*	
11		*L107A*	*MedDos/ MedPhy*			*14*			
12	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
13	**PRE-SERVICE**								
14	**Start: Following visit when decision for surgery or procedure made**								
23	**End: When patient enters office/facility for surgery/procedure**								
24	**SERVICE PERIOD**								
25	**Start: When patient enters office/facility for surgery/procedure:**								
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28	Provide pre-service education/obtain consent								
29	Prepare room, equipment, supplies								
30	Setup scope (non facility setting only)								
31	Prepare and position patient/ monitor patient/ set up IV								
32	Sedate/apply anesthesia								
33	*Other Clinical Activity - specify:								
34	**Intra-service**								
35	Perform Procedure								
36	*Isodose Planning*	L063A	MedDos	11				14	
37		L152A	MedPhys	5					
38	*Dose Calculations*	*L107A*	*MedDos/ MedPhy*			*14*			
39	**Post-Service**								
40	Monitor pt. following moderate sedation								
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42	Clean room/equipment by physician staff								
43	Clean Scope								
44	Clean Surgical Instrument Package								
45	Complete diagnostic forms, lab & X-ray requisitions								
46	Review/read X-ray, lab, and pathology reports								
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page								
49	Review examination with interpreting MD								
50	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue								
51	*Other Clinical Activity - *specify:*								
55	**End: Patient leaves office**								
56	**POST-SERVICE Period**								
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67	**End: with last office visit before end of global period**								
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69	pack, minimum multi-specialty visit	SA048	pack						
70	swab-pad, alcohol	SJ053							
71	pad, nail polish remover	SK053							
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73	paper, laser printing (each sheet)	SK057				3			
74	skin marking pen, sterile (Skin Skribe)	SK075		1					
75	anatomical drawings (for treatment recording)	SK002		1					
76									
77	**EQUIPMENT**	**CODE**							
78	computer system, record and verify	ED011				5			
79	computer workstation, brachytherapy treatment planning	ED017							
80	x-ray view box, 4 panel	ER067							
81	printer, laser, paper	ED032		16		1		14	
82	radiation therapy dosimetry software (Argus QC)	ER055		16		14		14	
83	computer workstation, 3D teletherapy treatment planning	ED015		16		14		14	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Services with Stand-Alone PE Procedure Time

January 2014

Radiation Treatment Delivery

In October 2013, the CPT Editorial Panel deleted 14 codes (including two Category III codes); established two codes to report intensity modulated radiation therapy: simple, complex and one new code to report guidance for localization for delivery of radiation therapy; revised three codes to report radiation treatment delivery: simple, intermediate and complex. In addition, significant additions to guidelines were added, including a table of radiation management and treatment codes to clarify which codes contain the technical or professional work components.

77014 *Computed tomography guidance for placement of radiation therapy fields*
CPT Code 77014 C*omputed tomography guidance for placement of radiation therapy fields* (work RVU= 0.85) is currently used to report CT with simulation and imaging guidance. The specialty societies explained that with coding changes in both the simulation codes in CPT 2014 and the treatment delivery/IGRT codes in CPT 2015, they expect utilization to drop to negligible levels by 2015. Currently 77014 is a high volume code and there may still be some situations where this code may be required. In October 2013 the CPT Editorial Panel decided not to delete the code along with the other IGRT codes, CPT code 77421 and 76950, based on concerns that without this option, some might have no valid CPT alternative other than use of higher valued diagnostic CT codes. **The specialties recommended and the RUC agreed that 77014 be re-reviewed once the new radiation treatment delivery codes go into effect and two years of Medicare data are available. The RUC recommends no change in the work RVU or practice expense direct inputs for CPT code 77014.**

Compelling Evidence
The specialties explained that the technique for delivering radiation therapy is significantly different and now includes some techniques previously reported as intensity modulated radiation therapy (IMRT). Image guided radiation therapy (IGRT) technology has evolved from using third party vendor hardware and software to the use of integrated technology. In the revised CPT code set IMRT and IGRT are bundled together. The specialty societies explained that new knowledge/technology has altered radiation delivery as well. The codes reflect the inclusion of tracking technology previously reported with category III codes. There have also been significant changes in the design of the linac machines used to delivery radiation treatment. The linac machines are now fully integrated digital treatment delivery equipment capable of delivering all energies in therapeutic use including electrons. The previous generations of single low energy linacs are no longer commercially available.

The specialty societies explained that advances in technology have changed the clinical staff time required for these codes. There are now mandated patient and staff safety requirements which were developed after catastrophic accidents during radiation treatment delivery. The change in technology has placed increased emphasis on patient safety, training and accreditation requirements and the American Society of Radiologic

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Technologists (ASRT) now require two qualified personnel at all times on each machine for patient setup and treatment. All parameters, electronic read outs, monitoring units and beam modifiers have to be confirmed in the room and cross-checked outside and inside the room by independent radiation therapists. While treatment is ongoing, one radiation therapist watches the console, monitor units and treatment parameters and the other watches the patient and machine movement in the room. **The PE Subcommittee considered the compelling evidence presented and determined that they would consider an increase in the time and equipment for the CPT codes.**

77402 ***Radiation treatment Delivery; simple***
77407 ***Radiation treatment Delivery; intermediate***
77412 ***Radiation treatment Delivery; complex***
The specialty societies developed recommendations for practice expense (PE) only, as the standard radiation treatment delivery codes do not require physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for the treatment.

The RUC discussed that there may be potential overlap with the planning and management services that are billed with the treatment, however the staff responsible for the planning and management and the work performed by the RN/LPN/MTA (L037D) in the pre-service period and the RT (L050C) in the service and post-service period is specifically attributable to this code. The RUC also discussed that when the service was last reviewed in September 2002 some of the pre-service and post-service time in the service period was combined into the intra-service time. The RUC also discussed that many of the PE standards that currently exist did not exist at that time. The RUC agreed with the specialty that although the beam-on time has decreased because of efficiencies gained from new technology, the overall clinical labor time has increased substantially because of practice expense standards and potential errors in allocation of clinical staff time when the codes were previously reviewed.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that the equipment has changed significantly since the codes were previously reviewed in September 2002. The linac machine is an accelerator capable of delivering all energy levels including electrons, so separate equipment for simple, intermediate and complex courses of treatment are no longer necessary and the *accelerator, 4-6 MV* (ER009) and *accelerator, 6-18 MV* (ER010) would not be used and are no longer commercially available. Previously the accelerator was the only piece of equipment needed, but the linac accelerator requires other pieces of equipment to function properly, such as the *laser diode* (ER040), *intercom* (EQ139), *power conditioner* (new) and the *record and verify system* (ER090). These equipment items are not only separate, but are purchased from different suppliers. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

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77385 ***Intensity modulated treatment delivery, includes guidance and tracking when performed: simple***
The specialties developed recommendations for practice expense (PE) only, as CPT code 77385 does not include physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the specialty is recommending different equipment than what is currently utilized for the reference code, CPT code 77418 *Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session*.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that new equipment *on board imaging* and *power conditioner* are now necessary for this treatment. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

77386 ***Intensity modulated treatment delivery, includes guidance and tracking when performed: complex***
The specialties developed recommendations for practice expense (PE) only, as CPT code 77386 does not include physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for the reference code, CPT code 77418 *Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session*.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that new equipment *on board imaging* and *power conditioner* are now necessary for this treatment. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

77387 ***Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed***
CPT Code 77387 was created to replace the current IGRT codes, CPT codes 77014, 77421 and 76950. The RUC reviewed the surveys of 95 radiation oncologists and determined that a work RVU of 0.58 (3 minutes pre-service, 10 minutes intra-service and 3 minutes post-service) lower

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than the survey 25th percentile, appropriately accounts for the physician work of this service. The RUC noted that this is a bundled code and the RUC considered the work RVUs of the deleted codes when determining the value of this service to maintain budget neutrality. The RUC also noted that treatment delivery codes 77402-77418, which do not include physician work, can be reported on the same date of service when image guidance is performed. The RUC compared the surveyed code to 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation*(work RVU=0.56) with identical intra-service time and determined that the surveyed code is slightly more intense to perform, accounting for the slightly higher work value. For further support, the RUC compared the surveyed code to MPC code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU=0.52), the surveyed code is also more intense than this comparison code, accounting for the higher work value. **The RUC recommends a work RVU of 0.58 for CPT code 77387.**

Practice Expense
The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 95 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for reference codes 77014, 77421 and 76950.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service. The RUC also discussed that although this service will typically be billed with CPT code 77412, *radiation treatment delivery, complex*, the equipment is completely different and will require additional education and positioning of the patient.

The RUC also discussed that image guided radiation therapy (IGRT) technology has changed and that this service now needs to include an accelerator because the imaging guidance equipment is part of integrated digital treatment technology of the linac machine. Previously image guidance could be reported as a separate service. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Nervous System** **Stereotactic Radiosurgery (Cranial)** Codes 61796-61799 include computer-assisted planning. Do not report codes 61796-61799 in conjunction with 61781-61783. (For intensity modulated beam delivery plan and treatment, see 77301, 77385, 77385, ~~77418~~. For stereotactic body radiation therapy, see 77373, 77435)				
Category I **Surgery** **Nervous System** **Stereotactic Radiosurgery (Spinal)** Codes 63620, 63621 include computer-assisted planning. Do not report 63620, 63621 in conjunction with 61781-61783. (For intensity modulated beam delivery plan and treatment, see 77301, 77385, 77385, ~~77418~~. For stereotactic body radiation therapy, see 77373, 77435)				
Category I **Radiology** **Diagnostic Ultrasound** **Ultrasonic Guidance Procedures**				
D76950		~~Ultrasonic guidance for placement of radiation therapy fields~~ (76950 has been deleted. To report use 77387)	XXX	N/A
Category I **Radiology** **Radiologic Guidance** **Computed Tomography Guidance**				

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77014	R1	Computed tomography guidance for placement of radiation therapy fields	XXX	0.85 (Specialty society recommends maintaining current value)

Category I
Radiology
Radiation Oncology
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services

77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

(Do not report 77338 more than once per IMRT plan)

(For immobilization in IMRT treatment, see 77332-77334)

(Do not report 77338 in conjunction with ~~0073T~~77385, for compensator based IMRT)

Category I
Radiology
Radiation Oncology
Stereotactic Radiation Treatment Delivery

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

(Do not report 77373 in conjunction with 77401,77402,77407,77412, 77385, 77385)

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Category I
Radiology
Radiation Oncology
Radiation Treatment Delivery

~~(Radiation treatment delivery [77401-77416] recognizes the technical component and the various energy levels)~~

~~(For intra-fraction localization and tracking of target, use 0197T)~~

Following dosimetry calculations, there are a number of alternative methods to deliver external radiation treatments, which are described with specific CPT codes:

X-ray (photon), including conventional and intensity modulated radiation therapy (IMRT) beams;

Electron beams;

Neutron beams;

Proton beams.

All treatment delivery codes are reported once per treatment session. The treatment delivery codes recognize technical-only services, and contain no physician or QHCP work (the professional component). In contrast, the treatment management codes contain only the professional component.

Radiation treatment delivery with conventional X-ray or electron beams is assigned levels of complexity based on the number of treatment sites and complexity of the treatment fields, blocking, wedges, and physical or virtual tissue compensators. A simple block is straight-edged or an approximation of a straight edge created by a multileaf collimator (MLC). Energy of the megavoltage (≥1MeV) beam does not contribute to complexity. Techniques such as treating a field-in-field to ensure dose homogeneity reflect added complexity.

Intensity modulated radiation therapy (IMRT) uses computer-based optimization techniques with non-uniform radiation beam intensities to create highly conformal dose distributions that can be delivered by a radiotherapy treatment machine. A number of technologies, including spatially and temporally modulated beams, cylindrical beamlets, dynamic MLC, single or multiple fields or arcs, or compensators, may be

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used to generate IMRT. The complexity of IMRT may vary depending on the area being treated or the technique being used.

Image guided radiation therapy (IGRT) may be used to direct the radiation beam and to reflect motion during treatment. A variety of techniques may be used to perform this guidance including imaging (eg, ultrasound, CT, MRI, stereoscopic imaging) and non-imaging (eg, electromagnetic or infrared) techniques. Guidance may be used with any radiation treatment delivery technique and is typically used with IMRT delivery. IMRT delivery codes include the technical component of guidance or tracking, if performed. Since only the technical portion of IGRT is bundled into IMRT, the Physician or QHCP involvement in guidance or tracking may be reported separately ~~when performed with IMRT~~. When guidance is required with conventional radiation treatment delivery, both the professional and technical components are reported since neither components of guidance are bundled into conventional radiation treatment delivery services.

As both the technical and professional components of guidance are handled differently with each radiation delivery code~~s~~ depending on the type of radiation being administered.The following table is provided for clarity.

Category	Code #	Descriptor	IGRT TC (77387-TC) Bundled into Code?	IGRT PC (77387-PC) Bundled into Code?	Code Type Technical / Professional
SRS: Stereotactic radiosurgery IMRT: Intensity modulated radiation therapy TC :Technical component			SBRT: Stereotactic body radiation therapy IGRT: Image guided radiation therapy PC: Professional component (modifier 26)		
Radiation Treatment Management	77427	Treatment Management, 1–5 Treatments	N	N	Professional
	77431	Treatment Management, 1–2 Fractions	N	N	Professional
	77432	SRS Management, Cranial Lesion(s)	N	Y	Professional
	77435	SBRT Management	N	Y	Professional

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Category	Code #	Descriptor	IGRT TC (77387-TC) Bundled into Code?	IGRT PC (77387-PC) Bundled into Code?	Code Type Technical / Professional
SRS Treatment Delivery	77371	SRS Multisource 60 Based	Y	N	Technical
	77372	SRS Linear Based	Y	N	Technical
SBRT Treatment Delivery	77373	SBRT, 1 or More Lesions, 1-5 Fractions	Y	N	Technical
Radiation Treatment Delivery	77401	Superficial and/or Ortho Voltage	N	N	Technical
	77402	Radiation Treatment Delivery, Simple	N	N	Technical
	77407	Radiation Treatment Delivery, Intermediate	N	N	Technical
	77412	Radiation Treatment Delivery, Complex	N	N	Technical
IMRT Treatment Delivery	77385	IMRT Treatment Delivery, Simple	Y	N	Technical
	77386	IMRT Treatment Delivery, Complex	Y	N	Technical
Neutron Beam Treatment Delivery	77422	Neutron Beam Treatment, Simple	N	N	Technical
	77423	Neutron Beam Treatment, Complex	N	N	Technical
Proton Treatment Delivery	77520	Proton Treatment, Simple	N	N	Technical
	77522	Proton Treatment, Simple	N	N	Technical
	77523	Proton Treatment, Intermediate	N	N	Technical
	77525	Proton Treatment, Complex	N	N	Technical

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Definitions

Radiation Treatment Delivery, megavoltage (≥1 MeV), any energy

Simple: All of the following criteria are met (and none of the complex or intermediate criteria are met): single treatment area, one or two ports, and two or fewer simple blocks.

***Intermediate*:** Any of the following criteria are met (and none of the complex criteria are met): 2 separate treatment areas, 3 or more ports on a single treatment area, or 3 or more simple blocks.

***Complex*:** any of the following criteria are met: 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam.

Intensity Modulated Radiation Therapy (IMRT), any energy, includes the technical services for guidance.

***Simple*:** Any of the following: prostate, breast, and all sites using physical compensator based IMRT.

Complex includes all other sites if not using physical compensator based IMRT.

77401 Radiation treatment delivery, superficial and/or ortho voltage

(Do not report 77401 in conjunction with 77373)

▲77402	R2	Radiation treatment delivery, >1MeV; simple ~~single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV~~ (Do not report 77402 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77403		~~6-10 MeV~~	XXX	N/A
D77404		~~11-19 MeV~~	XXX	N/A
D77406		~~20 MeV or greater~~ (77403-77406 have been deleted. To report, use 77402)	XXX	N/A

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▲77407	R3	Radiation treatment delivery, intermediate ~~2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV~~ (Do not report 77407 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77408		~~6-10 MeV~~	XXX	N/A
D77409		~~11-19 MeV~~	XXX	N/A
D77411		~~20 MeV or greater~~ (77413-77416 have been deleted. To report, use 77412)	XXX	N/A
▲77412	R4	Radiation treatment delivery, complex ~~3 or more separate treatment areas, custom blocking, tangential ports,wedges, rotational beam, compensators, electron beam; up to 5 MeV~~ (Do not report 77412 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77413		~~6-10 MeV~~	XXX	N/A
D77414		~~11-19 MeV~~	XXX	N/A
D77416		~~20 MeV or greater~~ (77413-77416 have been deleted. To report, use 77412)	XXX	N/A

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D77418		~~Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session~~ (77418 has been deleted)	XXX	N/A
●77385	R5	Intensity modulated treatment radiation delivery (IMRT), includes guidance and tracking when performed, simple (To report professional component (PC) of guidance and tracking, use 77387 with modifier 26)	XXX	PE Input Recommendation Only
●77386	R6	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed, complex (To report professional component (PC) of guidance and tracking, use 77387 with modifier 26) (Do not report 77385, 77386 in conjunction with 77371, 77372, 77373)	XXX	PE Input Recommendation Only
● 77387	R7	Guidance for localization of target volume for delivery of treatment delivery, includes intrafraction tracking when performed (Do not report technical component (TC) with 77385, 77386, 77371, 77372, 77373)		0.58
D77421		~~Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy~~ (77421 has been deleted. To report, use 77387)		N/A

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Category 1
Radiology
Radiation Oncology
Radiation Treatment Management

Radiation treatment management is reported in units of five fractions or treatment sessions, regardless of the actual time period in which the services are furnished. The services need not be furnished on consecutive days.

Multiple fractions representing two or more treatment sessions furnished on the same day may be counted separately as long as there has been a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days. Code 77427 is also reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately. Radiation treatment management requires **and includes** a minimum of one examination of the patient by the physician for medical evaluation and management (eg, assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab test results with documentation) for each

reporting of the radiation treatment management service. Code 77469 represents only the intraoperative session management and does not include medical evaluation and management outside of that session. The professional

services furnished during treatment management typically include:

■ Review of port films;

■ Review of dosimetry, dose delivery, and treatment

parameters;

■ Review of patient treatment set-up.

Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Treatment (SBRT) also include the professional component of guidance for localization of target volume for the delivery of radiation therapy (77387)**. Also see Table in Radiation Treatment Delivery.**

Staff Note:	**During minutes review, the Panel recommended adding the above highlighted language. Panel approval is requested.**
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only (77431 is not to be used to fill in the last week of a long course of therapy)
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1session) (The same physician should not report both stereotactic radiosurgery services [61796-61800] and radiation treatment management [77432 or 77435] for cranial lesions)

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(For stereotactic body radiation therapy treatment, use 77435)

(To report the technical component of guidance for localization of target volume use 77387 with a technical component modifier)

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5fractions

(Do not report 77435 in conjunction with 77427-77432)

(The same physician should not report both stereotactic radiosurgery services [32701, 63620, 63621] and radiation treatment management [77435])

(To report the technical component of guidance for localization of target volume use 77387 with a technical component modifier)

Category III Codes

D0073T ~~Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session~~

~~(For treatment planning, use 77301)~~

~~(Do not report 0073T in conjunction with 77401-77416, 77418)~~

(0073T has been deleted. To report, use 77385)

D0197T ~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment~~

(0197T has been deleted. To report, use 77387)

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ASTRO
TARGETING CANCER CARE

January 7, 2014

Barbara Levy, MD
Chair, RUC
8655 W Higgins Road
Chicago, IL 60631

Re: Tab 14 Radiation Treatment Delivery

Dear Dr. Levy,

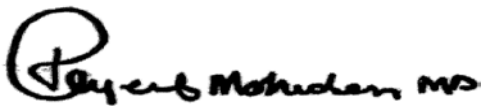
ASTRO and ACRO conducted RUC physician work and/or practice expense surveys for the six new radiation oncology treatment delivery codes included in Tab 14 and will be presenting RUC recommendations at the upcoming winter meeting. CPT Code 77014 C*omputed tomography guidance for placement of radiation therapy fields* was also included in this tab.

CPT Code 77014 is currently used to report CT with simulation and with imaging guidance. With changes in both the simulation codes (2014) and treatment delivery/IGRT codes (2015) we expect the utilization to drop to negligible levels by 2015. Since this is such a high volume code, there was discussion at CPT that there may still be some situations where this code may be required. As such, CPT preferred not to delete the code entirely, as we proposed for the other IGRT codes (77421, 76950). The CPT Editorial Panel raised concerns that without this option, some might have no valid CPT alternative other than use of higher valued diagnostic CT codes. There was also some discussion that some providers might need to report this code for a brachytherapy case or potentially by imaging centers that perform a scan for an unaffiliated radiation oncologist. As a result, the Panel recommended that this code be retained in CPT.

We request that CPT code 77014 be re-reviewed once the new radiation treatment delivery codes go into effect and two years of Medicare data are available. In the interim, we recommend that the code value remain the same.

If you have any questions, please don't hesitate to contact me at nmohide@gmail.com.

Regards,



Najeeb Mohideen, MD

ASTRO RUC Advisor

cc: Sherry Smith
Trisha Crishock

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77387 Tracking Number Original Specialty Recommended RVU: **0.58**
Presented Recommended RVU: **0.58**
Global Period: XXX RUC Recommended RVU: **0.58**

CPT Descriptor: Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed

(Do not report technical component (TC) with 77385, 77386, 77371, 77372, 77373)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man presents with Stage III lung cancer will undergo concurrent chemotherapy and 3D conformal radiation. Prior to daily radiation therapy, cone-beam CT image guidance scan is performed and reviewed, and patient's position is adjusted to localize the primary tumor and the mediastinal nodes accurately before treatment. Surface tracking is performed during treatment delivery to ensure no movement exceeds safe thresholds.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the imported planning CT images, identifies reproducible anatomical structures and fiducial markers.

Description of Intra-Service Work: The physician oversees patient preparation including placement of external markers used for alignment and camera system used for surface tracking. The patient is then aligned using the four directional alignment room lasers via external skin marks and markers by the therapist under physician supervision.

A CT scan is acquired in the treatment position, immediately prior to treatment and as this data is loaded on the treatment console it is aligned, registered and fused using various manual or automatic tools to visualize the target volume or implanted markers and critical normal structures. The physician then ensures that the fusion is accurate and evaluates the images. The translation errors of the patient set-up and the table movement necessary to optimally align the patient's target volume at the isocenter in longitudinal, lateral and vertical directions are calculated. Subsequently, any rotational errors are identified and corrected. The deviations, if present, are determined and corrected by adjusting the patient's treatment position to the treatment target volume isocenter. The adjustments are performed by applying the required translational shifts to the treatment couch by the therapist under physician supervision. Once accurate positioning is achieved the treatment delivery starts and patient motion during radiation therapy is tracked and observed using surface rendering to

calculate precisely any patient movement in all six degrees of freedom, and monitor respiratory motion to confirm that it is within the planning parameters.

The physician reviews the images, evaluates target volume changes, normal tissue variation, and compares with previous shifts. Feedback by the physician is given to the therapists about the adequacy of registrations and about the steps necessary to take to improve registrations as well as for required treatment modifications for the subsequent day. Patient specific preferences regarding the relative importance of targets vs. normal tissues are also conveyed to staff in an ongoing process throughout treatments.

Description of Post-Service Work: The physician verifies that all the appropriate images and shifts if necessary have been acquired, performed and documented accurately. The physician documents and signs the images.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Najeeb Mohideen, MD, Micheal Kuettel, MD, PhD, David Beyer, MD, Dwight Heron, MD, Gerald White, James Goodwin, William Noyes, MD and Paul Wallner, DO				
Specialty(s):	Radiation Oncology				
CPT Code:	77387				
Sample Size:	1906	**Resp N:**	95	**Response:** 4.9 %	
Description of Sample:	Random sample of ASTRO and ACRO				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**500.00**	1775.50	5000.00
Survey RVW:	0.13	0.83	**1.21**	1.60	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	25.00	70.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77387	**Recommended Physician Work RVU: 0.58**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76377	XXX	0.79	**RUC Time**

CPT Descriptor 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93224	XXX	0.52	**RUC Time**	489,949

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	23,563

CPT Descriptor 2 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 77387**	**Key Reference CPT Code:** 76377	**Source of Time RUC Time**
Median Pre-Service Time	3.00	5.00	
Median Intra-Service Time	10.00	17.00	
Median Immediate Post-service Time	3.00	8.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**30.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.24	2.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.12
Urgency of medical decision making	3.82	2.94
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.41	3.12
Physical effort required	2.65	2.41
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.76	3.12
Outcome depends on the skill and judgment of physician	4.00	3.35
Estimated risk of malpractice suit with poor outcome	3.35	3.12

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.65	2.65
Intra-Service intensity/complexity	3.82	3.65

Post-Service intensity/complexity	2.29	2.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 77387 is an IGRT code for Image Guidance prior to treatment delivery which has both PC and TC. The PC describes the physician work associated with IGRT acquisition, evaluation, correction for treatment delivery and assessment of Images for target volume and normal tissue exposure.

ASTRO and ACRO conducted a survey and collected 95 random surveys. A consensus panel was convened that included a number of experts familiar with this service to evaluate the RUC survey data. Based on this robust survey and budget neutrality calculations we are recommending an RVU of 0.58 for CPT code 77387.

Budget Neutrality:
We conducted a budget neutrality assessment for this new CPT code based on the data available for the codes currently used to report these services. We also included for an estimated 10% growth. We worked with the RUC staff to ensure the calculations were accurate.

Vignette:
85 % of our survey respondents felt the vignette was typical.

Codes Reported on the Same Day:
Treatment delivery Codes 77402-77418 will be reported on the same date of service when Image Guidance is performed. They describe the delivery of radiation and the delivery codes do NOT include physician work

Time:
Our current surveyed total time is 20 minutes (5, 10, 5). We are recommending a decrease in pre and post time from 5 min to 3 minutes. This adjusted time reflects more appropriate time for the described pre and post physician work.

IWPUT:
The recommendations described above yield an IWPUT of 0.045, which is consistent with the existing RO image guidance codes and fits appropriately in rank order with other RO procedures.

Comparison to the Other Services:
The recommendations as described above compare favorably to other similar services:

CPT Code	CPT Descriptor	2013 RVU	Total Time	Pre Time	Intra Time	Post Time
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	0.39	9		9	
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed	0.58	16	3	10	3
76950	Ultrasonic guidance for placement of radiation therapy fields	0.58	18			

76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	0.79	30	5	17	8
77014	Computed tomography guidance for placement of radiation therapy fields	0.85	17			

Recommendations:
We are recommending a physician work RVU of 0.58 with a total time of 16 minutes (3 pre, 10 intra time and 3 post).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This CPT code will be billed with radiation treatment delivery codes (i.e. 77402-77412) when image guidance is performed. The radiation treatment delivery codes are TC only codes and do not have physician work RVUs.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76950, 77014 or 77421 depending on modality used

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,700,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated approximatley a 10 percent growth of the existing three CPT codes currently used or IGRT (76950, 77014 and 77421).

Specialty Radiation Oncology Frequency 2700000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77014

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2012

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SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	**ISSUE:** Radiation Treatment Delivery																			
13	**TAB:** 14																			
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	76377	3D rendering with interpretation and reporting of computed tom		0.029			0.79			30	5					17			8
17	CURRENT	77014	Computed tomography guidance for placement of radiation ther		0.050			0.85			17						17			
18	CURRENT	76950	Ultrasonic guidance for placement of radiation therapy fields		0.032			0.58			18						18			
19	CURRENT	77421	Stereoscopic X-ray guidance for localization of target volume fo		0.043			0.39			9						9			
20	SVY	77387	Guidance for localization of target volume for delivery of	95	0.099	0.13	0.83	1.21	1.60	4.50	20	5			1	5	10	25	70	5
21	REC	77387	Guidance for localization of target volume for delivery of radiatic		0.045			0.58			16	3					10			3
22																				
23																				
24																				
25																				
26																				
27																				

CPT Code: 77402, 77407, 77412, 77385, 77386 and 77387
Specialty Society('s) ASTRO and ACRO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77402 Radiation treatment Delivery; simple

77407 Radiation treatment Delivery; intermediate

77412 Radiation treatment Delivery; complex

77385 Intensity modulated treatment delivery, includes guidance and tracking when performed: simple

77386 Intensity modulated treatment delivery, includes guidance and tracking when performed: complex

77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed

Global Period: XXX

Meeting Date: January 2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

We conducted practice expense surveys of the ASTRO and ACRO membership. The survey tool was discussed and approved by the Research Subcommittee prior to fielding the survey. Survey data was collected from freestanding offices only. (Physicians practicing in a hospital based setting did not complete the survey.) A consensus group representing ASTRO and ACRO was developed to review the survey data and develop recommendations.

You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CPT codes included in this tab replace existing CPT codes. As such, the existing codes are serving as our reference codes. The existing direct practice expense inputs are included on this spreadsheet.

If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are presenting compelling evidence to support our recommendations for an increase in clinical time.

Technique

Standard Delivery techniques will include some techniques previously billed as IMRT.

IGRT technology has evolved from using third party vendor hardware and software to the use of integrated technology. In the revised CPT code set IMRT and IGRT will be bundled together.

Knowledge/Technology

For IGRT: These codes will reflect the inclusion of tracking technology previously billed with Cat III codes

Fully integrated digital treatment delivery equipment with IGRT capable of delivering all energies in therapeutic use including electrons: The design of these machines is substantially different than the previous generation of single low energy Linacs (no longer commercially available). The technology includes multiple interchangeable filters, more complex waveguides electronic beam steering systems and a variety of other features that require more elaborate multiple safety checks, independent cross verifications, etc.

Mandated Patient and Staff Safety Requirements after catastrophic accidents during RT delivery. There is an increased need for radiation therapists (RTT's) operating the delivery Linacs to observe multiple status indicators, constantly verify patient position and recognize and react to anomalies during treatment.

Ref: Safety is no accident, A Framework for Quality Radiation Oncology and Care https://www.astro.org/uploadedFiles/Main_Site/Clinical_Practice/Patient_Safety/Blue_Book/SafetyisnoAccident.pdf (Blue Book: affects all delivery codes)

Ref: New knowledge on normal tissue tolerance (QUANTEC), use of dose escalated radiotherapy, tight margins, stringent setup and evaluation of systematic and random errors in setup. Int J Radiat Oncol Biol Phys. 2010 Mar 1;76(3 Suppl):S10-9. doi: 10.1016/j.ijrobp.2009.07.1754.

Ref: ASTRO, ACRO and ASRT Accreditation requirements

Evidence that technology has changed clinical staff time

Change in technology has placed increased emphasis on patient safety, training and accreditation requirements and ASRT now require two qualified personnel at all times on each machine for patient setup and treatment. All parameters, electronic read outs have to be confirmed in the room and cross checked outside and inside the room by independent radiation therapists, monitor units, use of beam modifiers, etc have to be cross checked by two radiation therapists. While

treatment is ongoing one radiation therapist watches the console and monitor units and treatment parameters, the other watches the patient and machine movement in the room.

The 2011 ASRT staffing survey document an average of 2.27 radiation therapist per linear accelerator. (See page 11)

ACRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 8)

ACR Accreditation requires minimum of two radiation therapists at each treatment session for adequate staffing and support. (See page 5)

"Safety Is No Accident" a joint document sponsored by ASTRO and developed/endorsed by 12 radiation oncology organizations recommends a minimum of two qualified individuals be present for any routine external beam patient treatment. (See page 14)

Several states now require at least two radiation therapists present to operate each linear accelerator when it is in use. (See MI and NJ materials attached)

Evidence that there has been a change in equipment or practice expense cost.

The linear accelerators that were common when the standard treatment delivery codes being replaced were developed are no longer sold commercially in the United States.

PLEASE DESCRIBE IN DETAIL THE CLINICAL ACTIVITIES OF YOUR STAFF:

Treatment Delivery (77402, 77407, 77412, 77385 and 77386)

Pre Service Clinical Activities

Provide pre-service education/obtain consent
The nurse reviews with the patient the process of care, length of treatment, nature of the treatment process, the symptoms patient will experience during treatment, engages in teaching on skin care, oral care, diet, bladder filling and reviews the resources available for additional support. Reviews the consent again to make sure the patient is informed and aware and agrees to the plan discussed with the physician.

Patient clinical information and questionnaire reviewed by radiation therapist, order from physician confirmed and exam by RadOnc
Prior to each fraction, the radiation therapist reviews physician instructions and changes regarding patient setup, patient clinical condition, need for labs or need to be reviewed by physician before or after treatment, and prior days notes. Any changes required following physics review are noted.

Other Clinical Activity: Dose output and performance verification
Output measurement for each energy using beam profiler. Mechanical tests of Laser, Collimator, ODI. Safety tests. MLC/collimator Qualitative test

Intra-Service Clinical Labor Activities

Greet patient, provide gowning, ensure appropriate medical records are available

Prepare room, equipment, supplies

Prepare and position patient/ monitor patient/ set up IV

PERFORM PROCEDURE

TREATMENT DELIVERY (77402-77412)
The procedure begins when the patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned for the immobilization. Leveling is ensured through laser triangulation and physical repositioning. The first field is established. Blocks are inserted into the tray, or the equivalent MLC pattern is created. Wedges and bolus are applied as prescribed. The projected light field is reviewed on the patient and compared to simulation photos. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified. The treatment is delivered and the vault opened. The radiation therapists enter the room and establish the second field, verify the setup as above and leave the room. The second beam is delivered. The vault is again

opened and the third field established and verified. The room is again secured and the third beam delivered. The room is entered and the patient released from the immobilization. The patient is assisted off the table and the room cleaned for the next patient.

IMRT 77385

The patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned. The selected immobilization device is attached to the indexed linac tabletop. Leveling is ensured through laser triangulation and physical repositioning. Planned shifts from the leveling tattoos are applied and the indexed couch moved in 3 axes with mm accuracy. The first isocenter is established with field center confirmed. Bolus is applied as prescribed. The projected light field is reviewed on the patient. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified.

Image guidance is performed as described for 77387

The planned treatment parameters are loaded into the control consol. The gantry is rotated to the starting field position. Initial MLC pattern is compared to the IMRT plan and treatment initiated. Prescribed changes in MLC patterns are continuously monitored and compared to the plan by one radiation therapist during beam on time, while the second radiation therapist is monitoring the patient. On completion of the first field, the gantry is rotated to the second prescribed angle. Treatment is delivered as described above and repeated for 5 fields. The room is entered and the patient released from the immobilization. The gantry is rotated to a safe position and the table is lowered. The patient is assisted off the table. The room is cleaned for the next patient.

IMRT 77386

The patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned. The selected immobilization device is attached to the indexed linac tabletop. Leveling is ensured through laser triangulation and physical repositioning. Planned shifts from the leveling tattoos are applied and the indexed couch moved in 3 axes with mm accuracy. The first isocenter is established with field center confirmed. Bolus is applied as prescribed. The projected light field is reviewed on the patient. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified.

Image guidance is performed as described for 77387

The planned treatment parameters are loaded into the control consol. The gantry is rotated to the starting field position. Initial MLC pattern is compared to the IMRT plan and treatment initiated. Prescribed changes in MLC patterns are continuously monitored and compared to the plan by one radiation therapist during beam on time, while the second radiation therapist is monitoring the patient. On completion of the first field, the gantry is rotated to the second prescribed angle. Treatment is delivered as described above and repeated for 10 fields. The room is entered and the patient released from the immobilization. The gantry is rotated to a safe position and the table is lowered. The patient is assisted off the table. The room is cleaned for the next patient.

Clean room/equipment by physician staff

Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:

Conduct phone calls. Ensure scheduling of next day's treatment.

Review examination with interpreting MD

Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system,

Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed (77387)

Pre-Service Clinical Labor Activities

Patient clinical information and questionnaire reviewed by radiation therapist, order from physician confirmed and exam protocoled by RadOnc
Prior to each fraction, the radiation therapist reviews physician instructions and changes regarding patient's Image Guidance, of the target volume and changes needed in normal tissue volumes.

Other Clinical Activity:
Imager alignment, image quality and performance verification
Planar MV EPID imaging, Cone Beam CT Imaging test

Intra-Service Clinical Labor Activities

The imaging equipment is prepared for each patient by installing the proper filters and collimators on the on-board imaging device. The tube head and detector panels are then deployed and locked into position.

After the patient has been positioned for treatment (described for delivery codes). Gantry is rotated to ensure safe clearance around the patient, all equipment and devices, to ensure no risk of collision with the imaging system. Radiation Therapists exit the vault. While monitoring video surveillance of both the patient and the gantry, the linac gantry will be placed at the correct start angle and imaging will be acquired as the gantry rotates around the patient. Once the image has been reconstructed, the radiation therapist will overlay the image with the preselected reference image. The radiation therapist will select the area of interest chosen by the physician for image alignment and will choose the appropriate image registration algorithm. Structures of interest will be chosen for projection on the respective images. The radiation therapist will initiate the registration sequence and the system will compute the patient shifts necessary to locate the tumor in the exact position necessary for treatment, the anatomy is reviewed per physician guidelines, review and prescribed limits. If the shifts are minimal and within prescribed limits, the patient shifts are performed and the patient will be ready for treatment. If the necessary shifts exceed prescribed limits, the physician is required to review the set up, reposition the patient as needed, and rescan. If approved by the physician, the shifts are then made and an image acquired for confirmation.

When the patient is deemed to be in the correct position for treatment, the skin surface tracking reference is acquired for use during treatment. Treatment then begins. Radiation Therapist monitors output of tracking system and interrupts therapy when movement exceeds predetermined limits. The patient is repositioned as necessary.

Post-Service Clinical Labor Activities

Review examination with interpreting MD

Exam completed in R&V system, verify transfer of images and isocenter coordinate shifts.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED at meeting**			**EXISTING**		**DATA**		**RECOMMENDATIONS**		**EXISTING**		**DATA**		**RECOMMENDATIONS**		**EXISTING**		**DATA**	
2						**77402**						**77407**							
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	**77402, 77403, 77404, 77406**		*Radiation treatment Delivery; simple*				**77407, 77408, 77409, 77411**		*Radiation treatment Delivery; intermediate*				**77412, 77413, 77414, 77416**		*Radiation treatmen*	
4	***RESPONSE COUNT***					**99**		***Number of Fractions***				**99**		***Number of Fractions***				**99**	
5	***Is the vignette described above typical in your practice for the new code?***					**100%**		***10***				**100%**		***10***				**100%**	
6	**LOCATION**			**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**
7	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
8	**TOTAL CLINICAL LABOR TIME**			**14**		**36**		**29**		**19**		**48**		**39**		**25**		**56**	
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*			*1*		*8*		*4*		*1*		*8*		*4*		*1*		*6*	
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*			*13*		*24*		*21*		*18*		*36*		*31*		*24*		*45*	
11	*TOTAL POST-SERV CLINICAL LABOR TIME*			*0*		*4*		*4*		*0*		*4*		*4*		*0*		*6*	
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MTA			1.8						2.0						0.7	
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MTA			1.0		1				1.2		1				0.5	
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MTA			0.5						0.5						0.2	
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MTA			0.5						0.5						0.2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher			2		1				2		1				2.0	
19	*Other Clinical Activity*: Dose output and performance verification	L050C	RadTher	1		2		2		1		2		2		1		2.0	
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher	2		2		2		2		2		2		2		2	
24	Obtain vital signs					1						1						1	
25	Provide pre-service education/obtain consent																		
26	Prepare room, equipment, supplies	L050C	RadTher	1		2		2		1		3		2		1		3	
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher			2		2				3		2				4	
28	Sedate/apply anesthesia																		
29	Other Clinical Activity																		
30	**Intra-service**																		
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher	10		6		6		15		11		11		21		15	
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher			6		6				11		11				15	
33	**Post-Service**																		
34	Monitor pt. following moderate sedation																		
35	Monitor pt. following service/check tubes, monitors, drains																		
36	Clean room/equipment by physician staff	L050C	RadTher			2		2				2		2				2	
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE					0.1						0.1							
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher			2						2						2	
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher			1		1				1		1				1	
40	Other Clinical Activity - *specify:*																		
41	**End: Patient leaves office**																		
42	**POST-SERVICE Period**																		
43	**Start: Patient leaves office/facility**																		
44	Conduct phone calls/call in prescriptions	L050C	RadTher			1		0.6				1		0.6				2	
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher																
46	Review examination with interpreting MD	L050C	RadTher			1		1				1		1				2	
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher			2		2				2		2				2	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
2				77402, 77403, 77404, 77406		77402				77407, 77408, 77409, 77411		77407				77412, 77413, 77414, 77416		77	
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**			*Radiation treatment Delivery; simple*						*Radiation treatment Delivery; intermediate*						*Radiation treatmen*	
48	Other Clinical Activity																		
49	**End: with last office visit before end of global period**																		
50	**MEDICAL SUPPLIES**																		
51	PEAC multispecialty supply package	SA048						**1**						**1**					
52	pillow case	SB037		2						2						2			
53	Earplugs	SJ018																	
54	drape, non-sterile, sheet 40in x 60in	SB006																	
55	drape, sterile, for may stand	SB012																	
56	skin marking ink (tattoo)	Sk073																	
57	skin marking pen, sterile	SK075		1						1						1			
58	tray, catheter insertion (w-o catheter)	SA063																	
59	syringe 10-12ml	SC051																	
60	basin, emesis	SJ010		2						2						2			
61	Foley Catheter	SD024																	
62	lubricating jelly (K-Y) (5gm uou)	SJ032																	
63	gauze, non-sterile 4in x 4in	SG051																	
64	alcohol, ethyl, denatured	SL006																	
65	Disinfectant, surface	SM013		1				2		1				2		1			
66	glutaraldehyde 3.4%	SM018																	
67	sanitizing cloth-wipe (patient)	SM021																	
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022																	
69	swab-pad, alcohol	SJ053																	
70	tape, surgical paper 1in (Micropore)	SG079																	
71	water, distilled	SK087		10						10						10			
72	x-ray envelope	SK091																	
73	x-ray ID card (flashcard)	SK093																	
74	film, x-ray 14in x 17in	SK034																	
75	film, x-ray, laser print	SK098																	
76	computer media, dvd	SK013																	
77																			
78	**EQUIPMENT**																		
79	accelerator, 4-6 MV	ER009		13						18						24			
80	accelerator, 6-18 MV	ER010																	
81	Linac	ER089				14		14				21		19				26	
82	*On Board Imaging*	*NEW*																	
83	*Service Contract**	*NEW*																	
84	room, CT	EL007																	
85	portal imaging system	ER070																	
86	ultrasound, portable	EQ250																	
87	laser targeting system	ER039		13						18						24			
88	radiation virtual simulation system	ER057		13						18						24			
89	isocentric beam alignment	ER038																	
90	Laser Diode	ER040						14						19					
91	IMRT Physics Tools	ER006																	
92	radiation treatment vault	ER056		13				14		18				19		24			
93	Intercom	EQ139						12						17					
94	*Power Conditioner*	*NEW*						14						19					
95	Water Chiller	ER065		13				14		18				19		24			
96	Record and Verify System	ER090						11						15					
97	video printer	ED036																	
98	video camera (#1)	ED035						6						11					
99	video camera (#2)	ED035						6						11					
100	film alternator	ER029																	
101	film processor	ED024						5						5					
102	camera, digital	ED004		13						18						24			
103																			
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*																		

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	**REVISED at meeting**			**RECOMMENDATIONS**		**EXISTING**		**DATA**		**RECOMMENDATIONS**		**DATA**		**RECOMMENDATIONS**		**EXISTING & Recommendations**		**EX**
2				**412**		**77418**		**77385**				**77386**				**77014**		
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*Delivery; complex*		*IMRT, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary,*		*Intensity modulated treatment delivery, includes guidance and tracking when performed: simple*				*Intensity modulated treatment delivery, includes guidance and tracking when performed: complex*				*Computed tomography guidance for placement of radiation therapy fields*		*Stereo guidance of target deliver*
4	***RESPONSE COUNT***			***Number of Fractions***				**99**		***Number of Fractions***		**99**		***Number of Fractions***				
5	***Is the vignette described above typical in your practice for the new code?***			***28***				**100%**		***39***		**99%**		***39***				
6	**LOCATION**			**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**NonFac**	**Facility**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**
7	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
8	**TOTAL CLINICAL LABOR TIME**			**46**		**75**		**68**		**57**		**103**		**88**		**18**		**24**
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*			*4*		*0*		*5*		*4*		*7*		*4*		*0*		*0*
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*			*39*		*70*		*57*		*50*		*90*		*81*		*14*		*24*
11	*TOTAL POST-SERV CLINICAL LABOR TIME*			*4*		*5*		*6*		*4*		*6*		*4*		*4*		*0*
12	**PRE-SERVICE**																	
13	**Start: Following visit when decision for surgery or procedure made**																	
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MTA					0.5				0.8						
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MTA	0.5				0.4		0.5		0.6		0.5				
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MTA					0.1				0.3						
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MTA					0.2				0.4						
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher	1				2		1		2.0		1				
19	*Other Clinical Activity*: Dose output and performance verification	L050C	RadTher	2				2		2		2.8		2				
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher	2		3		2		2		2		2				
24	Obtain vital signs							1				1						
25	Provide pre-service education/obtain consent																	
26	Prepare room, equipment, supplies	L050C	RadTher	2		2		3		2		4		2		2		2
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher	2		2		4		2		5		2		2		2
28	Sedate/apply anesthesia																	
29	Other Clinical Activity																	
30	**Intra-service**																	
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher	15		30		20		20		35		35		10		20
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher	15		30		20		20		35		35				
33	**Post-Service**																	
34	Monitor pt. following moderate sedation																	
35	Monitor pt. following service/check tubes, monitors, drains																	
36	Clean room/equipment by physician staff	L050C	RadTher	2		3		3		3		3		3				
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE																	
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher					3				3						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher	1				1		1		2		2				
40	Other Clinical Activity - *specify:*																	
41	**End: Patient leaves office**																	
42	**POST-SERVICE Period**																	
43	**Start: Patient leaves office/facility**																	
44	Conduct phone calls/call in prescriptions	L050C	RadTher	0.6				2		0.6		2		0.6				
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher															
46	Review examination with interpreting MD	L050C	RadTher	1				2		1		2		1		4.0		
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher	2		5.0		2		2		2		2				

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
2				412		77418		77385				77386				77014		
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*Delivery; complex*		*IMRT, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary,*		*Intensity modulated treatment delivery, includes guidance and tracking when performed: simple*				*Intensity modulated treatment delivery, includes guidance and tracking when performed: complex*				*Computed tomography guidance for placement of radiation therapy fields*		*Stereo guidance of target deliver*
48	Other Clinical Activity																	
49	**End: with last office visit before end of global period**																	
50	**MEDICAL SUPPLIES**																	
51	PEAC multispecialty supply package	SA048		**1**		1				**1**				**1**				
52	pillow case	SB037																
53	Earplugs	SJ018				1												
54	drape, non-sterile, sheet 40in x 60in	SB006				1												
55	drape, sterile, for may stand	SB012																
56	skin marking ink (tattoo)	Sk073				2												
57	skin marking pen, sterile	SK075																
58	tray, catheter insertion (w-o catheter)	SA063																
59	syringe 10-12ml	SC051				1												
60	basin, emesis	SJ010																
61	Foley Catheter	SD024				1				1								
62	lubricating jelly (K-Y) (5gm uou)	SJ032				2				2								
63	gauze, non-sterile 4in x 4in	SG051				4				4								
64	alcohol, ethyl, denatured	SL006				7												
65	Disinfectant, surface	SM013		2						2				2				
66	glutaraldehyde 3.4%	SM018																
67	sanitizing cloth-wipe (patient)	SM021																
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022																
69	swab-pad, alcohol	SJ053																2
70	tape, surgical paper 1in (Micropore)	SG079				8												
71	water, distilled	SK087																
72	x-ray envelope	SK091														1		
73	x-ray ID card (flashcard)	SK093				2				2				2				
74	film, x-ray 14in x 17in	SK034				2				2				2				
75	film, x-ray, laser print	SK098														3		
76	computer media, dvd	SK013														1		
77																		
78	**EQUIPMENT**																	
79	accelerator, 4-6 MV	ER009																
80	accelerator, 6-18 MV	ER010																
81	Linac	ER089		23		37		30		29		47		44				
82	*On Board Imaging*	*NEW*								29				44				
83	*Service Contract**	*NEW*																
84	room, CT	EL007														14		
85	portal imaging system	ER070																24
86	ultrasound, portable	EQ250																
87	laser targeting system	ER039																
88	radiation virtual simulation system	ER057																
89	isocentric beam alignment	ER038				15												
90	Laser Diode	ER040		23		37				29				44				
91	IMRT Physics Tools	ER006				15												
92	radiation treatment vault	ER056		23		37				29				44				
93	Intercom	EQ139		21		37				27				42				
94	*Power Conditioner*	*NEW*		23						29				44				
95	Water Chiller	ER065		23		37				29				44				
96	Record and Verify System	ER090		19		30				22				34				
97	video printer	ED036				5				5				5				
98	video camera (#1)	ED035		15		37				20				35				
99	video camera (#2)	ED035		15						20				35				
100	film alternator	ER029														4		
101	film processor	ED024		5						5				5		4		
102	camera, digital	ED004				5												
103																		
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*																	

	A	B	C	AI	AJ	AK	AL	AM	AN	AO
1	**REVISED at meeting**			**XISTING**	**EXISTING**		**DATA**		**RECOMMENDATIONS**	
2				**77421**	**76950**		**77387**			
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*oscopic X-ray for localization volume for the y of radiation*	*Ultrasonic guidance for placement of radiation therapy fields*		*Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed*			
4	***RESPONSE COUNT***						**95**		***Number of Fractions***	
5	***Is the vignette described above typical in your practice for the new code?***						**95%**		***10***	
6	**LOCATION**			**Facility XXX**	**NonFac XXX**	**Facility XXX**	**NonFac XXX**	**Facility XXX**	**NonFac XXX**	**Facility XXX**
7	**GLOBAL PERIOD**									
8	**TOTAL CLINICAL LABOR TIME**				**22**		**56**		**43**	
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*				*0*		*7*		*4*	
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*				*22*		*42*		*34*	
11	*TOTAL POST-SERV CLINICAL LABOR TIME*				*0*		*7*		*5*	
12	**PRE-SERVICE**									
13	**Start: Following visit when decision for surgery or procedure made**									
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MT A							
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MT A				1		1	
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MT A							
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MT A				1			
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher				3		1	
19	*Other Clinical Activity*y:* Dose output and performance verification	L050C	RadTher				2		2	
20	**End: When patient enters office/facility for surgery/procedure**									
21	**SERVICE PERIOD**									
22	**Start: When patient enters office/facility for surgery/procedure:**									
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher							
24	Obtain vital signs									
25	Provide pre-service education/obtain consent									
26	Prepare room, equipment, supplies	L050C	RadTher		2		3		2	
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher		2		4		2	
28	Sedate/apply anesthesia									
29	Other Clinical Activity									
30	**Intra-service**									
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher		15		15		15	
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher				15		15	
33	**Post-Service**									
34	Monitor pt. following moderate sedation									
35	Monitor pt. following service/check tubes, monitors, drains									
36	Clean room/equipment by physician staff	L050C	RadTher		3		3			
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE									
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher				2			
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher							
40	Other Clinical Activity - *specify:*									
41	**End: Patient leaves office**									
42	**POST-SERVICE Period**									
43	**Start: Patient leaves office/facility**									
44	Conduct phone calls/call in prescriptions	L050C	RadTher							
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher							
46	Review examination with interpreting MD	L050C	RadTher				5		3	
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher				2		2	

	A	B	C	AI	AJ	AK	AL	AM	AN	AO
2				**77421**	**76950**		**77387**			
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*…oscopic X-ray …for localization …volume for the …y of radiation*	*Ultrasonic guidance for placement of radiation therapy fields*		*Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed*			
48	Other Clinical Activity									
49	**End: with last office visit before end of global period**									
50	**MEDICAL SUPPLIES**									
51	PEAC multispecialty supply package	SA048								
52	pillow case	SB037								
53	Earplugs	SJ018								
54	drape, non-sterile, sheet 40in x 60in	SB006								
55	drape, sterile, for may stand	SB012			1					
56	skin marking ink (tattoo)	Sk073								
57	skin marking pen, sterile	SK075								
58	tray, catheter insertion (w-o catheter)	SA063								
59	syringe 10-12ml	SC051								
60	basin, emesis	SJ010								
61	Foley Catheter	SD024								
62	lubricating jelly (K-Y) (5gm uou)	SJ032			1					
63	gauze, non-sterile 4in x 4in	SG051								
64	alcohol, ethyl, denatured	SL006								
65	Disinfectant, surface	SM013								
66	glutaraldehyde 3.4%	SM018			32					
67	sanitizing cloth-wipe (patient)	SM021								
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022								
69	swab-pad, alcohol	SJ053								
70	tape, surgical paper 1in (Micropore)	SG079								
71	water, distilled	SK087								
72	x-ray envelope	SK091							1	
73	x-ray ID card (flashcard)	SK093								
74	film, x-ray 14in x 17in	SK034								
75	film, x-ray, laser print	SK098							3	
76	computer media, dvd	SK013							1	
77										
78	**EQUIPMENT**									
79	accelerator, 4-6 MV	ER009								
80	accelerator, 6-18 MV	ER010								
81	Linac	ER089					25		*21*	
82	*On Board Imaging*	*NEW*							*21*	
83	*Service Contract**	*NEW*								
84	room, CT	EL007								
85	portal imaging system	ER070								
86	ultrasound, portable	EQ250			22					
87	laser targeting system	ER039								
88	radiation virtual simulation system	ER057								
89	isocentric beam alignment	ER038								
90	Laser Diode	ER040							21	
91	IMRT Physics Tools	ER006								
92	radiation treatment vault	ER056							21	
93	Intercom	EQ139							19	
94	*Power Conditioner*	*NEW*							21	
95	Water Chiller	ER065							21	
96	Record and Verify System	ER090							2	
97	video printer	ED036								
98	video camera (#1)	ED035								
99	video camera (#2)	ED035								
100	film alternator	ER029							4	
101	film processor	ED024							4	
102	camera, digital	ED004								
103										
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*									

This tab takes the 3 IGRT codes currently used for RO treatment delivery and bundles them into one new CPT code

	2012 Utilization							2013	Total IGRT
	Global & PC	*Global*	*PC*	*SoS Office*	*SoS OP*	*HOPPS TD*	*TC*	**Work**	**Work RVUs**
77014	1,144,832	*636,076*	*508,756*	*61,051*	*396,830*		*169,637*	0.85	973,107
77421	1,339,238	*603,292*	*735,946*	*50,876*	*662,351*		*103,031*	0.39	522,303
76950	36,568	*17,184*	*19,384*	*4,458*	*14,926*		*15,267*	0.58	21,209
	2,520,638	*1,256,552*	*1,264,086*	*116,385*	*1,074,107*	*3,005,208*	*287,935*		1,516,619

Treatment Delivery Utilization

	2012 Utilization		Est 2015 Utilization	
77402	22,902			
77403	11,520			
77404	5,861			
77406	935	Constant		
	41,218	-	41,218	
77407	4,948			
77408	3,795			
77409	1,613			
77411	216	Constant		
	10,572	-	10,572	
77412	2,975			
77413	557,172			*Add 60K to account for*
77414	415,199			*breast procedures that will*
77416	53,418	Estimated 10% Increase		*now be billed by a complex*
	1,028,764	102,876	1,131,640	1,191,640
77418	1,387,077			*Subtract 60K to account for breast procedures that will*
0073T	18,719	Estimated 10% Increase		*now be billed by a complex*
	1,405,796	140,580	1,546,376	1,486,376
				Of these IMRT codes, we expect 66% to be billed as simple and 34% billed as
				981,008 *505,368*
	2,486,350			**2,729,806**

	Est 2015 Util	Est Use of IGRT	#of TD Claims with IGRT
77402	41,218	10%	4,122
77407	10,572	4%	423
77412	1,191,640	20%	238,328
77385	981,008	75%	735,756
77386	505,368	75%	379,026
	2,729,806		1,357,654

IGRT is bundled into the IMRT code. We are providing the IGRT with IMRT estimate for BN purposes only.

Account for potential increase of the OP PC Claims

	2012 Utilization			
	PC	*SoS OP*	*10% increase*	
77014	*508,756*	*396,830*	*39,683*	*436,513*
77421	*735,946*	*662,351*	*66,235*	*728,587*
76950	*19,384*	*14,926*	*1,493*	*16,418*
	1,264,086	*1,074,107*	*107,411*	*1,181,517*

New IGR Coding

7742X3	**2,623,694**
Estimate from above	*1,357,654*
PC OP	*1,074,107*
increase in OP PC claims	*107,411*
76950 (Other Uses)	*10,000*
77014 (Other Uses)	*34,345*
77421 (Other Uses)	*40,177*

The existing IGRT code for US (76950) and Kv (77421) will be deleted. CPT code 77014 will remain for non IGRT uses. We are estimating that people will use the new IGRT code sometimes for something other than Treatment Delivery (i.e. Brachytherapy). We suspect the utilization will be very very low. Again, we are just proving the estimates in this format for BN purposes only.

2013 RVU pool divided by the estimated 2015 # of IGRTs (either billed or bundled)

0.58

Simple Calculations

0.60	*Total IGRT Work RVUs divided by current utilization*	*10% growth in IGRT utilization. Total IGRT work RVUs divided by increased IGRT utilzation*		
		252,064	2,772,702	0.55

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rules for 2013 and 2014

April 2014

Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

The RUC reviewed two separate pathology issues: Immunohistochemistry codes 88342, 88341 and 88344; and In situ hybridization codes 88365, 88364, 88366 and morphometric analysis in situ hybridization codes 88367, 88373, 88374, 88368, 88369 and 88377. Both issues have been intertwined in the last two years over the revision and creation of new codes to describe these services.

In the Proposed Rule for the 2012 MPFS, CMS received comments specifying that unlike the new FISH codes for urinary tract specimens, 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* and 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology*, the existing codes 88365 *In situ hybridization (eg, FISH), each probe,* 88367 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology* and 88368 *Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual* still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agreed that they were accurate. In January 2012, the RUC recommended that it re-review codes 88365, 88367 and 88368 at the April 2013 meeting. At the April 2013 meeting, upon careful review of the code descriptors and other vignettes, it was determined that the entire family of services should be referred to the CPT Editorial Panel to accurately describe typical services. In May 2013, the CPT Editorial Panel revised the in situ hybridization codes 88365, 88367 and 88368 to specify "each separately identifiable probe per block" and created three new add-on codes "to specify each additional separately identifiable probe per slide". In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes.

In October 2013, the RUC reviewed the revised and new codes and developed recommendations for in situ hybridization. However, in November 2013, in the Final Rule for the 2014 MPFS, CMS made the following ruling on the immunohistochemistry codes:

> The CPT Editorial Panel revised the existing immunohistochemistry code, CPT code 88342 and created a new add-on code 88343 for CY 2014. Current coding requirements only allow CPT code 88342 to be billed once per specimen for each antibody, but the revised CPT codes and descriptors would allow the reporting of multiple units for each slide and each block per antibody (88342 for the first antibody and 88343 for subsequent antibodies). We believe that this coding would encourage overutilization by allowing multiple blocks and slides to be billed. To avoid this incentive, we are creating G0461 *Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain* (work RVU = 0.60) and G0462 *Immunohistochemistry or immunocytochemistry, per specimen; each additional single or*

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multiplex antibody stain (List separately inaddition to code for primary procedure) (work RVU = 0.24) to ensure that the services are only reported once for each antibody per specimen.

The specialty societies noted that it was confusing and burdensome for physicians to report CPT codes for private payor payment and report G codes for Medicare payment for immunohistochemistry services. Additionally, the specialty societies noted that the practice expense would be overestimated if codes would be reported per antibody instead of per specimen. Therefore, the specialties sent in a coding proposal to again clarify the descriptors for the immunohistochemistry services as well as the in situ hybridization services. In February 2014, the CPT Editorial Panel deleted one code, created eight new codes and revised six codes to describe immunohistochemistry, in situ hybridization and morphometric analysis in situ hybridization for gene rearrangement(s).

Immunohistochemistry

88342 ***Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure***
The RUC reviewed the survey results from 206 pathologists for CPT code 88342 and determined that the survey 25th percentile work RVU of 0.70 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes intra-service time. The RUC compared 88342 to key reference service 88305 *Level IV - Surgical pathology, gross and microscopic examination…* (work RVU = 0.75) and noted that both services require 25 minutes intra-service time, however survey respondents indicated that 88342 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The survey median work RVU for 88342 indicated the overall work of 88305 was less than 88342. However, the specialty societies indicated and the RUC agreed that the 25th percentile work RVU is more appropriate. For additional support the RUC referenced CPT code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site* (work RVU = 0.69), which requires slightly less physician work and time to complete. **The RUC recommends a work RVU of 0.70 for CPT code 88342.**

88341 ***Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 206 pathologists for CPT code 88341 and determined that the survey 25th percentile work RVU of 0.65 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes intra-service time. The RUC noted that although this add-on service requires the same time as the base code 88342, the work is slightly less for each additional single antibody. The RUC compared 88341 to key reference service 88305 *Level IV - Surgical pathology, gross and microscopic examination…* (work RVU = 0.75) and noted that both services require 25 minutes intra-service time, however survey respondents indicated that 88341 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The survey median work RVU for 88341 indicated the overall work of 88305 was less than 88341. However, the specialty societies indicated and the RUC agreed that the 25th percentile work RVU is more appropriate. For additional support the RUC referenced CPT code 88387 *Macroscopic examination, dissection, and*

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preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node) (work RVU = 0.62), which requires slightly less physician work and time to complete. **The RUC recommends a work RVU of 0.65 for CPT code 88341.**

88344 ***Immunohistochemistry or immunocytochemistry, per specimen each multiplex antibody stain procedure***
The RUC reviewed the survey results from 63 pathologists for CPT code 88344 and determined that the survey 25th percentile work RVU of 0.77 appropriately accounts for the work required to perform this service. The RUC recommends 35 minutes intra-service time. The RUC compared 88344 to key reference service 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual* (work RVU = 1.10) and noted that both services require 35 minutes intra-service time, however survey respondents indicated that 88344 is more intense and complex for all measures examined (mental effort and judgment, technical and physical effort and psychological stress). The specialty societies indicated and the RUC agreed that the 25th percentile work RVU is appropriate. For additional support the RUC referenced CPT code 88182 *Flow cytometry, cell cycle or DNA analysis* (work RVU = 0.77). **The RUC recommends a work RVU of 0.77 for CPT code 88344.**

In Situ Hybridization

88365 ***In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure***
The RUC reviewed the survey results from 56 pathologists for CPT code 88365 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is just slightly lower than the survey 25th percentile work RVU of 0.90. The RUC recommends 30 minutes intra-service time. The RUC compared 88365 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and determined that 88365 requires more physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88365.**

88364 ***In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results for CPT code 88365 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is lower than the survey 25th percentile work RVU of 0.95. The RUC recommends 30 minutes intra-service time. The RUC determined that since 88365 and the add-on code 88364 require identical time and intensity, these two services should be valued the same. The RUC noted that the pathologist is looking at a second probe with an entirely different color signal than the base code 88365. The RUC compared 88364 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and determined 88365 requires more

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physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88364.**

88366 ***In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure***
The RUC reviewed the survey results for CPT code 88366 and determined the survey 25th percentile work RVU of 1.24 appropriately accounts for the work required to perform this service. The specialty society provided a breakdown of the random survey respondents who indicated 50 minutes intra-service time and targeted survey respondents who indicated 40 minutes intra-service time. The specialty society recommended an intra-service time of 40 minutes to maintain rank order and the RUC agreed. The RUC compared code 88366 to 88377 and noted that both are manual multiplex in situ hybridization services, but 88377 includes morphometric analysis while the X6 does not. CPT code 88377 provides a number in the report in addition to reporting the result as positive or negative or equivocal. ASCO and CAP have recently updated Her2 practice guidelines that necessitate that a number is included in the in situ hybridization report. For example, typically in the HER-2report, a Her2: Chromosome 17 ratio is reported as well as the average number of Her2 signals per cell. The normal number of Her2 signals per cells is two, therefore if you get a number above 2 you have an abnormal result and the physician must assess this information in the context of the number of chromosome 17's that are present per cell. The RUC noted that the recommended physician time and work RVUs for CPT code 88366 in relation to 88377 maintain the proper rank order. The RUC compared 88366 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined 88366 requires more physician work and time to perform and therefore is valued appropriately. For additional support the RUC referenced MPC code 94003 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day* (work RVU = 1.37 and 40 minutes total time) and similar service 88187 *Flow cytometry, interpretation; 2 to 8 markers* (work RVU = 1.36 and 38 minutes total time). **The RUC recommends a work RVU of 1.24 for CPT code 88366.**

88367 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure***
The RUC reviewed the survey results for CPT code 88367 and determined the survey 25th percentile work RVU of 0.86 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88367, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88367, the images that the physician evaluates are selected by the computer. CPT code 88367 still requires the physician to analyze and make decisions. The RUC also noted that 88367 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting

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the images instead. The RUC compared 88367 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU= 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends an interim work RVU of 0.86 for CPT code 88367.** The RUC noted that CPT code 88367 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1 million. The specialty societies will bring back this code with 50 or more responses for the RUC to review in September 2014.

88373 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results for CPT code 88373 and determined that a work RVU of 0.86, the same as the recommended work RVU for CPT code 88367, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is lower than the survey 25th percentile work RVU of 0.90. The RUC recommends 25 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88373, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88373, the images that the physician evaluates are selected by the computer. CPT code 88373 still requires the physician to analyze and make decisions. The RUC also noted that 88373 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The RUC compared 88373 to key reference service 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86) and agreed that since these service require the same physician work to perform, a work RVU of 0.86 is appropriate. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90) and CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86). **The RUC recommends a work RVU of 0.86 for CPT code 88373.**

88374 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure***

The RUC reviewed the survey results for CPT code 88374 and determined the survey 25th percentile work RVU of 1.04 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes of intra-service time. The specialty society noted and the RUC agreed that "using computer-assisted technology" for 88374, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88374 to 88377 and noted that CPT code 88377 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88374, the images that the physician evaluates are selected by the computer. CPT code 883613 still requires the physician to analyze and

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make decisions. The RUC also noted that 88374 requires less Lab Tech/Histotechnician time in the practice expense because the computer is selecting the images instead. The RUC compared 88374 to key reference service 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00 and 25 minutes) and determined that since 88374 requires slightly more physician work and time to perform, it is value appropriately. For additional support the RUC referenced MPC code 88361 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology* (work RVU = 1.18 and 40 minutes) and similar service 88331 *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (work RVU = 1.19 and 25 minutes). **The RUC recommends a work RVU of 1.04 for CPT code 88374.**

88368 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure***

The RUC reviewed the survey results for CPT code 88368 and determined that the survey 25th percentile work RVU of 0.88 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes intra-service time. The RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared 88368 to key reference service 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20) and determined that although 88368 requires the same physician time to perform, 30 minutes, it requires less overall work, as it accounts for the use of a single probe. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). The RUC noted that CPT code 88368 did not meet the RUC established survey response criteria of 50 responses for codes with Medicare Claims between 100,000-1 million. The specialty societies will bring back this code with 50 or more responses for the RUC to review in September 2014. **The RUC recommends an interim work RVU of 0.88 for CPT code 88368.**

88369 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results for CPT code 88369 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is slightly lower than the survey 25th percentile work RVU of 0.89. The RUC recommends 30 minutes intra-service time. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared 88369 to key reference service 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU = 1.00) and determined that since 88369 requires less physician work but is more intense to

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perform, it is valued appropriately. For additional support the RUC referenced MPC code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and total time 32 minutes) and similar services 88346 *Immunofluorescent study, each antibody; direct method* (work RVU = 0.86), 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94) and 88358 *Morphometric analysis; tumor (eg, DNA ploidy)* (work RVU = 0.95). **The RUC recommends a work RVU of 0.88 for CPT code 88369.**

88377 ***Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure***

The RUC reviewed the survey results from 32 pathologists for CPT code 88377 and determined the survey 25th percentile work RVU of 1.40 appropriately accounts for the work required to perform this service. The RUC recommends 45 minutes intra-service time. The RUC compared 88374 to 88377 and noted that CPT code 88377 is manual and requires more physician work and time because the physician is moving the fluoroscopic microscope around to find the cells of interest that will be counted. The RUC compared code 88366 to 88377 and noted that both are manual multiplex in situ hybridization services, but 88377 includes morphometric analysis while the 88366 does not. CPT code 88377 provides a number in the report in addition to reporting the result as positive or negative or equivocal. ASCO and CAP have recently updated Her2 practice guidelines that necessitate that a number is included in the in situ hybridization report. For example, typically in the HER-2report, a Her2: Chromosome 17 ratio is reported as well as the average number of Her2 signals per cell. The normal number of Her2 signals per cells is two, therefore if you get a number above 2 you have an abnormal result and the physician must assess this information in the context of the number of chromosome 17's that are present per cell. The RUC noted that the recommended physician time and work RVUs for CPT code 88366 in relation to 88377 maintain the proper rank order. The RUC compared 88377 to key reference service 88188 *Flow cytometry, interpretation; 9 to 15 markers* (work RVU = 1.69) and determined 88377 requires less physician work to perform and therefore is valued appropriately. For additional support the RUC referenced MPC codes 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40 and 28 minutes total time) and 94003 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day* (work RVU = 1.37 and 40 minutes total time) and similar service 88187 *Flow cytometry, interpretation; 2 to 8 markers* (work RVU = 1.36 and 38 minutes total time). **The RUC recommends a work RVU of 1.40 for CPT code 88377.**

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The RUC accepts the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Pathology and Laboratory** **Surgical Pathology** (For immunocytochemistry and immunohistochemistry, use 88342) (For detection of enzyme constituents by immunohistochemical or immunocytochemical technique, use 88342) Code is out of numerical sequence. See 88300-88399				
▲88342	**JJ1**	Immunohistochemistry or immunocytochemistry, ~~each separately identifiable antibody~~ per ~~block, cytologic preparation, or hematologic smear~~specimen; ~~first separately identifiable~~initial single antibody ~~per slide~~stain procedure (For quantitative or semiquantitative immunohistochemistry, see 88360, 88361)	XXX	0.70
D~~✚▲~~ ~~88343~~		~~each additional separately identifiable antibody per slide single antibody stain procedure (List separately in addition to code for primary procedure)~~ ~~*(Use 88343 in conjunction with 88342)*~~(88343 has been deleted. For multiplex antibody stain procedure, use 88344)	ZZZ	N/A
+● 88341	**JJ2**	each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 88341 in conjunction with 88342) (For multiplex antibody stain procedure, use 88344)	ZZZ	0.65

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●88344	**JJ3**	each multiplex antibody stain procedure (Do not use more than one unit of 88342, 88341, 88344 for each separately identifiable antibody per specimen) (Do not report 88342, 88341, 88344 in conjunction with 88360, 88361 unless each procedure is for a different antibody) (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344) (When multiple antibodies are applied to the same slide that are not separately identifiable, [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)	XXX	0.77

▲88360 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure ~~each antibody~~; manual

▲88361 using computer-assisted technology

(Do not report 88360, 88361 in conjunction with 88342, 88341, or 88344 unless each procedure is for a different antibody)

(Morphometric analysis of a multiplex antibody stain should be reported with one unit of 88360 or 88361 per specimen)

(For morphometric analysis using in situ hybridization techniques, see 88367, 88368)

(When semi-thin plastic-embedded sections are performed in conjunction with morphometric analysis, only the morphometric analysis should be reported; if performed as an independent procedure, see codes 88300-88309 for surgical pathology.)

Code is out of numerical sequence. See 88300-88399

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲88365	**JJ4**	In situ hybridization (eg, FISH), ~~each probe~~ per specimen; initial single probe stain procedure	XXX	0.88
✚● 88364	**JJ5**	each additional single probe stain procedure (List separately in addition to code for primary procedure) (Use 88364 in conjunction with 88365)	ZZZ	0.88
●88366	**JJ6**	each multiplex probe stain procedure (Do not report 88365, 88366 in conjunction with 88367, 88374, 88368, 88377 for the same probe)	XXX	1.24
▲88367	**JJ7**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, ~~each probe~~ per specimen; initial single probe stain procedure ~~using computer-assisted technology~~	XXX	0.86 (Interim)
✚● 88373	**JJ8**	each additional single probe stain procedure (List separately in addition to code for primary procedure) (Use 88373 in conjunction with 88367)	ZZZ	0.86
#●88374	**JJ9**	each multiplex probe stain procedure (Do not report 88367, 88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe)	XXX	1.04
▲88368	**JJ10**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain	XXX	0.88 (Interim)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		procedure		
✚● 88369	**JJ11**	each additional single probe stain procedure (List separately in addition to code for primary procedure)	ZZZ	0.88
●88377	**JJ12**	each multiplex probe stain procedure (Do not report 88368 or 88377 in conjunction with 88365, 88366, 88367, 88374 for the same probe) (For morphometric in situ hybridization evaluation of urinary tract cytologic specimens, see 88120, 88121) Code is out of numerical sequence. See 88300-88399	XXX	1.40

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88342 Tracking Number JJ1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Microscopic examination of a CD15 immunohistochemical antibody stain performed on a lymph node of a 25-year-old male with suspected Hodgkin lymphoma.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express CD15 to verify that the procedure is working and the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then microscopically examined. The pathologist interprets the staining pattern and determines its significance in its histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD		
Specialty(s):	Pathology		
CPT Code:	88342		
Sample Size:	4600	**Resp N:** 206	**Response:** 4.4 %
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	200.00	**475.00**	850.00	2000.00
Survey RVW:	0.40	0.70	**0.80**	1.05	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88342	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology, gross and microscopic examination …

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95971	XXX	0.78	**RUC Time**	10,416

CPT Descriptor 1 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	**RUC Time**	27,558

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 60 **% of respondents:** 29.1 **%**

TIME ESTIMATES (Median)	CPT Code: 88342	Key Reference CPT Code: 88305	Source of Time RUC Time
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.22	4.02
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.10	3.87
Urgency of medical decision making	4.22	3.97
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	4.17
Physical effort required	3.52	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.35	4.15
Outcome depends on the skill and judgment of physician	4.72	4.52
Estimated risk of malpractice suit with poor outcome	4.32	4.17

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.80	3.78

Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 206 respondents and compared the recommended RVW, time and intensity/complexity of 88342 to the key reference service (88305) and other pathology codes such as 88360.

The median RVW was 0.80 and a survey median time of 25 minutes. The expert panel felt the survey respondents appropriately estimated the physician time and physician work. Panel members agreed with the survey respondents that the physician work historical rank order between 88342 and survey's key reference service, CPT code 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes total time) should be continued. The panel also felt that recently reviewed and MPC listed CPT code 88305 is a very well know service and is an excellent benchmark for this revised service and other services.

The intensity and complexity measures comparing the key reference service to 88342 also indicate the value of 0.80 is justified. The expert panel also noted that the second most frequently chosen key reference service was CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (Work RVU = 1.10, 35 minutes, IWPUT = 0.0314), indicating a higher intensity of 88342 in comparison to 88305. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) (WRVU = 0.73, 20 minutes, IWPUT= 0.0365)
88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2101127
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 26% of the utilization. 4,040,628 x 0.26 x 2 = 2,101,127.

Specialty Clinical Laboratory Frequency 1227688 Percentage 58.42 %

Specialty Pathology Frequency 752624 Percentage 35.82 %

Specialty Dermatology Frequency 84675 Percentage 4.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,050,563 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 26% of the utilization. 4,040,628 x 0.26 = 1,050,563.

Specialty Clinical Laboratory Frequency 613844 Percentage 58.43 %

Specialty Pathology Frequency 376312 Percentage 35.82 %

Specialty Dermatology Frequency 42338 Percentage 4.03 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88342

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88341 Tracking Number JJ2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.65**
Global Period: XXX RUC Recommended RVU: **0.65**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: After examination of the CD15 immunohistochemical stain on a lymph node of a 25-year-old male with suspected Hodgkin lymphoma, microscopic examination of a CD45 immunohistochemical antibody stain is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express CD45 to verify that the procedure is working and the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then microscopically examined. The pathologist interprets the staining pattern and determines its significance in its histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD		
Specialty(s):	Pathology		
CPT Code:	88341		
Sample Size:	4600	**Resp N:** 206	**Response:** 4.4 %
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	200.00	**500.00**	900.00	3000
Survey RVW:	0.40	0.65	**0.80**	1.10	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88341	**Recommended Physician Work RVU: 0.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology, gross and microscopic examination …

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,343,508

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	**RUC Time**	27,558

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
95980	XXX	0.80	**RUC Time**

CPT Descriptor Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 56 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 88341**	**Key Reference CPT Code: 88305**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.18	4.04
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.86	3.67
Urgency of medical decision making	4.05	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.23	4.38
Physical effort required	3.45	3.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.20	4.17
Outcome depends on the skill and judgment of physician	4.57	4.42
Estimated risk of malpractice suit with poor outcome	4.25	4.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.79	3.77

Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 206 respondents and compared the recommended RVW, time and intensity/complexity of 8834X2 to the key reference service (88305) and other pathology codes such as 88360.

The median RVW was 0.80 and a survey median time of 25 minutes. The expert panel felt the survey respondents appropriately estimated the physician time and physician work. Panel members agreed with the survey respondents that the physician work historical rank order between 88342 and survey's key reference service, CPT code 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes total time) should be continued. The panel also felt that recently reviewed and MPC listed CPT code 88305 is a very well know service and is an excellent benchmark for this revised service and other services.

The intensity and complexity measures comparing the key reference service to 88341 also indicate the value of 0.80 is justified. The expert panel also noted that the second most frequently chosen key reference service was CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (Work RVU = 1.10, 35 minutes, IWPUT = 0.0314), indicating a higher intensity of 88342 in comparison to 88305. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) (WRVU = 0.73, 20 minutes, IWPUT= 0.0365)
88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5656879
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 70% of the utilization. 4,040,628 x 0.70 x 2 = 5,656,879.

Specialty Clinical Laboratory Frequency 3305315 Percentage 58.43 %

Specialty Pathology Frequency 2026294 Percentage 35.81 %

Specialty Dermatology Frequency 227972 Percentage 4.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,828,440 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 4 million Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this add-on service will receive approximately 70% of the utilization. 4,040,628 x 0.70 = 2,828,440

Specialty Clinical Laboratory Frequency 1652657 Percentage 58.42 %

Specialty Pathology Frequency 1013147 Percentage 35.81 %

Specialty Dermatology Frequency 113986 Percentage 4.02 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88342

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88344 Tracking Number JJ3 Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **0.77**
Global Period: XXX RUC Recommended RVU: **0.77**

CPT Descriptor: Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Microscopic examination of an immunohistochemical cocktail of P504S and HMWK (34ßE12) performed on a prostate needle core biopsy from a 66-year-old male with elevated PSA.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells which express both the first and second antibody in the cocktail, 34ßE12 and P504S, to verify that the procedure is working and the stain is optimized for both antibodies. The patient sample is then microscopically examined. The pathologist interprets the staining pattern of the P504S antibody and the 34ßE12 antibody and determines the significance of their histologic and cellular location.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD and Micheal McEachin, MD		
Specialty(s):	Pathology		
CPT Code:	88344		
Sample Size:	4600	**Resp N:** 63	**Response:** 1.3 %
Description of Sample:	Randomly selected participants from CAP, ASC, and ASCP		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	15.00	25.00	**50.00**	100.00	500.00
Survey RVW:	0.54	0.77	**1.05**	1.20	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	18.00	29.00	**35.00**	41.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88344	**Recommended Physician Work RVU: 0.77**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88360	XXX	1.10	**RUC Time**

CPT Descriptor Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quant or semiquant, each antibody; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,219

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

Other Reference CPT Code	Global	Work RVU	Time Source
77285	XXX	1.05	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; intermediate

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 34.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 88344**	**Key Reference CPT Code:** 88360	**Source of Time** **RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	35.00	35.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**35.00**	**35.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.08	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.38
Urgency of medical decision making	4.04	3.79
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.38	3.96
Physical effort required	3.29	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	3.71
Outcome depends on the skill and judgment of physician	4.42	3.96
Estimated risk of malpractice suit with poor outcome	4.13	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.17	4.08
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In April 2011, CPT code 88342 was identified by the AMA RUC Relativity Assessment Workgroup (RAW) as a "CMS/Other"-valued code with Medicare utilization 500,000 or more. Upon review of the 88342 code, it became evident there is confusion regarding the appropriate units of service for this code. The College of American Pathologists (CAP) requested a CPT change in May 2012 to provide proper clarity to the service through a better definition of code 88342 and the establishment of a new add-on code 88343.

After the release of CMS' final ruling for 2014, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel revised the immunohistochemistry or immunocytochemistry code 88342, deleted code 88343, and created code 88341 to specify each additional single antibody stain procedure, and added a new code, 88344 for multiplex antibody stain procedure with parenthetical notes to clarify the use of this series of codes.

The multi-specialty expert panel reviewed the survey results from a random sample of CAP, ASC, and ASCP members and developed its recommendations. The expert panel included CAP's CPT/RUC Workgroup, and representatives from general and academic pathology practice settings. The expert panel reviewed the survey results from 63 respondents and compared the recommended RVW, time and intensity/complexity of 8834X1 to the key reference service (88360) and other pathology codes.

The median RVW was 1.05 and a survey median time of 35 minutes for 88344. The expert panel felt the survey respondents appropriately estimated the physician time and physician work for this new multiple stain service whereas the physician work of using a multiplex staining procedure is clearly more work than that of 88342 or 8834X2. The survey's key reference service, CPT code 88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314) also indicates a greater amount of work between the base code service and the multiplex service.

It appeared clear to the multispecialty panel that the chosen key reference service was a significant indicator of the work associated with 8834X1. The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and IWPUT.

88305 - 88305- Level IV - Surgical pathology, gross and microscopic examination (Work RVU = 0.75, 25 minutes, IWPUT = 0.030)
88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
88346 - Immunofluorescent study, each antibody; direct method (WRVU = 0.86, 27 minutes)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 323250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were 4,040,628 Medicare claims data indicated in the RUC database. In addition, approximately 96% of services that are currently billed use single antibody procedures on separate slides and only roughly 4% of services use multiplex antibody stain procedures. 4,040,628 x 2 x 0.04 = 323,250.

Specialty Clinical Laboratory Frequency 188875 Percentage 58.43 %

Specialty Pathology Frequency 115788 Percentage 35.81 %

Specialty Dermatology Frequency 13027 Percentage 4.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 161,625 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were 4,040,628 Medicare claims data indicated in the RUC database. In addition, approximately 96% of services that are currently billed use single antibody procedures on separate slides and only roughly 4% of services use multiplex antibody stain procedures. 4,040,628 x 0.04 = 161,625.

Specialty Clinical Laboratory Frequency 94437 Percentage 58.42 %

Specialty Pathology Frequency 57894 Percentage 35.81 %

Specialty Dermatology Frequency 6513 Percentage 4.02 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88342

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88365 Tracking Number JJ4 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 68-year-old man with a history of kidney transplant presents with lymphadenopathy and undergoes biopsy. A lymphoproliferative process is identified histologically. A stained slide of the lymph node biopsy is analyzed by fluorescence in situ hybridization (FISH) for the presence of EBERs (Epstein-Barr virus-encoded RNAs).

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express EBER to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the EBER staining pattern and determines its significance in its histologic and cellular location. The data is compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88365		
Sample Size:	5689	**Resp N:** 56	**Response:** 0.9 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	12.00	50.00	**100.00**	350.00	625.00
Survey RVW:	0.65	0.90	**1.00**	1.10	1.80
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	20.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88365	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
94004	XXX	1.00	**RUC Time**

CPT Descriptor Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 32.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 88365**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	30.00	27.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.44
Urgency of medical decision making	3.56	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.78	3.56
Physical effort required	3.00	2.89
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.61	3.44
Outcome depends on the skill and judgment of physician	3.78	3.50
Estimated risk of malpractice suit with poor outcome	3.72	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.72	3.67
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted).

The survey for the revised 88365 service yielded 56 respondents with a median RVW of 1.00 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and

intensity/complexity of 88365 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 18 times) and two other most frequently chosen reference codes which were chosen by 9 respondents each:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)
88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20, 30 minutes)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50547
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 50% of that utilization. 50,547 x 2 x 0.50 = 50,547. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 11120 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 39427 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,274 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 50% of that utilization. 50,547 x 0.50 = 25,274. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 5560 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 19713 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88365

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88364 Tracking Number JJ5 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 60-year-old man with a history of lung transplant develops pneumonitis and undergoes transbronchial biopsy. A lung tissue section has been examined for the presence of Epstein-Barr virus (EBERS) using in situ hybridization. Another tissue section is examined for cytomegalovirus by in situ hybridization

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express CMV to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the CMV staining pattern and determines its significance in its histologic and cellular location. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88364		
Sample Size:	5689	**Resp N:** 27	**Response:** 0.4 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	100.00	**200.00**	325.00	600.00
Survey RVW:	0.60	0.95	**1.00**	1.20	3.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**30.00**	35.00	50.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88364	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 88364**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	30.00	27.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.33
Urgency of medical decision making	3.78	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.78	3.33
Physical effort required	2.44	2.44
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.89	3.33
Outcome depends on the skill and judgment of physician	3.89	3.33
Estimated risk of malpractice suit with poor outcome	3.78	3.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.11	3.44
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88364 service yielded 27 respondents with a median RVW of 1.00 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic

pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 88364 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 9 times) and other other most frequently chosen reference code which was chosen by 8 respondent each:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20219
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 20% of that utilization. 50,547 x 2 x 0.20 = 20,219. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 4448 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 15771 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,109 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 20% of that utilization. 50,547 x 0.20 = 10,109. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 2224 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 7885 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88365

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88366 Tracking Number JJ6 Original Specialty Recommended RVU: **1.59**
Presented Recommended RVU: **1.24**
Global Period: XXX RUC Recommended RVU: **1.24**

CPT Descriptor: In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure
(Do not report 88365 or 88366 in conjunction with 88367, 88374, 88368, 88377 for the same probe)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man with lymphadenopathy presents for biopsy. The lymph node biopsy histologically shows features suggestive of malignant lymphoma. A stained slide is analyzed by fluorescence in situ hybridization (FISH) for IGH@/BCL2 translocation using DNA probes for both IGH@ and BCL2.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist examines positive control tissue known to contain cells that express probes, IGH@ and BCL2 , to verify that the stain is optimized for both probes. The patient sample is then examined by fluorescence microscopy. The pathologist interprets both the IGH@ and BCL2 probes and determines their significance in their histologic and cellular locations. The data is compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88366		
Sample Size:	5689	**Resp N:** 28	**Response:** 0.4 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	50.00	**175.00**	350.00	500.00
Survey RVW:	1.00	1.24	**1.59**	1.69	1.83
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	33.00	**45.00**	55.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88366	**Recommended Physician Work RVU: 1.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88120	XXX	1.20	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.50	**RUC Time**	123,707

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination ..

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 88366**	**Key Reference CPT Code:** 88120	**Source of Time** RUC Time

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	40.00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**40.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.14	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.14	4.00
Urgency of medical decision making	4.00	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.00	3.00
Physical effort required	4.00	3.86
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.43	4.29
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	4.00	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.29	4.29
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88366 service yielded 28 respondents with a median RVW of 1.59 and time of 45 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic

pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X6 to the key reference service 88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20 of 30 minutes, chosen 7 times) and another most frequently chosen reference code which was chosen by 6 respondents was 88121 - 88307 - Level V - Surgical pathology, gross & micro exam (WRVU = 1.59, 47 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 30328
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 30% of that utilization. 50,547 x 2 x 0.30 = 30,328. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 6672 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 23656 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,164 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 30% of that utilization. 50,547 x 0.30 = 15,164. Percentages allocated were taken from the RUC database

Specialty Pathology Frequency 3336 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 11828 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88365

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88367 Tracking Number JJ7 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.86**
Global Period: XXX RUC Recommended RVU: **0.86**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using computer assisted technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using brightfield microscopy and the images examined. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88367		
Sample Size:	5689	**Resp N:** 24	**Response:** 0.4 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	12.00	23.00	**150.00**	263.00	500.00
Survey RVW:	0.75	0.86	**0.97**	1.19	1.90
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	20.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88367	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 88367**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	25.00	27.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.63	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.25
Urgency of medical decision making	3.75	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	3.25
Physical effort required	2.50	2.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.50
Outcome depends on the skill and judgment of physician	3.88	3.25
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.75	3.63
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

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Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88367 service yielded 24 respondents with a median RVW of 0.97 and time of 25 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and

intensity/complexity of 88367 to the key reference service 88346 - Immunofluorescent study, each antibody; direct method – (WRVU = 0.86, CMS/other time of 27 minutes, chosen 8 times) and another most frequently chosen reference code was:
88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes total)

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order amongst pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88367

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41591
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,637 x 2 x 0.15 = 41,591.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 9150 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 32441 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,796 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 138,637 x 0.15=20,796.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 4575 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 16221 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88367

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88373 Tracking Number JJ8 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.86**
Global Period: XXX RUC Recommended RVU: **0.86**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative lambda light chain mRNA expression using computer assisted technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express lambda light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using brightfield microscopy and the images examined. The pathologist interprets the lambda mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The ratios of the lambda and kappa mRNA expression levels are compared and documented. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88373		
Sample Size:	5684	**Resp N:** 9	**Response:** 0.1 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	65.00	**100.00**	350.00	600.00
Survey RVW:	0.85	0.90	**1.10**	1.36	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**25.00**	30.00	40.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88373	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88346	XXX	0.86	**RUC Time**

CPT Descriptor Immunofluorescent study, each antibody; direct method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	XXX	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 2 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 88373**	**Key Reference CPT Code:** 88346	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	25.00	27.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.50
Urgency of medical decision making	3.50	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.50	3.50
Physical effort required	4.00	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.50
Outcome depends on the skill and judgment of physician	3.50	3.00
Estimated risk of malpractice suit with poor outcome	3.50	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.00	3.50
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88373 service yielded 9 respondents with a median RVW of 1.10 and time of 25 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings.

Due to the low survey response rate the expert panel compared the median RVW, time and intensity/complexity of 8836X3 to the following other pathology services in comparison of work RVU, time, and intensities and agreed that this service should be valued exactly the same as the base code 88367 as it is almost identical in physician work. Therefore, a value of 0.97 with 25 minutes of time (median results from base code survey - 88367) would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88367

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27727
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 138,637 x 2 x 0.10= 27,727.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 21627 Percentage 77.99 %

Specialty Clinical Laboratory Frequency 6100 Percentage 22.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13,864 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 138,637 x 0.10= 13,864.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 3050 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 10814 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88367

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88374 Tracking Number JJ9 Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.04**
Global Period: XXX RUC Recommended RVU: **1.04**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure
(Do not report 88367 or 88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old woman has been diagnosed with invasive ductal carcinoma of the breast. A stained slide of the breast tumor is analyzed by fluorescence in situ hybridization (FISH) quantifying the copy number of HER2 and centromere 17 (CEP 17) signals using computer-assisted technology

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express HER2 and CEP17 to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then digitally scanned using fluorescence microscopy and the images examined. The pathologist interprets the HER2 and CEP17 staining pattern and quantification of HER2 and CEP17 signals and determines their significance in their histologic and cellular locations. The pathologist also calculates the HER2:CEP17 ratio. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88374		
Sample Size:	5689	**Resp N:** 18	**Response:** 0.3 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	25.00	**60.00**	100.00	1000.00
Survey RVW:	0.96	1.04	**1.25**	1.48	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	48.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88374	**Recommended Physician Work RVU: 1.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88361	XXX	1.18	**RUC Time**	137,231

CPT Descriptor 1 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
88187	XXX	1.36	**RUC Time**

CPT Descriptor Flow cytometry, interpretation; 2 to 8 markers

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 38.8 **%**

TIME ESTIMATES (Median)	CPT Code: 88374	Key Reference CPT Code: 88121	Source of Time RUC Time
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	30.00	25.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	3.14
Urgency of medical decision making	3.29	2.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.71	3.86
Physical effort required	2.86	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.86	3.57
Outcome depends on the skill and judgment of physician	4.14	4.00
Estimated risk of malpractice suit with poor outcome	3.71	3.43

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.29	3.86

Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted).

The survey for the revised 88374 service yielded 18 respondents with a median RVW of 1.25 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and intensity/complexity of 8836X1 to the key reference service 88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00 of 25 minutes, chosen 7 times) and another frequently chosen reference code 88187- 88187 - Flow cytometry, interpretation; 2 to 8 markers (WRVU = 1.36, 38 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88367

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 207956
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 138,637 x 2 x 0.75= 207,956.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 45750 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 162205 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 103,978 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 50,547 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 138,637 x 0.75= 103,978.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 22875 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 81103 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88367

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88368 Tracking Number JJ10 Original Specialty Recommended RVU: **1.05**

Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative kappa light chain mRNA expression using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express kappa light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is examined using brightfield microscopy. The pathologist interprets the kappa mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88368		
Sample Size:	5689	**Resp N:** 40	**Response:** 0.7 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	100.00	**200.00**	363.00	1000.00
Survey RVW:	0.39	0.88	**1.15**	1.30	3.75
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	19.00	**30.00**	40.00	100.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88368	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88120	XXX	1.20	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.86	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	XXX	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 88368**	**Key Reference CPT Code:** 88120	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.78
Urgency of medical decision making	3.89	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	4.22
Physical effort required	3.78	3.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.78
Outcome depends on the skill and judgment of physician	4.22	4.11
Estimated risk of malpractice suit with poor outcome	4.00	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.89	3.78
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88368 service yielded 40 respondents with a median RVW of 1.15 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and

intensity/complexity of 88368 to the key reference service 88120 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual (WRVU = 1.20, 30 minutes, chosen 10 times) and another frequently chosen reference code 88187 - Flow cytometry, interpretation; 2 to 8 markers (WRVU = 1.36, 38 minutes, IWPUT = 0.0394).

The expert panel reviewed the survey results and comparison services and agreed that considering survey data from the add on code 88368 resulting in a median RVU of 1.05 and 30 minutes of time, 8836X4 and 88368 should have the same values. Therefore, the expert panel agreed that the lower of the two. The expert panel agreed to a WRVU of 1.05 and 30 minutes of total time.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
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88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 87796
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 292,652 x 2 x 0.15 = 87,796. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 19315 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 68481 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 43,898 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 15% of that utilization. 292,652 x 0.15 = 43,898.. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 9658 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 34240 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88368

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88369 Tracking Number JJ11 Original Specialty Recommended RVU: **1.05**

Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a suspected plasma cell dyscrasia. In situ hybridization is performed on a bone marrow specimen to assess for relative lambda light chain mRNA expression using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express lambda light chain mRNA to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is examined using brightfield microscopy. The pathologist interprets the lambda mRNA staining pattern and quantification of mRNA signals and determines their significance in their histologic and cellular locations. The ratios of the lambda and kappa mRNA expression levels are compared and documented. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Jonathan Myles, MD, FCAP and Roger Klein, MD, JD		
Specialty(s):	College of American Pathologists		
CPT Code:	88369		
Sample Size:	5689	**Resp N:** 17	**Response:** 0.2 %
Description of Sample:	Targeted and Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	15.00	100.00	**150.00**	925.00	1000.00
Survey RVW:	0.70	0.89	**1.05**	1.36	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	30.00	**30.00**	35.00	40.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88369	**Recommended Physician Work RVU: 0.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88121	XXX	1.00	**RUC Time**

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.86	**RUC Time**	23,778

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	108,808

CPT Descriptor 2 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 4 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 88369**	**Key Reference CPT Code:** 88121	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	30.00	25.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**25.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.25	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.25	4.00
Urgency of medical decision making	4.00	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	4.00
Physical effort required	3.75	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.00
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	4.00	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.00	3.75
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88369 service yielded 17 respondents with a median RVW of 1.05 and time of 30 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and

intensity/complexity of 8836X4 to the key reference service 88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (WRVU = 1.00, 25 minutes, chosen 10 times) and found them similar in overall work however that the surveyed code involved more time and different technical skills. The expert panel agreed with the median RVUs and time.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 58530
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 292,652 x 0.10x2 = 58,530. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 12877 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 45654 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,265 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 10% of that utilization. 292,652 x 0.10 = 29,265. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 6438 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 22827 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88368

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88377 Tracking Number JJ12 Original Specialty Recommended RVU: **1.60**

Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
(Do not report 88368 or 88377 in conjunction with 88365, 88366, 88367, 88374 for the same probe)
(For morphometric in situ hybridization evaluation of urinary tract cytologic specimens, see 88120, 88121)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old woman has been diagnosed with invasive ductal carcinoma of the breast. A stained slide of the breast tumor is analyzed by fluorescence in situ hybridization (FISH), quantifying the copy number of the HER2 and centromere 17 (CEP 17) signals using manual technology.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The pathologist determines the appropriate areas of tumor to evaluate from review of the hematoxylin and eosin stained slide. The pathologist examines positive control tissue known to contain cells that express HER2 and CEP17 to verify that the stain is optimized. The pathologist also examines the negative control to check for nonspecific binding and false positive staining. The patient sample is then examined by fluorescence microscopy. The pathologist interprets the HER2 and CEP17 staining pattern and quantification of HER2 and CEP17 signals and determines their significance in their histologic and cellular locations. The pathologist also calculates the HER2:CEP17 ratio. The data are compared to current and/or prior specimens and reports. The findings are correlated with the corresponding H&E stained slide, clinical history, previous tissue samples and laboratory tests, and are reported.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, Michael FCAP and Roger Klein, MD, JD				
Specialty(s):	College of American Pathologists				
CPT Code:	88377				
Sample Size:	5689	**Resp N:**	32	**Response:** 0.5 %	
Description of Sample:	Targeted and Radom				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	50.00	**100.00**	175.00	500.00
Survey RVW:	0.86	1.40	**1.60**	1.80	2.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	18.00	35.00	**45.00**	63.00	100.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88377	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88188	XXX	1.69	**RUC Time**

CPT Descriptor Flow cytometry, interpretation; 9 to 15 markers

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.40	**RUC Time**	

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 88377**	**Key Reference CPT Code:** 88188	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	45.00	43.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**45.00**	**43.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.83	3.50
Urgency of medical decision making	3.83	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.17	3.75
Physical effort required	2.83	2.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.83
Outcome depends on the skill and judgment of physician	4.17	3.92
Estimated risk of malpractice suit with poor outcome	3.83	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.17	3.92
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. In Jan 2012, the RUC reviewed 2011 diagnosis claims data and the College of American Pathologists (CAP) indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The RUC indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The RUC recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. In January 2013, the RUC recommended resurveying the physician work and to develop direct practice expense inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting. While the CAP was preparing to survey it was discovered that the vignette for code 88365 required revision. Upon further scrutiny of the code descriptors and other vignettes, CAP determined that the entire family of services required some CPT editorial clarity so that the typical services could accurately be captured by CPT. This was required to accurately represent and value both the physician work and practice expense for these codes.

In May 2013 the CPT Editorial Panel revised the in situ hybridization codes (88365, 88367, and 88368) and created three new add-on codes 8836X6, 8836XX, and 8836X9 for reporting each additional separately identifiable probe per slide. In addition, the panel revised and added relevant parenthetical notes to instruct on the proper use of these codes. At the October 2013 RUC meeting the RUC reviewed survey results and practice expense inputs (in comparison to codes 88120-1).

After the release of CMS' final ruling for 2014, and concerns from payers, it was evident that additional clarification concerning these services was necessary. In February 2014, CPT Editorial Panel again revised and added codes for in situ hybridization procedures to differentiate initial single probe stains procedures per specimen (88365, 88367, 88368) and establish three add-on codes under each of the single probe stain procedure parent codes 88365, 88367, 88368 for each additional single probe stain procedure, and established three stand- alone codes for each multiplex probe stain procedure under the respective in situ hybridization parent codes 88365, 88367, 88368.

Survey Effort and Results with New/Revised CPT Language

The College of American Pathologists (CAP), American Society of Cytopathology (ASC) and American Society for Clinical Pathology (ASCP) performed a random survey of approximately 5,000 members and an additional 689 targeted physicians. The targeted group consisted of members from CAP, ASC, or ASCP that were identified as providers of molecular pathology services. It should be noted that both the number of random and targeted members was substantially increased for this survey effort in contrast to our multispecialty survey data presented at the RUC in October 2013 (3,000 random and 100 targeted)

The survey for the revised 88377 service yielded 32 respondents with a median RVW of 1.60 and time of 45 minutes.

A multispecialty expert panel formed from the three societies which reviewed the survey data and developed its recommendations. In addition, the expert panel included CAP's CPT/RUC Workgroup, its Economic Affairs Executive Committee, and other representatives from general and academic pathology practice settings. The expert panel compared the median RVW, time and

intensity/complexity of 8836X9 to the key reference 88188 - Flow cytometry, interpretation; 9 to 15 markers (WRVU = 1.69 of 43 minutes, chosen 12 times) and another most frequently chosen reference code which was chosen by 6 respondents was 88121 - 88307 - Level V - Surgical pathology, gross & micro exam (WRVU = 1.59, 47 minutes total).

The multi-specialty panel agreed that the slightly increased intensity obtained for the multiplex codes reflect the need for the pathologist to distinguish the relative degree of proximity of different color probes within the nucleus of the malignant cells. For the 88365 and 88368 series, these results can be directly compared with the RVU and times for CPT code 88307.

The expert panel also reviewed the following other pathology services in comparison of work RVU, time, and intensities and found the recommended value and time would provide proper rank order across pathology services and in this code family.

88182 - Flow cytometry, cell cycle or DNA analysis (WRVU = 0.77, 20 minutes, IWPUT = 0.0546)
86079 - Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report (WRVU = 0.94, 30 minutes, IWPUT = 0.313)
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual (WRVU = 1.10, 35 minutes, IWPUT = 0.0314)
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology (WRVU = 1.18, 40 minutes, IWPUT = 0.0295)
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (WRVU = 1.19, 25 minutes, IWPUT = 0.0476)
88307 - Level V - Surgical pathology, gross & micro exam - 1.59 RVUs, 47 minutes, IWPUT = 0.0338)
88188 - Flow cytometry, interpretation; 9 to 15 markers - 1.69 RVUs, 43 minutes, IWPUT = 0.0432)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88368

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 438978
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 292,652 x 0.75x2 = 438,978. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 96575 Percentage 21.99 %

Specialty Clinical Laboratory Frequency 342403 Percentage 78.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 219,489 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Whereas Medicare claims are approximately half of all claims and in 2012 there were approximately 292,652 Medicare claims data indicated in the RUC database. With the recent coding changes we estimate this service will receive approximately 75% of that utilization. 292,652 x 0.75x2 = 219,489. Percentages allocated were taken from the RUC database.

Specialty Pathology Frequency 48288 Percentage 22.00 %

Specialty Clinical Laboratory Frequency 171201 Percentage 77.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 88368

ISSUE: Immunohistochemistry

TAB: 21

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88305	Level IV - Surgical pathology, gross and microscopic examination	165	0.030			0.75			25						25			
CURRENT				#DIV/0!						0									
SVY	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	206	0.032	0.40	0.70	0.80	1.05	3.00	25				6	15	25	30	45	
REC	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	206	0.028	0.70					25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88305	Level IV - Surgical pathology, gross and microscopic examination	165	0.030			0.75			25						25			
CURRENT				#DIV/0!						0									
SVY	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)		0.032	0.40	0.65	0.80	1.10	3.75	25				6	15	25	30	45	
REC	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)		0.026	0.65					25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	49	0.031			1.10			35						35			
CURRENT				#DIV/0!						0									
SVY	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1) (When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 8834X1) (Do not used more than one unit of 88342, 8834X2 or 8834X1 for each separately identifiable antibody per specimen) (Do not report 88342, 8834X2 or 8834X1 with 88360, 88361 unless each procedure is for a different antibody)	63	0.030	0.45	0.77	1.05	1.20	3.75	35				18	29	35	41	45	
REC	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1) (When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 8834X1) (Do not used more than one unit of 88342, 8834X2 or 8834X1 for each separately identifiable antibody per specimen) (Do not report 88342, 8834X2 or 8834X1 with 88360, 88361 unless each procedure is for a different antibody)		0.022	0.77					35						35			

SS Rec Summary

ISSUE: In Situ Hybridization

TAB: 21

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	56	0.033	0.65	0.90	1.00	1.10	1.63	30				15	20	30	35	60	
REC	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	56	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	27	0.033	0.60	0.95	1.00	1.20	3.25	30				15	30	30	35	50	
REC	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	27	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual		0.040			1.20			30						30			
CURRENT	88365	In situ hybridization (eg, FISH), each probe		0.030			1.20			40						40			
SVY	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	28	0.035	1.00	1.24	1.59	1.69	1.83	45				15	33	45	55	90	
REC	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	28	0.031			1.24			40						40			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	24	0.039	0.75	0.86	0.97	1.19	1.90	25				5	20	25	30	45	
REC	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	24	0.034			0.86			25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88346	Immunofluorescent study, each antibody; direct method		0.032			0.86			27						27			
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	883673	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	9	0.044	0.85	0.90	1.10	1.36	3.50	25				10	20	25	30	40	
REC	88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	9	0.034			0.86			25						25			

Source	CPT	CPT Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology		0.040			1.00			25						25			

SS Rec Summary

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computerassisted technology		0.031			1.30			42						42			
SVY	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	18	0.042	0.96	1.04	1.25	1.48	3.50	30				10	25	30	48	60	
REC	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	18	0.035			1.04			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST
REF	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual		0.040			1.20			30						30			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.038	0.39	0.88	1.15	1.30	3.75	30				5	19	30	40	100	
REC	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	40	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST
REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology		0.040			1.00			25						25			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	17	0.035	0.70	0.89	1.05	1.36	3.50	30				7	30	30	35	40	
REC	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	17	0.029			0.88			30						30			

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST
REF	88188	Flow cytometry, interpretation; 9 to 15 markers		0.039			1.69			43						43			
CURRENT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe;manual		0.031			1.40			45						45			
SVY	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	32	0.036	0.86	1.40	1.60	1.80	2.00	45				18	35	45	63	100	
REC	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	32	0.031			1.40			45						45			

CPT Code:___88342, 88341, 88344
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 88344)

88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

88344 - Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88342 - Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
(88343 has been deleted. For multiplex antibody stain procedure, use 88344)

88341 - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
(Use 88341 in conjunction with 88342)
(For multiplex antibody stain procedure, use 88344)

88344 - Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
(When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344)
(When multiple antibodies are applied to the same slide that are not separately identifiable [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344)
(Do not used more than one unit of 88342, 88341 or 88344 for each separately identifiable antibody per specimen)
(Do not report 88342, 88341 or 88344 with 88360, 88361 unless each procedure is for a different antibody)

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 88342 is the service being revised. The 2012 RUC recommended direct inputs for 88342 and 88343 are used as reference points.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: No additional minutes are recommended for 88342

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Initially, the immunohistochemistry stain order is verified and accessioned into the laboratory information system. Control blocks have been previously embedded in paraffin as per routine histology procedures and are specific for each immunohistochemical antibody used. The histotechnologist pulls and verifies the patient tissue block and the correct control block and carefully cuts the positive control tissue on the microtome per routine histology procedures. The patient tissue block is then cut on the microtome and placed on a separate slide..

The slides then are placed in the isotemp oven, incubated for 60 minutes, and removed.

Patient data is entered into the Ventana Ultra system with the specific antibody(ies) to be used. Slide barcode labels specific for the instrument are generated and placed on slides.

The histotechnologist typically then removes the detection kit and specific antibody(ies) from refrigerator, loads the antibody(ies), detection kit dispenser(s) and required reagents onto the reagent tray and places the tray on the automated slide stainer. The patient and control slides are loaded onto the automated slide stainer, and the equipment is started. The slides are removed from the instrument after they are stained, placed in a slide holder, and rinsed in soapy water so that the coverslip material is removed. Slides are then dehydrated, cleared, and placed on the robotic coverslipper .

Positive control slides are reviewed. Workload recordings are logged, and the slides and paperwork are collated. Slides and paperwork are then delivered to the pathologist.

Service Clinical Labor Activities:
None.

Post-Service Clinical Labor Activities:
Typically, the histotechnologist then re-files the block, unloads and stores the antibody(ies), the detection kit(s) and reagents. The lab technician cleans the equipment and work station in the histology lab. The lab technician then disposes the hazardous waste material and specimens.

CPT Code:_88365. 88364, 88366, 88367, 88373 883674, 88368, 88369, 88377
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
See descriptors from non-facility setting PE summary of recommendation forms

Global Period:_XXX Meeting Date:_October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the typical practice expense inputs for these new and revised services. The expert panel began its work with the October 2013 RUC accepted practice expense inputs. The panel again carefully reviewed lab and FDA protocols and methods for these services, and modified and adjusted the inputs for the new and revised services. These standards /methods and typical protocols were applied to the direct inputs to reflect the time and costs of an individual patient service.

The clinical labor time, medical supplies, and equipment were then meticulously examined by CAP's economic affairs subcommittees and workgroups. Additional adjustments were made to the clinical labor, supplies, and equipment for presentation at the RUC.

The specialties recommend no direct practice expense inputs in the facility setting.

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

CPT Code:_88365. 88364, 88366, 88367, 88373, 88374, 88368, 88369, 88377
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: _April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the typical practice expense inputs for these new and revised services. The expert panel began its work with the October 2013 RUC accepted practice expense inputs. The panel again carefully reviewed lab and FDA protocols and methods for these services, and modified and adjusted the inputs for the new and revised services. These standards /methods and typical protocols were applied to the direct inputs to reflect the time and costs of an individual patient service.

The clinical labor time, medical supplies, and equipment were then meticulously examined by CAP's economic affairs subcommittees and workgroups. Additional adjustments were made to the clinical labor, supplies, and equipment for presentation at the RUC.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The October 2013 RUC accepted direct practice expense inputs are shown as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: No additional minutes beyond the subcommittee's standards are recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
The services presented here are either new or revised services. There may be specific line items that were added, eliminated, or reduced from what was approved by the RUC in October 2013. These adjustments provide for the typical patient scenario and service.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve and accession the specimen.
- Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide
- Prepare working reagents and ready equipment.
- Label slides for patient case
- Cut 2-5 um thin sections with a microtome and place them in heated water bath for a short amount of time. Retrieve from water bath and mount each section and

allow to dry, and staining the first and last sections with hematoxalin and eosin.

- Store prepared slides at ambient temperature until ready to bake prior to slide deparaffinization.
- Prepare equipment instruments
- Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide.
- Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol:
  -Prepare working reagents and ready equipment.
  -Prepare from FFPE tissue including H&E staining steps.
  - Re-cut paraffin blocks and bake slides.
  -Pretreatment involving; deparaffinizing slides
  - treat with enzyme, wash and rehydrate
  - protease treatment, and fixing the specimen.
  - Prepare Probe(s) steps
  - Denaturation of Specimen DNA
  - Apply DNA probe mixture to postive, negitative control and patient slide.
  - Hybridization in chamber for 16 hours
  - Post-Hybirdization washings
  - Apply DAPI, recoverslip, and label slides
- Signal Enumeration: Verify and QC controls and slide adequacy.
- Examine fluorescent signals in each cell and generate data for the pathologist to interpret.
- When applicable signal enumeration: Count signals in malignant cells and generate data for the pathologist to interpret
- Produce specified digital images and print samples
- Complete workload recording logs on laboratory information system and CoPath software. Collate slides and paperwork. Deliver to pathologist.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities:

- Prepare, pack and transport specimens and records for in-house storage and external storage
- Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste for professionally contracted disposal.
- Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure).
- Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.

	A	B	C	D	E	F	G	H
1				**Oct 2012 RUC/CMS**	**Oct 2012 RUC/CMS**	**Revised Code**	**Revised Code**	**New Code**
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**31.0**	**4.0**	**30.15**	**15.15**	**33.15**
7	**TOTAL HISTOTECHNOLOGIST**	**L037B**	Histotech	**21.0**	**4.0**	**19.15**	**9.15**	**22.15**
8	**TOTAL LAB TECHNICIAN**	**L033A**	Lab Tech	**10.0**	**0.0**	**11.00**	**6.00**	**11.00**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**24.0**	**3.0**	**22.15**	**11.65**	**24.15**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.00**	**0.00**	**0.00**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**7.0**	**1.0**	**8.00**	**3.50**	**9.00**
12	**PRE-SERVICE**							
13	**Start: When physician order for stain is received**							
14	Verify order and accession immunohistochemical stain order in laboratory information system	**L033A**	Lab Tech	**1**		**1**	**0**	**1**
15	Pull and verify tissue block and control block	**L037B**	Histotech	**1**		**1**	**0.5**	**1**
16	Prepare positive control block to include the following: Confirm control tissue ID. Embed tissue in paraffin. Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	**L037B**	Histotech	**1**	**1**	**0.15**	**0.15**	**0.15**
17	Cut patient tissue and place on slide to include the following: - Section paraffin block in microtome, place section in water bath; label and place on microscopic slide from waterbath includes change and insert knife, rough-cut block.	**L037B**	Histotech	**3**		**3**	**1**	**3**
18	Cut positive control tissue and place on slide	**L037B**	Histotech	**3**		**3**	**3**	**3**
19	Cut patient tissue and place on negative control slide	**L037B**	Histotech	**2**		**1**	**0**	**1**
20	Place slides in oven and incubate for 60 minutes, remove from oven, set timer	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
21	Enter patient data, computational prep for antibody testing, generate and apply bar codes to slides, and enter data for automated slide stainer (includes incubation time of 60)	**L037B**	Histotech	**5**		**5**	**0.5**	**5**
22	Load the primary antibody (load secondary if applicable), detection kit dispensers and required reagents onto the reagent tray and place the tray on the automated slide stainer. Load the slides onto the automated slide stainer, and start stainer. Prime machine with reagents.	**L037B**	Histotech	**3**	**2**	**3**	**2**	**5**
23	Remove slides from automated slide stainer. Rinse slides in soapy water to remove the coverslip material. Load slides on to cover rack.	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
24	Dehydrate to xylene through progressive alcohols and place on automatic coverslpper	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
25	Review positive and negative control slides	**L037B**	Histotech	**1**		**1**	**1**	**1**
26	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	**L033A**	Lab Tech	**1**		**1**	**0.5**	**1**
27	**End: When specimen is ready for examination by physician**							

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
28	**SERVICE PERIOD**							
29	Prepare specimen for manual/automated processing	**L037B**	Histotech					
30	Process specimen for slide preparation (includes processing, embeding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	Histotech					
31	Assemble and deliver slides with paperwork to pathologist	L037B	Histotech					
32	**POST-SERVICE Period**							
33	**Start: When specimen examination by physician is complete**							
34	Refile block, unload and store antibody, detection kit and reagents	**L037B**	Histotech	**2**	**1**	**2**	**1**	**3**
35	Clean equipment and work station in histology lab	**L033A**	Lab Tech	**4**		**4**	**0.5**	**4**
36	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L037B**	Histotech					
37	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L037B**	Histotech					
38	Hazardous waste disposal	**L033A**	Lab Tech	**1**		**1**	**1**	**1**
39	Recycle xylene from tissue processor and stainer	**L033A**	Lab Tech			**1**	**1**	**1**
40	Verify results and complete work load recording logs	**L037B**	Histotech					
41	**End: When specimen, waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
42	**MEDICAL SUPPLIES**	**CODE**	**UNIT**					
43	gloves, non-sterile, nitrile	SB023	pair	**1**		**2**	**0**	**2**
44	slide, microscope	SL122	item	**2**		**3**	**3**	**3**
45	gown, staff, impervious	SB027	item	**0.2**		**0.2**	**0**	**0.2**
46	blade, microtome	SF004	item	**0.3**		**0.3**	**0.3**	**0.3**
47	cover slip, glass	SL030	item	**2**		**3**	**3**	**3**
48	anti-CD15 Mouse Monoclonal Antibody (Ventana 760-2504)	SL474	~~ml~~ test	**~~0.1~~ 2**		**2**	**0**	**0**
49	Anti CD45 Monoclonal Antibody	Invoice	Test			**0**	**2**	**0**
50	E-bar labels (Ventana 1358501)	SL475	item	**2**		**3**	**3**	**3**
51	E-Bar Printer Ribbon (Ventana 1632900) (prints 8100 labels)	SL476	item	**0.00024691**		**0.00024691**	**0.00024691**	**0.00024691**
52	Permanent marking pen	SL477	item	**0.0065**		**0.0065**	**0.0065**	**0.0065**
53	Reaction buffer 10X (Ventana 950-300)	SL478	ml	**6**	**3**	**6**	**6**	**9**
54	Liquid coverslip (Ventana 650-010)	SL479	ml	**12**	**6**	**12**	**12**	**18**
55	SSC (10X) (Ventana 950-110)	SL480	ml	**4.8**		**4.8**	**4.8**	**4.8**
56	EZ Prep (10X) (Ventana 950-102)	SL481	ml	**3**		**3**	**3**	**3**
57	Cell Conditioning 1 (Ventana 950-124)	SL482	ml	**3**		**3**	**3**	**3**
58	Hematoxylin II (Ventana 790-2208)	SL483	ml	**0.2**		**0.2**	**0.2**	**0.2**
59	Bluing reagent (Ventana 760-2037)	SL484	ml	**0.2**		**0.2**	**0.2**	**0.2**
60	Cover slip glue/Mounting media	SL485	ml	**0.5**		**0.5**	**0.5**	**0.5**
61	95% ethanol	SL248	ml	**50**		**50**	**50**	**50**
62	100% ethanol	SL189	ml	**50**		**50**	**50**	**50**
63	Xylene	SL151	ml	**50**		**50**	**50**	**50**
64	soap, liquid, antibacterial	SM024	oz	**0.1**		**0.1**	**0.1**	**0.1**
65	250 Test Prep Kit # 78 (Ventana 786-3034)	SL486	Test		**1**	**0**	**0**	**1**
66	monoclonal rabbit anti-AMACR, clone 13 H4 (Cell Marque)	SL487	ml		**0.1**	**0**	**0**	**0.1**
67	34 Beta E12	Invoice	test			**0**	**0**	**2**
68	UltraView Universal DAB Detection Kit	SL488	test	**2**		**2**	**0**	**0**
69	Universal Detection Kit	SA117	Test			**0**	**2**	**4**
70	UtraView Universal Alkaline Phosphatase Red Detection Kit	SL489	Test		**2**	**0**	**0**	**0**
71	Wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**2**		**2**	**2**	**2**
72	Bleach	SL020	ml	**10**		**10**	**0**	**10**
73	Eye shield,non-fog	SG049	item	**0.1**		**0.1**	**0**	**0.1**
74	gauze, non-sterile 4in x 4in	SG051	item	**4**	**2**	**4**	**4**	**4**
75	embedding cassette	SL058	item			**1**	**1**	**1**
76	embedding mold	SL060	item			**1**	**1**	**1**
77	scalpel, safety, surgical, with blade (#10-20)	SF047				**1**	**1**	**1**
78	**EQUIPMENT**	**CODE**						
79	hood, ventilator with blower	EP019				**1**	**1**	**1**
80	microscope, compound	EP024		**20**	**10**	**21**	**13**	**31.5**
81	water bath, general purpose (lab)	EP043		**8**		**7**	**4**	**7**
82	microtome	ER041		**8**		**7**	**4**	**7**
83	Benchmark ULTRA automated slide preparation system	EP112		**15**	**18**	**15**	**15**	**30**
84	E-Bar II Barcode Slide Label System	EP113		**3**		**0**	**0**	**0**

	A	B	C	D	E	F	G	H
2				**88342**	**88343**	**88342**	**88341**	**88344**
3	**Meeting Date: April 2014** **Tab: 21** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Immunohisto-chemistry or immunocyto-chemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (88343 has been deleted. For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 8834X2 in conjunction with 88342) (For multiplex antibody stain procedure, use 8834X1)	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 8834X1)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
85	solvent recycling system	EP038		**12**		**1**	**1**	**1**
86	isotemp, oven	EP049		**4**		**0**	**0**	**0**
87	hood, fume	EP017		**1**		**1**	**1**	**1**
88	tissue processor	EP040				**10**	**10**	**10**
89	slide coverslipper, robotic	EP033				**2**	**2**	**2**
90	paraffin dispenser (two-gallon)	EP032				**2**	**2**	**2**
91	tissue embedding center	EP039				**2**	**2**	**2**
92	Freezer	EP110				**0**	**0**	**0**
93	Automated Casette Labeler	EP111				**1**	**1**	**1**
94	grossing station w-heavy duty disposal	EP015				**2**	**2**	**2**
95	slide etcher-labeler	EP035				**1**	**1**	**1**

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88365	88364	88366	88365	88366
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			NF	NF	NF	NF	NF
5	**GLOBAL PERIOD**			XXX	XXX	XXX		
6	**TOTAL CLINICAL LABOR TIME**			73.5	34.0	85.0	73.5	13.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	65.5	32.5	77	65.5	13
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	4	0	4	4	0
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	0.0	0.0	0.0	0.0	0.0
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	4.0	1.5	4.0	4.0	0.0
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	1.5	0	1.5	1.5	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	4	0	4	4	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	43	14	43	43	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	3	3	4.5	3	3
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	10	10	20	10	10
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
19	Photograph and print samples	L037B	Histotech	7	5	7	7	
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	0	0	0		
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	1	0.5	1	1	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							
27	**POST-SERVICE Period**							
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	2	1	2	2	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.25**	**0.25**	**0.25**	**0.25**	
37	slide, microscope	SL122	item	**2**	**2**	**2**	**2**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.25**	**0.25**	**0.25**	**0.25**	
40	eye shield, splash protection	SM016	item	**0.25**	**0**	**0.25**	**0.25**	
41	gown, staff, impervious	SB027	item	**0.25**	**0**	**0.25**	**0.25**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.25**	
43	Hemo-De	SL194	ml	**37.5**	**37.5**	**37.5**	**37.5**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**2**	**2**	**2**	**1**	
45	0.2N HCL	SL178	ml	**12.5**	**12.5**	**12.5**	**12.5**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0.5**	**0.5**	**0.5**
47	IGH@/BCL2 Negative Control Slide	SL112	item	**0**	**0**	**0.5**		
48	EBER Positive Control Slide	SL112	item	**0.5**	**0**	**0**		
49	EBER Negative Control Slide	SL112	item	**0.5**	**0**	**0**		
50	positive control slide(proxy for CMV Positive Control Slide)	SL512	item	**0**	**0.5**	**0**		
51	positive control slide(proxy for CMV Negitive Control Slide)	SL513	item	**0**	**0.5**	**0**		
52	Kappa Positive Control Slide	SL112	item	**0**	**0**	**0**		
53	Kappa Negative Control Slide	SL112	item	**0**	**0**	**0**		
54	Lambda Positive Control Slide	SL112	item	**0**	**0**	**0**		
55	Lambda Nositive Control Slide	SL112	item	**0**	**0**	**0**		
56	fixative processing (buffered formalin)	SL070	ml				**0.5**	
57	phosphate buffered saline (PBS)	SL180	ml	**12.5**	**12.5**	**12.5**	**12.5**	
58	(EBER) DNA Probe Cocktail	Invoice 11	test	**40**	**0**	**0**	**2**	**2**
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**2**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**0**		
61	Kappa Probe Cocktails	Invoice12	ul	**0**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**0**	**0**		
63	CMV DNA Probe Cocktail	SL500	ul	**0**	**40**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0**		
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0**		
66	formamide	SL192	ml				**12.5**	
67	ethanol, 70%	SL190	ml	**12.5**		**12.5**	**12.5**	
68	ethanol, 85%	SL191	ml	**12.5**		**12.5**	**12.5**	
69	ethanol, 95%	SL248	ml	**62.5**	**62.5**	**62.5**	**250**	
70	ethanol, 100%	SL189	ml	**62.5**	**62.5**	**62.5**	**62.5**	
71	cover slip, glass	SL030	item	**2**	**2**	**4**	**3**	
72	pipette tips, sterile	SL181	item	**1**	**1**	**1**	**1**	
73	rubber cement	SJ070	ml	**0.4**	**0.4**	**0.4**	**0.4**	
74	mounting media (DAPI II counterstain)	SL182	ml	**0.015**	**0.015**	**0.015**	**0.015**	
75	syringe 5-6ml	SC057	item	**0.25**	**0.25**	**0.25**	**0.25**	
76	1.0N NaOH	SL179	ml	**0.25**	**0.25**	**0.25**	**0.25**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88365**	**88364**	**88366**	**88365**	**88366**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	In situ hybridization (eg, FISH), each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide; each additional separately identifiable probe per slide
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
77	label for microscope slides	SL085	item	**2**	**2**	**2**	**3**	
78	immersion oil	SL080	ml	**0.1**	**0.1**	**0.1**	**0.1**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**175**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.5**	**0.5**	**0.5**	**0.5**	**0.1**
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.5**	**0.5**	**0.5**	**0.5**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.5**	**0.5**	**0.5**	**0.5**	
85	bleach	SL020	mL	**10**	**0**	**10**	**10**	**10**
86	Universal detection kit	SA117	kit assay	**2**	**2**			
87	**Equipment**							
88	microscope, compound	EP024		**37**	**28**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**36**	**36**	
90	pH conductivity meter	EP030		**6**	**6**	**6**	**6**	
91	chamber, hybridization	EP045		**240**	**240**	**240**	**240**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**0**	**0**	**0**		
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**13**	**13**	**13**	**13**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**2.5**	
98	ThermoBrite	EP088		**0**	**0**	**2.5**		
99	freezer	EP110		**1**	**0**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**7**	**5**	**7**	**7**	

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88367	88373	88374	88367	88373
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**47.5**	**17.5**	**47.5**	**47.5**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	**39.5**	**15.5**	**39.5**	**39.5**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	**4**	**0**	**4**	**4**	**0**
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	**4.0**	**2.0**	**4.0**	**4.0**	**0.0**
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	**1.5**	**0**	**1.5**	**1.5**	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	**4**	**0**	**4**	**4**	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	**32**	**10**	**32**	**32**	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	**0**	**0**	**0**		
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	**0**	**0**	**0**		
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	**0**	**0**	**0**		
19	Photograph and print samples	L037B	Histotech	**1**	**1**	**1**	**1**	
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	**4**	**4**	**4**	**4**	
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	**1**	**0.5**	**1**	**1**	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88367**	**88373**	**88374**	**88367**	**88373**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
27	**POST-SERVICE Period**							
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	**2**	**1**	**2**	**2**	
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0.5**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.125**	**0.125**	**0.125**	**0.125**	
37	slide, microscope	SL122	item	**1.4**	**1.4**	**1.4**	**4**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.125**	**0.125**	**0.125**	**0.125**	
40	eye shield, splash protection	SM016	item	**0.125**	**0**	**0.125**	**0.125**	
41	gown, staff, impervious	SB027	item	**0.125**	**0**	**0.125**	**0.125**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.125**	
43	Hemo-De	SL194	ml	**18.8**	**18.8**	**18.8**	**18.8**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**1.4**	**1.4**	**1.4**	**0.75**	
45	0.2N HCL	SL178	ml	**6.25**	**6.25**	**6.25**	**6.25**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0**		
47	IGH@/BCL2 Negative Control Slide	SL113	item	**0**	**0**	**0**		
48	EBER Positive Control Slide	SL114	item	**0**	**0**	**0**		
49	EBER Negative Control Slide	SL115	item	**0**	**0**	**0**		
50	CMV Positive Control Slide	SL116	item	**0**	**0**	**0**		
51	CMV Negative Control Slide	SL117	item	**0**	**0**	**0**		
52	Kappa Positive Control Slide	SL118	item	**0.2**	**0**	**0**		
53	Kappa Negative Control Slide	SL119	item	**0.2**	**0**	**0**		
54	Lambda Positive Control Slide	SL120	item	**0**	**0.2**	**0**		
55	Lambda Nositive Control Slide	SL121	item	**0**	**0.2**	**0**		
56	fixative processing (buffered formalin)	SL070	ml			**0.25**	**0.25**	
57	phosphate buffered saline (PBS)	SL180	ml	**6.25**	**6.25**	**6.25**	**6.25**	
58	(EBER) DNA Probe Cocktail	Invoice11	kit assay	**0**	**0**	**0**		
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**0**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**2.4**	**1.2**	**1.2**
61	Kappa Probe Cocktails	Invoice12	ul	**28**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**28**	**0**		
63	CMV DNA Probe Cocktail	Invoice14	ul	**0**	**0**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0.2**	**0.2**	
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0.2**	**0.2**	**0.2**
66	formamide	SL192	ml			**6.25**	**6.25**	
67	ethanol, 70%	SL190	ml	**6.25**		**6.25**	**6.25**	
68	ethanol, 85%	SL191	ml	**6.25**		**6.25**	**6.25**	
69	ethanol, 95%	SL248	ml	**31.25**	**31.25**	**31.25**		
70	ethanol, 100%	SL189	ml	**31.25**	**31.25**	**31.25**	**31.25**	
71	cover slip, glass	SL030	item	**1.4**	**1.4**	**2.8**	**2.2**	
72	pipette tips, sterile	SL181	item	**0.75**	**0.75**	**0.75**	**0.75**	
73	rubber cement	SJ070	ml	**0.3**	**0.3**	**0.3**	**0.3**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88367**	**88373**	**88374**	**88367**	**88373**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
74	mounting media (DAPI II counterstain)	SL182	ml	**0.0075**	**0.0075**	**0.0075**	**0.0075**	
75	syringe 5-6ml	SC057	item	**0.125**	**0.125**	**0.125**	**0.125**	
76	1.0N NaOH	SL179	ml	**0.125**	**0.125**	**0.125**	**0.125**	
77	label for microscope slides	SL085	item	**1.4**	**1.4**	**1.4**	**2.2**	
78	immersion oil	SL080	ml	**0.05**	**0.05**	**0.05**	**0.05**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**280**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.2**	**0.2**	**0.2**		
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.2**	**0.2**	**0.2**	**0.2**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.2**	**0.2**	**0.2**	**0.2**	
85	bleach	SL020	mL	**4.5**		**4.5**	**4.5**	**4.5**
86	Universal Detection Kit	Invoice 16	kit assay	**1.4**	**1.4**			
87	**Equipment**							
88	microscope, compound	EP024		**42**	**42**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**41**	**41**	
90	pH conductivity meter	EP030		**3**	**3**	**3**	**3**	
91	chamber, hybridization	EP045		**120**	**120**	**120**	**120**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**37**	**37**	**37**	**37**	**37**
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**7**	**7**	**7**	**7**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**3**	
98	ThermoBrite	EP088		**0**	**0**	**1**	**1**	
99	freezer	EP110		**1**	**1**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**1**	**1**	**1**	**1**	

	A	B	C	D	E	F	G	H
1				April 2014	April 2014	April 2014	Oct 2013	
2	**TAB 21**			88368	88369	88377	88368	88369
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			NF	NF	NF	NF	NF
5	**GLOBAL PERIOD**			XXX		XXX	XXX	
6	**TOTAL CLINICAL LABOR TIME**			76.5	37.5	90.5	76.5	16.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	68.5	35.5	82.5	68.5	16
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/HistoTech	4	0	4	4	0
9	**TOTAL SERVICE CLINICAL LABOR TIME**	L037B	Histotech	0	0	0	0	
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	4.0	2.0	4.0	4.0	0.0
11	**PRE-SERVICE**							
12	**Start: When containers/requisitions prepared for physician**							
13	Retrieve and accession specimen	L037B	Histotech	1.5	0	1.5	1.5	
14	Gather all the relevant slides, prior report, and history on the patient for the pathologist to review to choose the region of interest on the slide	LO35A	Lab Tech/Histotech	4	0	4	4	
15	Prepare reagents and equipment. Re-cut paraffin blocks and bake slides. Deparaffinize, treat with HCL, wash. Treat with enzyme, wash and rehydrate. Apply DNA probe mixture to positive, negative control and patient's slide. Allow to hybridize in chamber for 16 hours. Apply DAPI, recoverslip, and label. According to protocol: *-Prepare working reagents and ready equipment.* *-Prepare from FFPE tissue including H&E staining steps.* *- Re-cut paraffin blocks and bake slides.* *-Pretreatment involving; deparaffinizing slides* *- treat with enzyme, wash and rehydrate* *- protease treatment, and fixing the specimen.* *- Prepare Probe(s) steps* *- Denaturation of Specimen DNA* *- Apply DNA probe mixture to postive, negitative control and patient slide.* *- Hybridization in chamber for 16 hours* *- Post-Hybirdization washings* *- Apply DAPI, recoverslip, and label.*	L037B	Histotech	43	14	43	43	
16	Signal Enumeration: Verify and QC controls and slide adequacy.	L037B	Histotech	4	4	6	4	4
17	Examine signals in each cell and generate data for the pathologist to interpret	L037B	Histotech	0	0	0		
18	Signal Enumeration: Count signals in malignant cells and generate data for the pathologist to interpret	L037B	Histotech	12	12	24	12	12
19	Photograph and print samples	L037B	Histotech	7	5	7	7	
20	Load slides on Auto Vysis Scanner, and enter slide IDs. After pathologist has verified fields of interest, select the fields to be scanned.	L037B	Histotech	0	0	0		
21	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histotech	1	0.5	1	1	
22	**End: When specimen is ready for examination by pathologist.**							
23	**SERVICE PERIOD**							
24	**Start: When specimen is ready for examination by pathologist**							
25								
26	**End: When specimen examination by pathologist is complete**							
27	**POST-SERVICE Period**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
28	**Start: When specimen examination by pathologist is complete**							
29	Prepare, pack and transport specimens and records for in-house storage and external storage	L037B	Histotech	**2**	**1**	**2**	**2**	
30	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histotech	**1**	**0.5**	**1**	**1**	
31	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**1**	**0.5**	**1**	**1**	
32	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L037B	Histotech	**0**	**0**	**0**		
33	Other Activity (please specify)							
34	**End: When specimen, chemical waste and record handling is complete**							

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
3	**Meeting Date: April 2014** **Pathology** **In Situ Hybridization**	**CMS Code**	**Staff**	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each single probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; first separately identifiable probe per slide	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, each separately identifiable probe per block, cytologic preparation, or hematologic smear; each additional separately identifiable probe per slide (List separately in addition to code for primary procedure)
4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
35	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**					
36	blade, microtome	SF004	item	**0.25**	**0.25**	**0.25**	**0.25**	
37	slide, microscope	SL122	item	**2**	**2**	**2**	**4**	
38	slide, organosilane coated	SL183	item	**0**	**0**	**0**		
39	gloves, non-sterile, nitrile	SB023	pair	**0.25**	**0.25**	**0.25**	**0.25**	
40	eye shield, splash protection	SM016	item	**0.25**	**0**	**0.25**	**0.25**	
41	gown, staff, impervious	SB027	item	**0.25**	**0**	**0.25**	**0.25**	
42	mask, surgical	SB033	item	**0**	**0**	**0**	**0.25**	
43	Hemo-De	SL194	ml	**37.5**	**37.5**	**37.5**	**37.5**	
44	kit, FISH paraffin pretreatment	SL195	kit assay	**2**	**2**	**2**	**1**	
45	0.2N HCL	SL178	ml	**12.5**	**12.5**	**12.5**	**12.5**	
46	IGH@/BCL2 Positive Control Slide	SL112	item	**0**	**0**	**0**		
47	IGH@/BCL2 Negative Control Slide	SL113	item	**0**	**0**	**0**		
48	EBER Positive Control Slide	SL114	item	**0**	**0**	**0**		
49	EBER Negative Control Slide	SL115	item	**0**	**0**	**0**		
50	CMV Positive Control Slide	SL116	item	**0**	**0**	**0**		
51	CMV Negative Control Slide	SL117	item	**0**	**0**	**0**		
52	Kappa Positive Control Slide	SL118	item	**0.5**	**0**	**0**		
53	Kappa Negative Control Slide	SL119	item	**0.5**	**0**	**0**		
54	Lambda Positive Control Slide	SL120	item	**0**	**0.5**	**0**		
55	Lambda Nositive Control Slide	SL121	item	**0**	**0.5**	**0**		
56	fixative processing (buffered formalin)	SL070	ml			**0.5**	**0.5**	
57	phosphate buffered saline (PBS)	SL180	ml	**12.5**	**12.5**	**12.5**	**12.5**	
58	(EBER) DNA Probe Cocktail	Invoice11	kit assay	**0**	**0**	**0**		
59	kit, IGH@/BCL2 DNA Probes	SD178	kit assay	**0**	**0**	**0**		
60	kit, HER-2/neu DNA Probe	SL196	kit assay	**0**	**0**	**3**	**1.5**	**1.5**
61	Kappa Probe Cocktails	Invoice12	ul	**40**	**0**	**0**		
62	Lambda Probe Cocktail	Invoice13	ul	**0**	**40**	**0**		
63	CMV DNA Probe Cocktail	Invoice14	ul	**0**	**0**	**0**		
64	slide, negative control, Her-2	SL184	item	**0**	**0**	**0.5**	**0.5**	
65	slide, positive control, Her-2	SL185	item	**0**	**0**	**0.5**	**0.5**	**0.5**
66	formamide	SL192	ml			**12.5**	**12.5**	
67	ethanol, 70%	SL190	ml	**12.5**		**12.5**	**12.5**	
68	ethanol, 85%	SL191	ml	**12.5**		**12.5**	**12.5**	
69	ethanol, 95%	SL248	ml	**37.5**	**37.5**	**37.5**	**250**	
70	ethanol, 100%	SL189	ml	**37.5**	**37.5**	**37.5**	**37.5**	
71	cover slip, glass	SL030	item	**2**	**2**	**4**	**2.5**	

	A	B	C	D	E	F	G	H
2	**TAB 21**			**88368**	**88369**	**88377**	**88368**	**88369**
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4	**LOCATION**			**NF**	**NF**	**NF**	**NF**	**NF**
72	pipette tips, sterile	SL181	item	**1**	**1**	**1**	**1**	
73	rubber cement	SJ070	ml	**0.4**	**0.4**	**0.4**	**0.4**	
74	mounting media (DAPI II counterstain)	SL182	ml	**0.015**	**0.015**	**0.015**	**0.015**	
75	syringe 5-6ml	SC057	item	**0.25**	**0.25**	**0.25**	**0.25**	
76	1.0N NaOH	SL179	ml	**0.25**	**0.25**	**0.25**	**0.25**	
77	label for microscope slides	SL085	item	**2**	**2**	**2**	**2.5**	
78	immersion oil	SL080	ml	**0.1**	**0.1**	**0.1**	**0.1**	
79	eosin solution	SL063	ml	**4**	**4**	**4**	**4**	
80	stain, hematoxylin	SL135	ml	**16**	**16**	**16**	**16**	
81	water, distilled*	SK087	mL	**175**	**175**	**175**	**175**	
82	towel, paper (Bounty) (per sheet)	SK082	item	**0.5**	**0.5**	**0.5**	**0.5**	**0.1**
83	forceps, sterile, blunt tip, polystyrene	SD226	item	**0.5**	**0.5**	**0.5**	**0.5**	
84	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**0.5**	**0.5**	**0.5**	**0.5**	
85	bleach	SL020	mL	**10**		**10**	**10**	**10**
86	Universal Detection Kit	invoice 16	kit assay	**2**	**2**			
87	**Equipment**							
88	microscope, compound	EP024		**42**	**42**	**1**	**1**	
89	microscope, fluorescence	EP027		**0**	**0**	**41**	**41**	
90	pH conductivity meter	EP030		**6**	**6**	**6**	**6**	
91	chamber, hybridization	EP045		**240**	**240**	**240**	**240**	
92	microfuge, benchtop	EP048		**1**	**1**	**1**	**1**	
93	oven, isotemp (lab)	EP049		**1**	**1**	**1**	**1**	
94	scanner, AutoVysion	EP050		**0**	**0**	**0**		
95	slide warmer	EP051		**0**	**0**	**0**		
96	water bath, FISH procedures (lab)	EP054		**13**	**13**	**13**	**13**	
97	microtome	ER041		**2.5**	**2.5**	**3**	**3**	
98	ThermoBrite	EP088		**0**	**0**	**2.5**	**2.5**	
99	freezer	EP110		**1**	**1**	**1**	**1**	
100	VP-2000 Processor	Invoice15		**30**		**30**	**30**	
101	camera, digital system, 12 megapixel (medical grade)*	ED005		**7**	**5**	**7**	**7**	
102								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transient Elastography of Liver

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe transient elastography of the liver.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC agreed that the survey results for physician work and time where invalid due to the specialty's use of an incorrect survey instrument (000 Day Global Period, instead of XXX Global Period), in addition to the survey not meeting the minimum threshold for respondents. Therefore, the RUC recommendations for physician work and time are interim. The RUC requested that the specialty re-survey with the appropriate survey instrument for the September 2014 RUC meeting.

To determine an appropriate work value, the RUC compared the surveyed code to CPT code 95981 *Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming* (work RVU= 0.30, pre-time= 2 minutes, intra-time= 10 minutes, post-time= 5 minutes) and noted that since both services have similar intensity and analogous physician work, they should be valued similarly. Therefore, the RUC recommends a direct work RVU and physician time crosswalk from code 95981 to code 91200.

To further justify an interim work RVU of 0.30 for 91200, the RUC reviewed CPT code 93982 *Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report* (work RVU = 0.30, intra-time= 10 minutes) and agreed that the reference code also had similar intensity and analogous physician work to the surveyed code. **The RUC recommends an interim work RVU of 0.30 for CPT code 91200.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for staff type *diagnostic medical sonographer* (L050B), is disparate from the physician time for 91200.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Gastroenterology** **Other Procedures**				
●91200	KK1	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.30 (interim value)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number KK1 Original Specialty Recommended RVU: **1.16**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presented for further evaluation of liver disease secondary to hepatitis C. Physical findings were unremarkable. Laboratory studies showed abnormal liver enzymes (ie aminotransferase levels twice the upper limits of normal) and the platelet count was borderline low. Physician scheduled patient for liver elastography by mechanically induced shear wave to assess presence of cirrhosis prior to starting antiviral therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work: The reason for the exam and any pertinent clinical history is reviewed.

Description of Intra-Service Work: The test results are reviewed. Each shear wave speed value is converted to its calculated equivalent stiffness value and the median stiffness value. The variability of stiffness values across the 10 measurements are quantified. The stiffness measurement is correlated with the fibrosis stage. The results are compared and correlated with clinical, biological, and morphological parameters of liver disease to come to a diagnosis. A report is dictated for the medical record.

Description of Post-Service Work: The final report is reviewed and signed. The findings and recommendations are reviewed with the patient and pertinent others, referral source and other appropriate health professionals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	91200		
Sample Size:	1597	**Resp N:** 26	**Response:** 1.6 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying physicians from a list of purchasers obtained from industry, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	40.00	500.00
Survey RVW:	0.20	1.16	**1.64**	2.00	3.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91200	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91022	000	1.44	**RUC Time**

CPT Descriptor Duodenal motility (manometric) study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92002	XXX	0.88	**RUC Time**	221,183

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
49082	XXX	1.24	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 91200**	**Key Reference CPT Code:** 91022	**Source of Time** RUC Time

Median Pre-Service Time	2.00	15.00
Median Intra-Service Time	10.00	30.00
Median Immediate Post-service Time	5.00	16.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**17.00**	**61.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.64
Urgency of medical decision making	3.36	2.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.82	3.73
Physical effort required	3.45	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.45	2.73
Outcome depends on the skill and judgment of physician	3.91	3.27
Estimated risk of malpractice suit with poor outcome	3.36	2.64

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.09	3.00
Intra-Service intensity/complexity	3.73	3.64
Post-Service intensity/complexity	3.55	3.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

91200 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for similar GI tests and ultra-sound codes to the new liver elastography code 91200. After reviewing the survey data, **we recommend an RVW of 1.16 for 91200.** This value is equal to the 25th percentile of the survey.

Pre-time Package 5 is appropriate.

Key Reference code 91022, *Duodenal motility (manometric) study,* was surveyed and presented to the RUC in 2005 and has a 000 day global. The survey for 91200 was administered as 000 day global with the understanding the physician performed the liver elastography procedure. After receiving additional input, we determined that the physician work of the service is in the interpretation, similar to the ultrasound codes. The table below provides more appropriate XXX day global comparison codes.

Comparison To Other RUC-Reviewed XXX Day Global Codes with 15 Minutes Intra-Service Time

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	XXX	0.79	0.033	3	15	10	28	Apr02
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	XXX	0.90	0.044	6	15	5	26	Feb11
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	XXX	1.00	0.037	5	15	15	35	Apr06
72125	Computed tomography, cervical spine; without contrast material	XXX	1.07	0.056	5	15	5	25	Oct09
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	1.15	0.052	8	15	10	33	
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified	XXX	1.25	0.056	9	15	10	34	Apr08

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
	health care professional; multiple lead implantable cardioverter-defibrillator system								
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	XXX	1.27	0.065	8	15	5	28	Apr02
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	XXX	1.34	0.074	5	15	5	25	Feb09

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 91299, 76999. Ten percent of code 91299 (2012 Medicare volume = 29) and 20% of code 76999 (2012 Medicare volume = 1,552)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 900
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310])*3 = ~900

Specialty Gastroenterology Frequency 900 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310]) = ~313

Specialty Gastroenterology Frequency 300 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 91133

CPT Code: 91200

SS Rec Summary

ISSUE: Transient Elastograpy of Liver

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	91022	Duodenal mot	13	0.025			1.44			61	15					30			16
CURRENT	NA			#DIV/0!						0									
SVY	91200	Liver elastogr	26	0.047	0.20	1.16	1.64	2.00	3.25	60	25	5	5	5	10	15	20	30	10
Random	91200	Liver elastogr	15	0.038	0.50	1.18	1.50	1.78	2.52	60	25	5	5	5	10	15	20	30	10
Industry	91200	Liver elastogr	11	0.049	0.20	1.11	2.00	2.07	3.25	67	25	5	2	10	14	20	25	30	15
Exper	91200	Liver elastogr	18	0.052	0.20	1.29	1.78	2.00	3.25	62	25	5	4	5	10	15	20	30	13
No Exper	91200	Liver elastogr	8	0.032	0.50	1.04	1.30	1.53	2.52	55	20	5	5	5	14	15	23	30	10
REC	91200	Liver elastography		0.014			0.30			33	2					10			5

CPT Code: 91200
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference code from abdominal ultrasound code 76700 that was recently approved by the RUC at the October 2013 meeting.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
91200	NEW	NA	NA	NA	**76700**	RUC 2013	**4**	**39**	**0**	**91200**	**3**	**33**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to provide pre-service education/obtain consent.

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies

Two minutes: Prepare and position patient/ monitor patient/ set up IV
Fifteen minutes: Performing procedure
Three minutes: Clean room/equipment by physician staff
Two minutes - Post processing: Technical QC
Two minutes - Review documents w/ physician

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code.**			76700		91200	
3	**Meeting Date: April 2014** **Tab: 22** **Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L050B**	**DMS**	**43.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**22.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**3.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**39.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**19.0**	**0.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
14	**PRE-SERVICE**						
15	**Start: Following visit when decision for surgery or procedure made**						
16	Availability of prior electronic images confirmed	L050B	DMS	**2**			
17	Review patient electronic clinical information and questionnair	L050B	DMS	**2**			
18	Complete pre-service diagnostic & referral forms						
19	Coordinate pre-surgery services						
20	Schedule space and equipment in facility						
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**	
22	Follow-up phone calls & prescriptions						
23	*Other Clinical Activity - *specify:*						
24	**End: When patient enters office/facility for surgery/procedure**						
25	**SERVICE PERIOD**						
26	**Start: When patient enters office/facility for surgery/procedure:**						
27	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	**3**			
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**	
29	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**0**	
30	Prepare room, equipment, supplies	L050B	DMS	**2**			
31	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**	
32	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	**3**			
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L050B	DMS	**23**			
36	Assist physician in performing procedure	L037D	RN/LPN/MTA			**7**	
37	**Post-Service**						
38	Clean room/equipment by physician staff	L050B	DMS	**3**			
39	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**	
40	*Other Clinical Activity - *specify:*						
41	- Post processing: Technical QC	L050B	DMS	**2**			
42	- Post processing: Technical QC	L037D	RN/LPN/MTA			**0**	
43	- Review documents w/ physician	L050B	DMS	**2**			
44	- Review documents w/ physician	L037D	RN/LPN/MTA			**2**	
45	- Scanning other Documents into PACs	L050B	DMS	**1**			
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
49	**End: Patient leaves office**						
50	**POST-SERVICE Period**						
51	**Start: Patient leaves office/facility**						
52	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			**0**	

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code.**			**76700**		**91200**	
3	**Meeting Date: April 2014** **Tab: 22** **Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
67	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**			
69	film, X-ray, laser print	SK098	item				
70	gown, patient	SB026	item	**1**		**1**	
71	paper, exam table	SB036	foot	**7**		**7**	
72	sanitizing cloth-wipe (patient)	SM021	item	**2**		**2**	
73	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**	
74	pillow case	SB037	item	**1**		**1**	
75	X-ray developer solution	SK089	oz	**1**			
76	video tape, VHS	SK086	item	**1**			
77	**EQUIPMENT**	**CODE**					
78	room, ultrasound, general	EL015		**33**			
79	table, exam	EF023				**17**	
80	film alternator (motorized film viewbox)	ER029		**10**			
81	film processor, dry, laser	ED024		**5**			
82	Fibroscan (include probes)	NEW				**16**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Corneal Hysteresis Determination

A new code describing corneal hysteresis determination was developed by the CPT Editorial Panel at the February 2014 meeting. This technique is used by ophthalmologists to measure corneal hysteresis (resiliency) in response to an externally applied force to predict risk of progression of glaucoma.

92145 ***Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report***
The RUC reviewed the survey results from 30 ophthalmologists for code 92145 and determined a work RVU 0.17 appropriately accounts for the work required to review this service. The specialty society compared the surveyed service to the key reference service CPT code 76514 *Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)* (work RVU = 0.17, 5 minutes pre-time, 5 minutes intra-time, 5 minutes post-time) and noted that the work is almost identical. Both services generate a value that is coupled with additional data, which is used to influence the treatment of patients with glaucoma. The interpretation of the hysteresis data into the treatment plan of patients with glaucoma is slightly more complex than the review a single value for cornea thickness measurement obtained with pachymetry. However, the work for 92145 and 76514 is very similar and the specialty societies indicated and the RUC agreed these services should be valued the same. . For additional support the RUC referenced MPC code 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU = 0.17) which requires the same physician work as the surveyed code 92145. **The RUC recommended a work RVU of 0.17 for code 92145.**

New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs as approved by the Practice Expense Subcommittee. Paid invoices are attached for the *Ocular Response Analyzer*. Although the invoices are labelled sales quotes, the attached invoices are in fact what the manufacturer provides as the paid invoice. The purchasing clinical practice has indicated on the invoices that the order has been paid.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category III ~~0181T Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report~~ (0181T has been deleted. To report, use 92145) **Category I** **Medicine** **Ophthalmology** **Special Ophthalmological Services**				
●92145	LL1	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	XXX	0.17

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April 1, 2014

Sandra B. Reed, MD, Chair
AMA Specialty Society RUC Research Subcommittee
330 North Wabash Ave., Suite 39300
Chicago IL 60611-5885

Subject: Tab 23 Corneal Hysteresis Determination—CPT Codes 9214X1

Dr. Reed,

In preparation for the April RUC meeting, the American Academy of Ophthalmology and the American Optometric Association conducted a joint survey for corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report (Tab 23). This code was submitted by the manufacturer and approved during the February AMA CPT® meeting.

The corneal hysteresis procedure is performed by fewer than 200 health care providers across the country. Prior to launching the survey, the manufacturer for the corneal hysteresis equipment provided our organization with a list of 174 individuals who had purchased the equipment. After removing duplicates and identifying only the ophthalmologists and optometrists who purchased the equipment versus facilities that were also included, 120 individuals remained on the list. Given the limited number of doctors with knowledge of and access to the corneal hysteresis equipment, we determined that using a targeted sample was our only option to obtain adequate survey data to appropriately value the new code.

We now understand that the Research Subcommittee requests that approval be received prior to conducting convenience panels with targeted samples and we apologize for overlooking this important step. Although we did not first obtain the Subcommittee's approval, we feel that given the circumstances, our only available option was to proceed with using a targeted sample. We would be happy to further discuss this issue with you and ultimately would appreciate your approval in moving forward with presenting the findings from our targeted sample survey.

Thank you for your consideration.

Sincerely,

Steve Kamenetzky

Stephen A. Kamenetzky, M.D.
AAO RUC Advisor

cc: Charles Fitzpatrick, O.D., AOA HCPAC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92145 Tracking Number LL2 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX RUC Recommended RVU: **0.17**

CPT Descriptor: Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year old male with a family history of glaucoma, elevated intraocular pressure, central corneal thickness of 545 microns, and normal visual fields being evaluated for glaucoma.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The test is explained to the patient and the patient is then positioned at the instrument.

Description of Intra-Service Work: Patient is instructed to look at a target and the operator triggers the measurement. The patient is then repositioned and the second eye is measured. The physician then reviews the data, correlates the findings with other information if necessary, and generates an interpretation and report.

Description of Post-Service Work: None

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Stephen A. Kamenetzky, M.D. and Charles Fitzpatrick, O.D.		
Specialty(s):	Ophthalmology and Optometry		
CPT Code:	92145		
Sample Size:	120	**Resp N:** 30	**Response:** 25.0 %
Description of Sample:	This was a convenience sample sent to 120 individuals where their facility has the equipment in place.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	23.75	**100.00**	425.00	4000.00
Survey RVW:	0.08	0.20	**0.30**	0.37	0.75
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**1.00**		
Intra-Service Time:	1.00	3.00	**5.00**	10.00	15.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92145	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76514	XXX	0.17	**RUC Time**

CPT Descriptor Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51741	XXX	0.17	**RUC Time**	603,095

CPT Descriptor 1 Complex uroflowmetry (eg, calibrated electronic equipment)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71020	XXX	0.22	**RUC Time**	12,842,666

CPT Descriptor 2 Radiologic examination, chest, 2 views, frontal and lateral;

Other Reference CPT Code	Global	Work RVU	Time Source
77080	XXX	0.20	**RUC Time**

CPT Descriptor Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 46.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 92145**	**Key Reference CPT Code:** 76514	**Source of Time** RUC Time

Median Pre-Service Time	2.00	5.00
Median Intra-Service Time	5.00	5.00
Median Immediate Post-service Time	0.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**7.00**	**15.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.86	2.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.93	2.29
Urgency of medical decision making	2.36	1.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.36	2.07
Physical effort required	1.79	1.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.64	1.64
Outcome depends on the skill and judgment of physician	2.64	2.00
Estimated risk of malpractice suit with poor outcome	2.07	1.79

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.07	1.86
Intra-Service intensity/complexity	2.64	2.14
Post-Service intensity/complexity	2.64	2.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code (CPT 92145) is a new Category 1 submission for a technique that measures corneal hysteresis (resiliency) in response to an externally-applied force. The information obtained can be used to predict risk of progression of glaucoma and appears to be more reliable than other currently available approaches.

The American Academy of Ophthalmology (AAO) and the American Optometric Association (AOA) performed a joint survey. There were 30 responses and over 80 percent felt that the vignette was typical. The survey group was chosen from a convenience panel comprised of individuals who's academic or Veterans Affairs (VA) clinic facilities are known to have the equipment. The median WRVU was 0.30 WRVU and the 25th percentile 0.20. The survey had times of 5 minutes for the pre-, intra- and post-service work. The key reference service, CPT 76514 *Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)* was chosen by 50% of the respondents. It was RUC reviewed in April 2004. It has a WRVU of 0.17 with times of 5/5/5 for the pre-, intra- and post-service work. Intensity/ complexity metrics were slightly higher for all categories for the new code.

The joint expert panel of the AAO and AOA, which were familiar with the new test and the RUC methodology, reviewed the survey results. This is a new code with limited use at present and it was felt that the number of respondents was adequate for valuation and was not likely to increase with a different survey technique. The panel felt as well that the test was virtually identical in work to the reference code. In each instance a value is generated and that value, when coupled with other data, is used to influence the treatment of patients with glaucoma. The interpretation of the hysteresis data into the treatment plan of patients with glaucoma is slightly more complex than the review of a single value for cornea thickness measurement obtained with pachymetry; however, our panel agreed that overall the work is very similar**. Therefore the panel was comfortable recommending .17 WRVU which is the same value as 76514 and below the 25th percentile of the survey**. Consistent with the current RUC convention for this type of testing, the panel recommends a pre-service time of 2 minutes, and an intra-service time of 5 minutes and no post-service work.

In addition to the reference code, there are a host of RUC-reviewed XXX codes across all specialties with values between 0.17-0.20 with total times between 5-10 minutes and intra-service times close to 5 minutes. Many have been recently reviewed. These include CPT 77080 DEXA (Jan 12, 0.20 WRVU, 2/5/2) and GU urine flowmetry codes CPT 51736 and CPT 51741 (both April 2010, 0.17 WRVU, 0/5/2). The latter is also a MPC code. CPT 99211 has a WRVU of 0.18 with times of 0/5/2 and EKG CPT 93000 (Oct 2012, 0.17, 0/5/2) fall in this range. The panel felt all of these involve the same general intensity and complexity, supporting our recommendation of 0.17 WRVU (below the 25th percentile of the survey).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☒ Other reason (please explain) This is a separately reported diagnostic test that would be reported with an evaluation and management service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0181T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 0This is an estimate based off of claims data from the RUC database.

Specialty Ophthalmology Frequency 2000 Percentage 66.66 %

Specialty Optometry Frequency 1000 Percentage 33.33 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is an estimate based off of claims data from the RUC database.

Specialty Ophthlamology Frequency 2000 Percentage 66.66 %

Specialty Optometry Frequency 1000 Percentage 33.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 76514

SS Rec Summary

ISSUE: Corneal Hysteresis

TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	76514	Ophthalmic ultrasound, diagnostic;	31	0.012			0.17			15						5			5																			
CURRENT				#DIV/0!						0																													
SVY	9214X5	Corneal hysteresis determination,	30	0.015	0.08	0.20	0.30	0.37	0.75	15	5					5			5																			
REC				0.025			0.17			7	2					5			0																			

CPT Code: 92145
Specialty Society('s) Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Academy convenes a PE consensus work group utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise and we worked with the American Optometric Association whose members also provide this service. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: We utilized the key reference service chosen by participants of the work survey.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

Two minutes: Prepare room, equipment, supplies
Two minutes: Prepare and position patient/ monitor patient/
One minute: Provide education/obtain consent for the test
Five minutes: to assist physician in performing procedure

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 76514**		**CPT Code 92145**	
3	**Meeting Date: 04/2014 Tab: 23 Specialty:Opthalmology/Optometry**	**CMS Code**	**Staff Type**	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) RUC DB		Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD: XXX**						
6	**TOTAL CLINICAL LABOR TIME**			**5.0**	**0.0**	**10.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**1.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L038A	RN CST	**4.0**	**0.0**	**10.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/ RN CST	**1**			
13	Coordinate pre-surgery services	L038A	COMT/COT/ RN CST				
14	Schedule space and equipment in facility	L038A	COMT/COT/ RN CST				
15	Provide pre-service education/obtain consent	L038A	COMT/COT/ RN CST				
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/ RN CST				
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/ RN CST				
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	L038A	COMT/COT/ RN CST			**1**	
24	Prepare room, equipment, supplies	L038A	COMT/COT/ RN CST			**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/ RN CST			**2**	
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L038A	COMT/COT/ RN CST	**4**		**5**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L038A	COMT/COT/ RN CST				
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions	L038A	COMT/COT/ RN CST				
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, ophthalmology visit pack	SA048	pack	**1**		**0**	
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	Exam Lane	E71109				**5**	
67	Ocular Response Analyzer					**5**	
68	ultrasonic biometry, pachymeter	EQ248		**4**		**0**	
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 95% or More and CMS-Other Source – Utilization over 250,000

April 2014

EOG VNG

In February 2008, the CPT/RUC Joint Workgroup referred 92541, 92542, 92544, and 92545 to the CPT Editorial Panel for development of coding change proposals to condense the group of procedures into a single code and create new coding structures. In February 2009, the CPT Editorial Panel added new code 92540 to combine the four existing services as they are reported together more than 95% of the time. In April 2009, the RUC recommended maintaining the existing work RVUs for CPT codes 92541, 92542, 92544, and 92545. In October 2013 the RUC identified CPT code 92543 through the CMS-Other Source – Utilization over 250,000 screen and referred this issue the CPT Editorial Panel to revise the parentheticals prior to surveying the family (CPT codes 92541-92545). In February 2014, the CPT Editorial Panel added and revised the parenthetical notes for CPT code 92270*Electro-oculography with interpretation and report* and vestibular function tests to ensure appropriate reporting of these services. The RUC agreed that the vestibular function tests (92541-92545) be reviewed following the CPT modification to the parenthetical notes.

The specialty societies indicated that CPT codes 92541-92545 are all Harvard or CMS/Other valued services. The specialty societies indicated that there is compelling evidence that this family of services are potentially misvalued because these services had never been RUC surveyed and audiologists' had not been included in the original Harvard study/CMS valuations. Additionally, prior to 2009, the work of an audiologist was captured in the practice expense clinical labor inputs. However in 2009, when the work of these services was bundled and captured in CPT code 92540, the work RVUs were maintained but the audiologists time in the practice expense inputs were deleted. Therefore, the work of the audiologist is not currently captured in these services. The RUC agreed that there is compelling evidence that these services may be misvalued.

92541 ***Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording***
The RUC reviewed the survey results from 150 audiologists, otolaryngologists and neurologists for CPT code 92541 and recommends maintaining the current work RVU of 0.40. The RUC agreed with the specialty societies to reduce the pre-service and post-service time. Typically this service is performed with two other services in this family. Therefore, the recommended reductions of 1/3 of the median surveyed pre and post-service times are appropriate. The RUC recommends 3 minutes pre-service, 10 minutes intra-service and 3 minutes immediate post-service time. The RUC determined that the survey median and 25th percentile work RVUs were too high and low respectively and did not appropriately value this service relative to the vestibular function testing family of services. Therefore, the RUC recommends maintaining the current work RVU of 0.40 for CPT code 92541. The RUC compared 92541 to the key reference service 92587 *Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report* (work RVU = 0.35) and noted that although 92541 requires 2 minutes less total time, it is more intense and complex on all measures as

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indicated by the survey respondents. For additional support the RUC referenced MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU = 0.40) which requires the same physician work to perform. **The RUC recommends a work RVU of 0.40 for CPT code 92541.**

92542 ***Positional nystagmus test, minimum of 4 positions, with recording***
The RUC reviewed the survey results from 133 audiologists, otolaryngologists and neurologists for CPT code 92542 and determined that the survey 25th percentile work RVU of 0.48 appropriately accounts for the work required to perform this service. The RUC agreed with the specialty societies to reduce the pre-service and post-service time. Typically this service is performed with two other services in this family. Therefore, the recommended reductions of 1/3 of the pre and post-service times are appropriate. The RUC recommends 3 minutes pre-service, 10 minutes intra-service and 3 minutes immediate post-service time. The RUC determined that although 92542 requires the same physician time as 92541, 92542 is a more intense service which requires re-positioning the patient multiple times while evaluating the patient throughout the procedure. The RUC compared 92542 to the key reference service 95992 *Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day* (work RVU = 0.75) and noted that 92542 requires almost half the time and is less intense and complex, therefore should be valued lower. For additional support the RUC referenced MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU = 0.40), which requires slightly less work to perform. **The RUC recommends a work RVU of 0.48 for CPT code 92542.**

92543 ***Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording***
The RUC discussed the confusion that survey respondents experienced valuing this service. Although the description states per irrigation, most respondents completed the survey taking into account the entire service of four irrigations. **The RUC recommends referring CPT code 92543 to the CPT Editorial Panel to better define this service, such as having one code to describe the initial irrigation and an add-on code to describe each additional irrigation.**

The RUC recognized that it needed to establish an interim value for 92543 until this service could be redefined by CPT. The RUC recommends directly crosswalking 92543 to similar service, CPT code 92550 *Tympanometry and reflex threshold measurements* (work RVU =0.35 and 3 minutes pre-service, 10 minutes intra-service and 3 minutes immediate post-service time). For additional support the RUC compared 92543 to 94621 *Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)* (work RVU = 1.42), which is comparable when equating the total service and total number of irrigations performed (0.35 x 4 irrigations = 1.40 work RVUs). **The RUC recommends an interim work RVU of 0.35, 3 minutes pre-time 10 minutes intra-time and 3 minutes immediate post-service time for CPT code 92543 and referral to the CPT Editorial Panel.**

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92544 ***Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording***
The RUC reviewed the survey results from 118 audiologists, otolaryngologists and neurologists for CPT code 92544 and determined that the survey 25th percentile work RVU of 0.27 appropriately accounts for the work required to perform this service. The RUC agreed with the specialty societies to reduce the pre-service and post-service time. Typically this service is performed with two other services in this family. The RUC recommends 3 minutes pre-service, 5 minutes intra-service and 3 minutes immediate post-service time. The RUC compared 92544 to the key reference service 92567 *Tympanometry (impedance testing)* (work RVU = 0.20) and determined that 92544 requires more physician time and work, therefore it is appropriately valued higher. **The RUC recommends a work RVU of 0.27 for CPT code 92544.**

92545 ***Oscillating tracking test, with recording***
The RUC reviewed the survey results from 123 audiologists, otolaryngologists and neurologists for CPT code 92545 and determined that the survey 25th percentile work RVU of 0.25 appropriately accounts for the work required to perform this service. The RUC agreed with the specialty societies to reduce the pre-service and post-service time. Typically this service is performed with two other services in this family. The RUC recommends 3 minutes pre-service, 5 minutes intra-service and 3 minutes immediate post-service time. The RUC compared 92545 to the key reference service 92567 *Tympanometry (impedance testing)* (work RVU = 0.20) and determined that 92545 requires more physician time and work, therefore it is appropriately valued higher. **The RUC recommends a work RVU of 0.25 for CPT code 92545.**

Practice Expense
The Practice Expense Subcommittee had one minor modification, removing a "syringe 20 ml" from the direct practice expense inputs for CPT code 92543. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Ophthalmology** **Other Specialized Services**				
92270 (e)		Electro-oculography, with interpretation and report (For vestibular function tests, with recording, see 92540-92548) (Do not report 92270 in conjunction with 92540-92548) (To report saccadic eye movement testing, with recording, use 92700)	XXX	0.81 (No Change)
Special Otorhinolaryngologic Services **Vestibular Function Tests, With Recording (eg, ENG)**				
92540 (e)		Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording (Do not report 92540 in conjunction with 92270, 92541, 92542, 92544, or 92545)	XXX	1.50 (No Change)
92541	MM1	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording (Do not report 92541 in conjunction with 92270, 92540 or the set of 92542, 92544, and 92545)	XXX	0.40

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92542	MM2	Positional nystagmus test, minimum of 4 positions, with recording (Do not report 92542 in conjunction with 92270, 92540 or the set of 92541, 92544, and 92545)	XXX	0.48
92543	MM3	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording (Do not report 92543 in conjunction with 92270)	XXX	0.35
92544	MM4	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording (Do not report 92544 in conjunction with 92270, 92540 or the set of 92541, 92542, and 92545)	XXX	0.27
92545	MM5	Oscillating tracking test, with recording (Do not report 92545 in conjunction with 92270, 92540 or the set of 92541, 92542, and 92544)	XXX	0.25

92546 Sinusoidal vertical axis rotational testing
(Do not report 92546 in conjunction with 92270)

92547 Use of vertical electrodes (List separately in addition to code for primary procedure)
(Use 92547 in conjunction with 92540-92546)
(For unlisted vestibular tests, use 92700)
(Do not report 92547 in conjunction with 92270)

92548 Computerized dynamic posturography
Do not report 92548 in conjunction with 92270)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92541 Tracking Number MM1 Original Specialty Recommended RVU: **0.50**

Presented Recommended RVU: **0.50**
Global Period: XXX RUC Recommended RVU: **0.40**

CPT Descriptor: Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with dizziness of unclear etiology. Spontaneous nystagmus testing is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses , and medical history. The patient is questioned to affirm or update the current status of the medications actively taken.

Description of Intra-Service Work: Spontaneous nystagmus: The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. The qualified health care professional adjusts the goggles to block the vision preventing any visual fixation while the patient's eyes remain open. Under this condition, the health care professional actively monitors the eye movements looking for indications of spontaneous nystagmus as opposed to artifact (e.g., eye blinks), to the extent possible.

Gaze tests: Initially, the eyes are viewed with gaze directed forward, then the patients is instructed to gaze laterally to the right, then left. This process is performed both with visual fixation (either leaving one eye uncovered or using a fixation light inside the goggles), and without visual fixation as most labyrinthine nystagmus are suppressed if the patient is not in total darkness. The examiner must make a judgment regarding physiologic endpoint nystagmus and pathological nystagmus, must delete artifact such as eye blinks from the recorded data, and measure the slow phase velocity of any pathologic nystagmus.

All visual recordings are archived in the computer for subsequent analysis and evaluation. The nystagmus recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results and interpretation is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Marianna Spanaki, MD, PhD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head & Neck Surgery				
CPT Code:	92541				
Sample Size:	1998	**Resp N:**	150	**Response:** 7.5 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**100.00**	200.00	8000.00
Survey RVW:	0.00	0.33	**0.50**	0.62	1.08
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92541	**Recommended Physician Work RVU: 0.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92587	XXX	0.35	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93923	XXX	0.45	**RUC Time**	562,298

CPT Descriptor 1 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
76882	XXX	0.49	**RUC Time**

CPT Descriptor Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 92541**	**Key Reference CPT Code:** 92587	**Source of Time RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	10.00	12.00	
Median Immediate Post-service Time	3.00	3.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.04
Urgency of medical decision making	3.15	2.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.22	2.89
Physical effort required	2.26	2.07
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.00	1.67
Outcome depends on the skill and judgment of physician	3.48	2.93
Estimated risk of malpractice suit with poor outcome	2.22	2.07

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.96	2.30

Intra-Service intensity/complexity	3.00	2.70
Post-Service intensity/complexity	3.07	2.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545), was never valued by the RUC and their historic value was originally based on Harvard data. However, the codes in the vestibular testing battery were bundled in 2010, and when the subsequent new code 92540 was surveyed and valued, the overall work value was increased to capture all the different tests that were provided in the bundle. Additionally, the Harvard data was based on use of surface electrodes, the technology of that time. Over the last 10 years, technology has evolved and clinical practice has changed such that infrared goggles (video-oculography, VOG) have replaced surface electrodes as the clinical standard. As a result, we recommended survey of the entire family of codes, including 92541, based on VOG.

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1998 with 150 responses. Of those responses, 118 were provided by audiologists, 21 by otolaryngologists, and 6 by neurologists.

Compelling Evidence
The expert panel believes that there is compelling evidence that the current work values for the family of vestibular codes, including 92541, are incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, the vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). During that process, the audiology clinical staff time had been removed not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of audiologists surveys placed these services in proper rank order. **We request that this same methodology be used for valuation of the five vestibular codes currently under review, including 92541**.

The recommendation for the RVW is further supported by the key reference code—CPT 92587—which survey respondents consistently indicated was less intense/complex than the surveyed code across all measures. We are providing the following reference tables, which include MPC reference codes and recently reviewed services that support our requested values for physician time and work for CPT 92541.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST

92587	0.35	0.018	18	3	12	3
92541	0.40	0.027	16	3	10	3

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels	0.45	0.0316	16	3	10	3
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	0.40	0.0266	16	3	10	3
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	0.56	0.0381	18	4	10	4

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92541.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2011	**62367**	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	0.48	0.0256	20	5	10	5
2010	**76882**	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	0.49	0.0242	21	5	11	5
2010	**93924**	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study	0.50	0.0264	20	3	13	4
2008	**93285**	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	0.52	0.0247	22	5	12	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 92541 is typically billed with one other code from the vestibular testing family. Note: When the testing procedures described in 92541, 92542, 92544, and 92545 are provided all on the same day, they are captured under bundled code 92540.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92541

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 66380
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code also applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare using 2012 RUC data.

Specialty Audiology Frequency 14544 Percentage 21.91 %

Specialty Otolaryngology Frequency 13150 Percentage 19.81 %

Specialty Neurology Frequency 8384 Percentage 12.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 33,190 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 utilization data from RUC database

Specialty Audiology Frequency 7272 Percentage 21.91 %

Specialty Otolaryngology Frequency 6575 Percentage 19.81 %

Specialty Neurology Frequency 4192 Percentage 12.63 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92541

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92542 Tracking Number MM2 Original Specialty Recommended RVU: **0.61**

Presented Recommended RVU: **0.61**
Global Period: XXX RUC Recommended RVU: **0.48**

CPT Descriptor: Positional nystagmus test, minimum of 4 positions, with recording

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with dizziness associated with positional changes of unclear etiology. Positional nystagmus testing is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses, and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work: The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. The health care provider monitors and records eye movements with video technology while the patient is placed into a series of specific positions. A minimum of four positions must be completed. A standard exam may include recording of nystagmus in supine, head center, head right and head left, as well as Dix-Hallpike positioning tests to the left and right. Dix-Hallpike maneuvers are rapid movements with head extension. Due to patient state, rest time is necessary before performing the test for the opposite side.

For each position, the provider carefully positions the patient and reports any symptoms of vertigo or dizziness and ensures the patient is not harmed orthopedically. The provider engages the patient in alerting tasks for all positional tests except the Dix-Hallpike test. Eye movements are recorded and monitored in each position with vision denied and with visual fixation. Analysis and Interpretation of the recorded eye movements is based upon determination of the presence of nystagmus or other abnormal eye movements, quantification of the slow component velocity of any nystagmus that is present, and a comparison of the eye movements noted with visual fixation and with vision denied within and across positions. With the Dix-Hallpike maneuver, observation and recording of nystagmus during and following positioning is required, and the

health care provider quantifies the amplitude, characterization (including the subjective impression of torsion), and time course of the nystagmus.

Assessment of test recording quality: The qualified health care professional must identify sections of the eye movement recording that have artifacts (e.g., blinks or other extraneous eye movements) and then calculate the velocity of eye movement (nystagmus). The eye movement recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results and interpretation is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Marianna Spanaki, MD, PhD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head & Neck Surgery				
CPT Code:	92542				
Sample Size:	1998	**Resp N:**	133	**Response:** 6.6 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	35.00	**100.00**	208.00	1500.00
Survey RVW:	0.20	0.48	**0.61**	0.75	1.90
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	9.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92542	**Recommended Physician Work RVU: 0.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	**RUC Time**

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	469,171

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
93279	XXX	0.65	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 92542**	**Key Reference CPT Code: 95992**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	10.00	20.00	
Median Immediate Post-service Time	3.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**30.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.89 / 3.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.85 / 3.53
Urgency of medical decision making	3.22 / 3.38
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.85 / 4.18
Physical effort required	3.82 / 4.07
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.89 / 3.11
Outcome depends on the skill and judgment of physician	4.04 / 4.22
Estimated risk of malpractice suit with poor outcome	2.78 / 3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.31	3.36
Intra-Service intensity/complexity	3.65	3.71

Post-Service intensity/complexity	3.53	3.42

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545), was never valued by the RUC and their historic value was originally based on Harvard data. However, the codes in the vestibular testing battery were bundled in 2010, and when the subsequent new code, 92540, was surveyed and valued, the overall work value was increased to capture all the different tests that were provided in the bundle. Additionally, the Harvard data was based on use of surface electrodes, the technology of that time. Over the last 10 years, technology has evolved and clinical practice has changed such that infrared goggles (video-oculography, VOG) have replaced surface electrodes as the clinical standard. As a result, we recommended survey of the entire family of codes, including 92542, based on VOG.

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1998 with 133 responses. Of those responses, 105 were provided by audiologists, 22 by otolaryngologists, and 6 by neurologists.

Physician Time:

Compelling Evidence
The expert panel believes that there is compelling evidence that the current work values for the family of vestibular codes, including 92542, are incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, the vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). During that process, the audiology clinical staff time had been removed not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of audiologists surveys placed these services in proper rank order. **We request that this same methodology be used for valuation of the five vestibular codes currently under review, including 92542**.

Therefore, the expert panel recommends the median RVW of 0.61 to appropriately capture the work of the audiologist as a primary biller.

Although the recommended total time of 20 minutes for 92542 is similar to the total time of 19 minutes for 92541, the expert panel agrees that the RVW for 92542 (0.61) should be higher than 92541 (0.50) due to the nature of the procedure, which involves more physical effort, psychological stress, and requires precise positioning of the patient in order to elicit nystagmus and vertigo while avoiding orthopedic harm to the patient (e.g., neck injury).

The recommendation for a 0.61 RVW is further supported by the key reference code—CPT 95992 at 0.75 RVW—which survey respondents indicated was more intense/complex than the surveyed code across most measures. Additionally, the total time for key reference code is 30 minutes, while the total recommended time for the surveyed code is 20 minutes. We are providing the following reference tables, which include MPC reference codes and recently reviewed services that support our requested values for physician time and work for CPT 92542.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
95992	0.75	0.026	30	0	20	10
92542	0.48	0.035	16	3	10	3

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	0.56	0.0381	18	4	10	4
92542	Positional nystagmus test, minimum of 4 positions, with recording	0.61	0.0346	16	3	10	3
76830	Ultrasound, transvaginal	0.69	0.0399	23	5	10	8

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92542.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2012	**75571**	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	0.58	0.0356	20	5	10	5
2012	**93880**	Duplex scan of extracranial arteries; complete bilateral study	0.60	0.0313	22	5	12	5
2008	**93279**	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	0.65	0.0426	20	5	10	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 92542 is typically billed with one other code from the vestibular testing family. Note: When the testing procedures described in 92541, 92542, 92544, and 92543 are provided all on the same day, they are captured under the bundled code 92540.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92542

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 86338
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code also applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare using 2012 RUC data.

Specialty Audiology Frequency 18174 Percentage 21.04 %

Specialty Otolaryngology Frequency 15273 Percentage 17.68 %

Specialty Neurology Frequency 6010 Percentage 6.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 43,169 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 utilization data from RUC database

Specialty Audiology Frequency 9087 Percentage 21.04 %

Specialty Otolaryngology Frequency 7637 Percentage 17.69 %

Specialty Neurology Frequency 3005 Percentage 6.96 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92542

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92543 Tracking Number MM3 Original Specialty Recommended RVU: **0.61**

Presented Recommended RVU: **0.61**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with recurrent spontaneous episodes of dizziness of unclear etiology. The patient reports associated unilateral hearing loss. Caloric vestibular testing is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses , and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work:
The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. The health care professional performs an otoscopic examination of the ear canal and tympanic membrane. The caloric vestibular test is performed by irrigating the ear canal with either water or air for a period of 30 to 60 seconds and recording the eye movement response (nystagmus) for approximately two minutes following the irrigation. In order for the test to provide accurate information, several minimum standards must be met.

1. The temperature of the air or water stimulus is set at ~7 degrees Celsius over or under body temperature.
2. Eye movement recording obtained through infra-red cameras that track the pupil of the eye as it moves. The test must be performed in darkness with eyes open; any visual target will suppress the labyrinthine response and render the test inaccurate.
3. During the irrigation, the qualified practitioner maintains a steady consistent irrigation over the time period, assuring the patient does not move or tilt his/her head.
4. Once the irrigation is completed, the practitioner engages the patient in mental alerting tasks to ensure the nystagmus is not suppressed and that the patient's eyes remain open during recording.

5. After the nystagmus peaks (60 – 90 seconds after the irrigation), the practitioner introduces a visual fixation target to determine if the patient can visually suppress the nystagmus.
6. Once the recording and analysis are complete, the patient is given sufficient time, typically five minutes, before the opposite ear can be irrigated so that there is no significant chance of residual thermal effect from the previous irrigation

Assessment of test recording quality: The qualified health care professional must identify sections of the eye movement recording that have artifacts (e.g., blinks or other extraneous eye movements) and then calculate the velocity of the eye movement (nystagmus) during the peak of the response. The eye movement recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results and interpretation is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Marianna Spanaki, MD, PhD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head & Neck Surgery				
CPT Code:	92543				
Sample Size:	1998	**Resp N:**	33	**Response:** 1.6 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**110.00**	500.00	2130.00
Survey RVW:	0.05	0.50	**0.61**	0.80	1.08
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	8.00	**10.00**	30.00	80.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92543	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	**RUC Time**

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	469,171

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
93279	XXX	0.65	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 27.2 **%**

TIME ESTIMATES (Median)	CPT Code: 92543	Key Reference CPT Code: 95992	Source of Time RUC Time
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	10.00	20.00	
Median Immediate Post-service Time	3.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**30.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	3.89
Urgency of medical decision making	3.56	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.11
Physical effort required	4.00	4.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.20	3.10
Outcome depends on the skill and judgment of physician	4.56	4.56
Estimated risk of malpractice suit with poor outcome	2.89	2.78

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.40	3.20
Intra-Service intensity/complexity	4.00	3.89

Post-Service intensity/complexity	3.44	3.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545), was never valued by the RUC and their historic value was originally based on Harvard data. However, the codes in the vestibular testing battery were bundled in 2010, and when the subsequent new code, 92540, was surveyed and valued, the overall work value was increased to capture all the different tests that were provided in the bundle. Additionally, the Harvard data was based on use of surface electrodes, the technology of that time. Over the last 10 years, technology has evolved and clinical practice has changed such that infrared goggles (video-oculography, VOG) have replaced surface electrodes as the clinical standard. As a result, we recommended survey of the entire family of codes, including 92543, based on VOG.

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1998 with 128 responses. Of those responses, 101 were provided by audiologists, 22 by otolaryngologists, and 5 by neurologists.

Survey Results:
The surveyed code, 92543, represents a single caloric irrigation. However, the standard battery is 4 irrigations (2 per ear). We anticipated there might be misinterpretation of the code and that responses could come back based on multiple irrigations. As such, we obtained approval from the Research Subcommittee to modify the intra-service description on the survey tool to indicate that responses should be based on a single irrigation. Unfortunately, it is clear that the majority of respondents still based the survey on multiple irrigations, as evidenced by the high intra-service time. To ensure that we were interpreting the results correctly, we subsequently reached out via e-mail to each survey respondent and asked whether they had based their response on 1irrigation or their typical battery. Of the 128 respondents, 98 replied. The responses supported the data, which shows that 33 respondents based the survey on 1 irrigation while the remaining respondents based the survey on multiple irrigations. Therefore, the expert panel agreed that it would be inappropriate to use the bi-modal survey results and instead used the following methodology to determine the recommended RVW and times.

Methodology for Formulating Recommended RVW and Times
To establish a more appropriate recommendation, the expert panel removed those surveys that were based on multiple irrigations. This resulted in a response rate of 33 people who had completed the survey based on a single irrigation. The below table illustrates the data based on these responses.

IWPUT	RVW					Total Time	Pre Time	INTRA-TIME					IMMD POST
	MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX	
0.025	0.05	0.50	0.61	0.75	1.08	26	10	0	8	10	10	15	6

Compelling Evidence
The expert panel believes that there is compelling evidence that the current work values for the family of vestibular codes, including 92543, are incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, the vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). During that process, the audiology clinical staff time had been removed not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of audiologists surveys placed these services in proper rank order. **We request that this same methodology be used for valuation of the five vestibular codes currently under review, including 92543**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 92543 is typically billed with one other code from the vestibular testing family. 92543 can also be billed up to 4 times per date of service.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92543
How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 723702

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code also applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare using 2012 RUC data.

Specialty Audiology Frequency 265454 Percentage 36.68 %

Specialty Otolaryngology Frequency 194748 Percentage 26.90 %

Specialty Neurology Frequency 97845 Percentage 13.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 361,851 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 utilization data from RUC database

Specialty Audiology Frequency 132727 Percentage 36.68 %

Specialty Otolaryngology Frequency 97374 Percentage 26.90 %

Specialty Neurology Frequency 48922 Percentage 13.51 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92543

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92544 Tracking Number MM4 Original Specialty Recommended RVU: **0.35**

Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.27**

CPT Descriptor: Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with dizziness associated with visual and motion sensitivity of unclear etiology. An optokinetic nystagmus test is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses, and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work: The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. Optokinetic nystagmus testing: The qualified health care professional presents a large visual field stimulus typically composed of a series of stripes or targets that are set into a horizontal tracking motion to generate an optokinetic nystagmus that is recorded and analyzed for the speed of the eye movement referenced to the speed of the target. The direction of the stripes or targets is then reversed and the process is repeated for optokinetic nystagmus in the opposite direction. The health care provider actively monitors the visual image of the eye tracking in order to ensure a valid test recording. The visual image is recorded for subsequent analysis and evaluation.

The qualified health care professional must identify sections of the recording that have artifacts (e.g., blinks or other extraneous eye movements) and then perform the calculations necessary to determine magnitude and direction of nystagmus under each test condition. The nystagmus recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results and interpretation is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Marianna Spanaki, MD, PhD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head & Neck Surgery				
CPT Code:	92544				
Sample Size:	1998	**Resp N:**	118	**Response:** 5.9 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	24.25	**100.00**	200.00	1000.00
Survey RVW:	0.02	0.27	**0.35**	0.50	1.08
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**5.00**	10.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92544	**Recommended Physician Work RVU: 0.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92567	XXX	0.20	**RUC Time**

CPT Descriptor Tympanometry (impedance testing)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	91,164

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92082	XXX	0.40	**RUC Time**	176,656

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Other Reference CPT Code	Global	Work RVU	Time Source
72052	XXX	0.36	**RUC Time**

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 92544**	**Key Reference CPT Code:** 92567	**Source of Time** RUC Time

Median Pre-Service Time	3.00	1.00
Median Intra-Service Time	5.00	4.00
Median Immediate Post-service Time	3.00	1.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**11.00**	**6.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.67	2.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.74	2.48
Urgency of medical decision making	2.30	2.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.74	2.37
Physical effort required	1.56	1.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.74	1.67
Outcome depends on the skill and judgment of physician	2.63	2.48
Estimated risk of malpractice suit with poor outcome	1.67	1.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.48	2.11
Intra-Service intensity/complexity	2.30	2.04
Post-Service intensity/complexity	2.19	1.96

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545), was never valued by the RUC and their historic value was originally based on Harvard data. However, the codes in the vestibular testing battery were bundled in 2010, and when the subsequent new code, 92540, was surveyed and valued, the overall work value was increased to capture all the different tests that were provided in the bundle. Additionally, the Harvard data was based on use of surface electrodes, the technology of that time. Over the last 10 years, technology has evolved and clinical practice has changed such that infrared goggles (video-oculography, VOG) have replaced surface electrodes as the clinical standard. As a result, we recommended survey of the entire family of codes, including 92544, based on VOG.

Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1998 with 118 responses. Of those responses, 91 were provided by audiologists, 21 by otolaryngologists, and 6 by neurologists.

Compelling Evidence
The expert panel believes that there is compelling evidence that the current work values for the family of vestibular codes, including 92544, are incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologist now a primary biller)**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, the vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). During that process, the audiology clinical staff time had been removed not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of audiologists surveys placed these services in proper rank order. **We request that this same methodology be used for valuation of the five vestibular codes currently under review, including 92544**.

Therefore, the expert panel recommends the median RVW of 0.35 to appropriately capture the work of the audiologist as a primary biller.

The recommendation for a 0.35 RVW is further supported by the key reference code—CPT 92567 at 0.20 RVW—which survey respondents indicated was less intense/complex than the surveyed code across most measures. Additionally, the total time for the key reference code is 6 minutes as compared to the total recommended time of 11 minutes for the surveyed code. We are providing the following reference tables, which include MPC reference codes and recently reviewed services that support our requested values for physician time and work for CPT 92544.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
92567	0.20	0.0388	6	1	4	1
92544	0.37	0.027	11	3	5	3

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.32	0.0506	8	1	5	2
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	0.27	0.027	11	3	5	3
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	0.40	0.0416	11	3	8	0

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92544.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2008	**93018**	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	0.30	0.0331	11	2	5	4
2012	**72052**	Radiologic examination, spine, cervical; 6 or more views	0.36	0.0586	8	1	5	2
2010	**96446**	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	0.37	0.0209	17	5	7	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 92544 is typically billed with one other code from the vestibular testing family. Note: When the testing procedures described in 92541, 92542, 92544, and 92543 are provided all on the same day, they are captured under the bundled code 92540.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92544

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 21830
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code also applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare using 2012 RUC data.

Specialty Audiology Frequency 4728 Percentage 21.65 %

Specialty Otolaryngology Frequency 2567 Percentage 11.75 %

Specialty Neurology Frequency 1827 Percentage 8.36 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,915 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 utilization data from RUC database

Specialty Audiology Frequency 2365 Percentage 21.66 %

Specialty Otolaryngology Frequency 1284 Percentage 11.76 %

Specialty Neurology Frequency 914 Percentage 8.37 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92544

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92545 Tracking Number MM5 Original Specialty Recommended RVU: **0.35**
Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.25**

CPT Descriptor: Oscillating tracking test, with recording

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with dizziness with prominent imbalance of unclear etiology. An oscillating tracking test is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The pre-service work includes a chart review for evidence of previous testing, relevant ancillary diagnoses, and medical history. The patient is questioned to affirm or update the current status of the the medications actively taken.

Description of Intra-Service Work:
The goggles are placed over the patient's eyes and adjusted firmly on the face. The video cameras are positioned so that the pupils are in field of the camera, and the contrast and sensitivity are adjusted so that the pupil can be differentiated and tracked during testing. Calibration of the equipment is performed by measuring the eye movements while tracking a light stimulus that moves across a predetermined arc to constitute a specified number of degrees in each direction. Oscillating tracking: The qualified health care professional records eye movements while the patient views a target that moves sinusoidally in the patient's visual field. The health care provider monitors the visual image for indications of abnormal eye movement during the sinusoidal tracking procedure. The tracking eye movements are recorded for subsequent assessment.

Assessment of test recording: The qualified health care professional must identify sections of the eye movement recording that have artifacts (e.g., blinks or other extraneous eye movements) and then perform the calculations necessary to determine the amplitude and accuracy of the tracking compared to the target. The eye movement recordings are printed and/or electronically stored for archival documentation, and a report of the diagnostic results and interpretation is prepared.

Description of Post-Service Work: Post-service work includes describing the results to the patient (and often one or more family members or caregivers) and notifying the referring physician of the test outcomes.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Paul Pessis, AuD; Leisha Eiten, AuD, CCC-A; Alan Desmond, AuD; John Lanza, MD; Marianna Spanaki, MD, PhD				
Specialty(s):	American Academy of Audiology, American Speech-Language-Hearing Association, American Academy of Neurology, American Academy of Otolaryngology-Head & Neck Surgery				
CPT Code:	92545				
Sample Size:	1998	**Resp N:**	123	**Response:** 6.1 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	**100.00**	250.00	1000.00
Survey RVW:	0.10	0.25	**0.35**	0.55	6.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	4.00	**5.00**	10.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92545	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92567	XXX	0.20	**RUC Time**

CPT Descriptor Tympanometry (impedance testing)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	91,164

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92082	XXX	0.40	**RUC Time**	176,656

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Other Reference CPT Code	Global	Work RVU	Time Source
72052	XXX	0.36	**RUC Time**

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 25.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 92545**	**Key Reference CPT Code:** 92567	**Source of Time** RUC Time

Median Pre-Service Time	3.00	1.00
Median Intra-Service Time	5.00	4.00
Median Immediate Post-service Time	3.00	1.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**11.00**	**6.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.84	2.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.87	2.61
Urgency of medical decision making	2.45	2.39
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.61	2.35
Physical effort required	1.71	2.03
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.90	1.74
Outcome depends on the skill and judgment of physician	2.74	2.48
Estimated risk of malpractice suit with poor outcome	1.81	1.81

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.48	2.32
Intra-Service intensity/complexity	2.39	2.06
Post-Service intensity/complexity	2.29	2.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Reason for Survey:
At the RUC meeting in April 2013, CPT code 92543 was identified by the Relativity Assessment Workgroup (RAW) for high utilization, after the RUC lowered the threshold to codes with Medicare utilization of 250,000 claims or more (from 500,000). CPT code 92543, and the rest of the vestibular testing family (92541-92545), was never valued by the RUC and their historic value was originally based on Harvard data. However, the codes in the vestibular testing battery were bundled in 2010, and when the subsequent new code, 92540, was surveyed and valued, the overall work value was increased to capture all the different tests that were provided in the bundle. Additionally, the Harvard data was based on use of surface electrodes, the technology of that time. Over the last 10 years, technology has evolved and clinical practice has changed such that infrared goggles (video-oculography, VOG) have replaced surface electrodes as the clinical standard. As a result, we recommended survey of the entire family of codes, including 92545, based on VOG.
Survey Sample:
The survey data and recommendations are based upon a random sample of the audiology, otolaryngology, and neurology memberships. The total sample size was 1998 with 123 responses. Of those responses, 95 were provided by audiologists, 21 by otolaryngologists, and 7 by neurologists.

Compelling Evidence
The expert panel believes that there is compelling evidence that the current work values for the family of vestibular codes, including 92545, are incorrect for the following reasons:

- a previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. **(Harvard-valued code based on physician work, audiologists now a primary biller).**

- a flawed mechanism or methodology used in the previous valuation **(Audiology clinical staff time removed without RUC survey)**

In 2009, the vestibular codes 92541, 92542, 92544 and 92545 were bundled and valued through the RUC process, resulting in CPT 92540 (Basic vestibular evaluation). During that process, the audiology clinical staff time had been removed not only from the new bundled code, but also from each of the individual component codes without having gone through the RUC process. The reduction in practice expense should have occurred in conjunction with a survey that included audiology work, since audiologists were being moved from practice expense to the work RVU column and were a primary biller. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of audiologists surveys placed these services in proper rank order. **We request that this same methodology be used for valuation of the five vestibular codes currently under review, including 92545.**

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
92567	0.20	0.0388	6	1	4	1
92545	0.25	0.023	11	3	5	3

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.32	0.0506	8	1	5	2
92545	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	0.25	0.023	11	3	5	3
92082	Visual field examination, unilateral or	0.40	0.0416	11	3	8	0

	bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)						

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 92545.

Additional Reference Codes

RUC Reviewed	CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
2008	**93018**	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	0.30	0.0331	11	2	5	4
2012	**72052**	Radiologic examination, spine, cervical; 6 or more views	0.36	0.0586	8	1	5	2
2010	**96446**	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	0.37	0.0209	17	5	7	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 92545 is typically billed with one other code from the vestibular testing family. Note: When the testing procedures described in 92541, 92542, 92544, and 92543 are provided all on the same day, they are captured under the bundled code 92540.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92545

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty Otolaryngology How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 34578
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code also applies to the non-Medicare population and we estimate national utilization at about two (2) times Medicare using 2012 RUC data.

Specialty Audiology Frequency 5605 Percentage 16.20 %

Specialty Otolaryngology Frequency 5311 Percentage 15.35 %

Specialty Neurology Frequency 3464 Percentage 10.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17,289 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 utilization data from RUC database

Specialty Audiology Frequency 2804 Percentage 16.21 %

Specialty Otolaryngology Frequency 2656 Percentage 15.36 %

Specialty Neurology Frequency 1732 Percentage 10.01 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92545

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	ISSUE:	EOG VNG																		
13	TAB:	24																		
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing	27	0.018			0.35			18	3	0	0			12			3
17	CURRENT	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		0.031			0.40			13						13			
18	SVY	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		0.010	0.00	0.33	0.50	0.62	1.08	28	10			0	5	10	15	60	8
19	REC	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		0.027			0.40			19	3					10			3
20	Audiology	92541		118	0.010	0.00	0.30	0.48	0.60	1.08	27	10			1	5	10	14	60	7
21	Otolaryngology	92541		23	0.033	0.15	0.40	0.50	0.60	1.08	20	5			0	4	5	15	20	10
22	Neurology	92541		9	0.028	0.25	0.35	0.50	0.85	1.08	20	5			2	5	10	30	30	5
23																				
24	REF	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	55	0.026			0.75			30						20			10
25	CURRENT	92542	Positional nystagmus test, minimum of 4 positions, with recording		0.037			0.33			9						9			
26	SVY	92542	Positional nystagmus test, minimum of 4 positions, with recording		0.016	0.20	0.48	0.61	0.75	1.90	30	10			0	9	10	15	60	10
27	REC	92542	Positional nystagmus test, minimum of 4 positions, with recording		0.035			0.48			16	3					10			3
28	Audiology	92542		105	-0.017	0.2	0.48	0.65	0.75	1.90	35	10			2	10	15	20	60	10
29	Otolaryngology	92542		22	-0.025	0.2	0.5	0.62	0.75	1.08	30	10			0	8	10	15	20	10
30	Neurology	92542		6	0.021	0.33	0.37	0.50	0.74	0.90	15	5			4	5	5	7.25	15	5
31																				
32	REF	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	9	0.026			0.75			30						20			10
33	CURRENT	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		0.010			0.10			10						10			
34	SVY	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	128	0.012	0.05	0.60	0.75	0.90	2.00	45	10			0	10	25	30	80	10
35	SVY - 1 Irrigation	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	33	0.025	0.05	0.50	0.61	0.80	1.08	15	10			0	8	10	10	15	6
36	INTERIM REC	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		0.022			0.35			16	3					10			3
37	Audiology	92543		22	-0.032	0.05	0.50	0.60	0.75	1.08	24	10			5	7	9	10	10	5
38	Otolaryngology	92543		7	-0.033	0.12	0.58	0.62	0.80	1.08	30	10			10	10	10	15	15	10

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
39	Neurology	92543		4	0.005	0.25	0.48	0.73	0.93	1.00	19	4			5	9	10	11	12	5

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
40																				
41	REF	92567	Tympanometry (impedance testing)	27	0.039			0.20			6	1					4			1
42	CURRENT	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		0.037			0.26			7						7			
43	SVY	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		0.021	0.02	0.27	0.35	0.50	1.08	16	6			0	5	5	10	60	5
44	REC	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		0.027			0.27			11	3					5			3
45	Audiology	92544		91	-0.045	0.02	0.25	0.32	0.50	1.00	16	6			1	5	5	10	60	5
46	Otolaryngology	92544		21	-0.035	0.10	0.27	0.50	0.65	1.08	30	10			0	5	10	10	30	10
47	Neurology	92544		6	0.015	0.20	0.30	0.30	0.34	0.40	10.5	2			2	4	5	9	25	3.5
48																				
49	REF	92567	Tympanometry (impedance testing)	31	0.039			0.20			6	1					4			1
50	CURRENT	92545	Oscillating tracking test, with recording		0.033			0.23			7						7			
51	SVY	92545	Oscillating tracking test, with recording		0.025	0.10	0.25	0.35	0.55	6.00	15	5			0	4	5	10	60	5
52	REC	92545	Oscillating tracking test, with recording		0.023			0.25			11	3					5			3
53	Audiology	92545		95	-0.009	0.18	0.25	0.32	0.53	1.00	15	5			1	5	5	10	60	5
54	Otolaryngology	92545		21	-0.052	0.10	0.32	0.45	0.55	1.08	21	6			0	5	5	10	35	10
55	Neurology	92545		7	0.029	0.20	0.25	0.35	0.89	6.00	8	2			2	3	3	18	45	3

Compelling Evidence for CPT Codes 92541-92545

In 2008, four Harvard valued vestibular codes were identified by the RUC as being frequently billed together. As a result, a new bundled vestibular function code was created by CPT code 92540, and valued by the RUC. The remaining component vestibular testing codes, 92541, 92542, 92544, and 92545, were never individually surveyed by the RUC. In 2013, a fifth vestibular code (Caloric irrigation, 92543) that was not included in the bundle, was identified by the RAW as being potentially misvalued. All five of these individual vestibular testing codes (92541, 92542, 92543, 92544, and 92545) were recently surveyed and will be presented for RUC review in April 2014.

The AMA/Specialty Society RVS Update Committee Compelling Evidence Standards document states that the following standard may be used to develop a "compelling argument" that the published relative value for a service is inappropriately valued:

Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as:

- A previous survey was conducted by one specialty to obtain a value, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.
- Flawed mechanism or methodology was used in the previous valuation.

We believe that there is compelling evidence that CPT codes 92541, 92542, 92543, 92544 and 92545 are currently misvalued due to the previous Harvard survey, as well as "a flawed mechanism or methodology used in the previous valuation" of vestibular bundled code 92540. To be clear, we believe the bundled code was valued appropriately but that a flawed methodology was applied to the four individual component codes of the bundle, as well as to 92543.

The previous Harvard survey was based on otolaryngology work. The audiologists' work was included in practice expense as clinical labor time. Currently, however, audiologists are the primary provider of CPT codes 92541, 92542, 92543, 92544 and 92545.

In the process of developing a bundled code for the four codes listed above, the RUC stated "The RUC recommends that the Audiologists' clinical labor time for codes 92541-92545 be reduced to zero, as all Audiologist time is transitioning to the work component." The Audiologist's clinical labor time for each of these five codes prior to this was .52 per minute. All codes in this group saw a dramatic reduction in practice expense affecting total RVU. We interpret the RUC statement to mean that any value removed from practice expense should be transferred to work value. As you can see in **Table 1** attached, the practice expense was reduced as instructed, but the work value was never adjusted.

Applicable Excerpts from RUC Rationale (underline added):

92540

The RUC reviewed code 92540 Basic vestibular evaluation…which bundles codes 92541, 92542, 92544 and 92545. Since the proposed RVUs were higher than the bundling of these four services the specialty societies were required to present compelling evidence. The RUC agreed that there was compelling evidence to warrant a higher work RVU because these services had never been RUC surveyed and audiologists' had not been included in the original Harvard study.

The RUC reviewed the survey results for 92540 comprised of 66 respondents, (51 Audiologists, 10 Otolaryngologists and 5 Neurologists). The RUC compared 92540 to reference service 92557 Comprehensive audiometry threshold evaluation and speech recognition (work RVU = 0.60, 20 minutes intra-service) and agreed that 92540 is more than double the physician work and time than 92557. … The RUC agreed with the survey

median work RVU of 1.50, as it is representative of the audiologists' survey responses, who are the primary providers of this service. The recommended work RVU of 1.50 places this service in the proper rank order with other services provided by audiologists, as well as similar services provided by other health care professionals.

Practice Expense

The RUC recommends that the Audiologists' clinical labor time for codes 92541-92545 be reduced to zero, as all Audiologist time is transitioning to the work component. Additionally, the RUC recommends no clinical labor time for 92540-92550."

Table 1

Vestibular Codes	2009 WRVU	2009 PE	2009 Total RVU	Current WRVU	Current PE	Current Total RVU
92541	.40	1.14	1.58	.40	.68	1.10
92542	.33	1.28	1.64	.33	.71	1.06
92543	.10	.64	.76	.10	.45	.57
92544	.26	1.03	1.32	.26	.60	.88
92545	.23	.98	1.24	.23	.57	.82

Table 1 shows that the practice expense was reduced to remove clinical labor time as instructed by the RUC. The existing work RVU, however, only reflected the interpretation of the test, not performing the test which was included in the practice expense as clinical labor time. As Table 1 shows, the work RVUs were not increased after 2009 to capture the time and effort of performing the various vestibular tests. For example, for CPT code 92541 the work RVU of 0.40 covered only the interpretation portion of the exam in 2009. A portion of the practice expense RVU of 1.14 covered the work to perform the test as clinical labor time in 2009. The clinical labor time has been eliminated and the practice expense reduced to 0.68. The difference, 0.46 RVUs should have been "transitioned" to the work column. We understand that it is not appropriate to directly transfer practice expense RVUs to work RVUs, but this gives an indication of the magnitude of the work RVU deficiency caused by the elimination of clinical labor time from the practice expense and the failure to account for the time and effort of performing vestibular testing. As a result, the current values are not reflective of the work and expense associated with these procedures.

Summary

We believe that there is compelling evidence that the current work valuations for these five codes are incorrect due to a change in the primary provider of the services since the time of the Harvard survey and flawed methodology. The reduction in practice expense should have been translated to an increase in work value, beginning in 2010. Based on this same premise, the RUC agreed there was compelling evidence to increase the work RVU for the bundled vestibular exam code (92540), and agreed that the median of Audiologists surveys placed these services in proper rank order. We request that this same methodology be used for valuation of the five vestibular codes currently under review.

CPT Code: 92541-92545
Specialty Society('s) AAA, AAN, AAO-HNS, ASHA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Code	Long Descriptor
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions, with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of audiologists, otolaryngologists, and neurologists determined the practice expense elements, drawing upon the current practice expense inputs from the RUC database for CPT codes 92541-92543 for each of the PE recommendations. The consensus panel consisted of RUC and RUC HCPAC advisors and members of reimbursement/payment policy committees from each of the specialty societies, including experts in vestibular disorders. Geographic locations included Arizona, Connecticut, Florida, Georgia, Illinois, Iowa, Maryland, Michigan, Nebraska, New York, Tennessee, and West Virginia. Practice settings include private practice, group practice, medical center, hospital, academic, and university clinic.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT 92541-92545 are revised codes. As such, we have included the current PE inputs for each of the code as comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Equipment change: Replace ENG equipment with VNG equipment due to change in technology/clinical practice

We surveyed CPT 92541-92545 based on infrared goggles (VideoOG or VNG), which have replaced surface electrodes (ENG) as the clinical standard for vestibular testing. Therefore, adjustments have been made to account for VNG technology, including addition of new VNG equipment to replace ENG equipment.

Over the last 10 years, technology has evolved and clinical practice has changed such that infrared video goggles (VideoOG or VNG) have replaced surface electrodes (ENG), which was the previous

clinical standard. According to a leading manufacturer of vestibular testing equipment, in 1985 when the vestibular function codes were valued as part of the Harvard study, ENG (electrode based) equipment made nearly 100% of sales. VNG recording was introduced in 1997. As of 2012, 61% of equipment sold is solely video based, and 39% has ENG as an optional add on. No new electrode-only systems have been sold since 2009.

Change in equipment minutes for 92542: Increase of 1 minute for equipment usage (chair with headrest, exam, reclining)

We are proposing the increase in line with the proposed median time from the RUC survey.

5. Please describe in detail the clinical activities of your staff:

N/A. There is no clinical labor time included in this code.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**92541**		**92541**		**92542**		**92542**		**92543**		**92543**		**92544**		**92544**		**92545**		**92545**	
3	**Meeting Date: April 2014 Tab: 24 (EOG VNG) Specialty: AAA, AAN, AAO-HNS, ASHA**	**CMS Code**	**Staff Type**	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Positional nystagmust test, minimum of 4 positions, with recording		Positional nystagmus test, minimum of 4 positions, with recording		Caloric vestibular test, each irrigation (binaural, bithermal stimulation, constitutes 4 tests), with recording		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Oscillating tracking test, with recording		Oscillating tracking test, with recording	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																						
11	**Start: Following visit when decision for surgery or procedure made**																						
12	Complete pre-service diagnostic & referral forms																						
13	Coordinate pre-surgery services																						
14	Schedule space and equipment in facility																						
15	Provide pre-service education/obtain consent																						
16	Follow-up phone calls & prescriptions																						
17	*Other Clinical Activity - *specify:*																						
18	**End: When patient enters office/facility for surgery/procedure**																						
19	**SERVICE PERIOD**																						
20	**Start: When patient enters office/facility for surgery/procedure:**																						
21	Greet patient, provide gowning, ensure appropriate medical records are available																						
22	Obtain vital signs																						
23	Provide pre-service education/obtain consent																						
24	Prepare room, equipment, supplies																						
25	Setup scope (non facility setting only)																						
26	Prepare and position patient/ monitor patient/ set up IV																						
27	Sedate/apply anesthesia																						
28	*Other Clinical Activity - specify:																						
29	**Intra-service**																						
30	Assist physician in performing procedure																						
31	Assist physician/moderate sedation (% of physician time)																						
32	**Post-Service**																						
33	Monitor pt. following moderate sedation																						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																						
35	Clean room/equipment by physician staff																						
36	Clean Scope																						
37	Clean Surgical Instrument Package																						
38	Complete diagnostic forms, lab & X-ray requisitions																						
39	Review/read X-ray, lab, and pathology reports																						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																						
41	*Other Clinical Activity - *specify:*																						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																						

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**92541**		**92541**		**92542**		**92542**		**92543**		**92543**		**92544**		**92544**		**92545**		**92545**	
3	**Meeting Date: April 2014 Tab: 24 (EOG VNG) Specialty: AAA, AAN, AAO-HNS, ASHA**	**CMS Code**	**Staff Type**	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Positional nystagmust test, minimum of 4 positions, with recording		Positional nystagmus test, minimum of 4 positions, with recording		Caloric vestibular test, each irrigation (binaural, bithermal stimulation, constitutes 4 tests), with recording		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Oscillating tracking test, with recording		Oscillating tracking test, with recording	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**	
46	**POST-SERVICE Period**																						
47	**Start: Patient leaves office/facility**																						
48	Conduct phone calls/call in prescriptions																						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																				
51	99212 27 minutes		27																				
52	99213 36 minutes		36																				
53	99214 53 minutes		53																				
54	99215 63 minutes		63																				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*																						
57	**End: with last office visit before end of global period**																						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																				
59	gloves, non-sterile	SB022	pair	**1**		**1**		**1**		**1**				**1**		**1**		**1**		**1**		**1**	
60	syringe 20ml	SC053	item									**1**		**0**									
61	electrode, ECG (single)	SD053	item	**4**				**4**				**1**				**4**				**4**			
62	cautery, patient ground pad w-cord	SF021	item	**1**				**1**				**1**				**1**				**1**			
63	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**				**2**								**2**				**2**			
64	cotton balls, non-sterile	SG030	item									**1**		**1**									
65	tape, surgical paper 1in (Micropore)	SG079	inch	**12**				**12**								**12**				**12**			
66	basin, emisis	SJ010	item			**1**		**1**		**1**				**1**		**1**		**1**		**1**		**1**	
67	electrode conductive paste	SJ021	oz	**1**				**1**				**1**				**1**				**1**			
68	swab-pad, alcohol	SJ053	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
69	paper, recording (per sheet)	SK059	item	**3**		**3**		**3**		**3**		**1**		**1**		**3**		**3**		**3**		**3**	
70	water, distilled	SK087	oz									**1**		**1**									
71	specula tips, otoscope	SM025	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
72																							
73	**EQUIPMENT**	**CODE**		**Min**		**Min**		**Min**		**Min**		**Min**		**Min**		**Min**		**Min**		**Min**		**Min**	
74	chair with headrest, exam, reclining	EF008		**13**		**10**		**9**		**10**		**10**		**10**		**7**		**5**		**7**		**5**	
75	ENG recording system	EQ025		**13**				**9**				**10**				**7**				**7**			
76	caloric stimulator, air or water	EQ077										**10**		**10**									
77	light, fiberoptic headlight w-source	EQ170										**10**		**10**									
78	VNG recording system (new item, see attached "New Items")					**10**				**10**				**10**				**5**				**5**	
79																							
80																							
81																							
82																							

audiologysystems
50 Commerce Drive, Suite 180 Schaumburg, IL 60173
855-283-7978 Office 847-534-2151 Fax sales@audiologysystems.com

Audiology Systems Inc. is a national partnership of industry professionals, audiologists and local audiology and vestibular instrument experts. We have been working with instruments and measurement tools, and in professional clinics for years. Some of us may have even worked with you. Nevertheless, by rethinking the way we present and implement audiology and vestibular solutions, we are now taking customer care to a new level of expertise. This new approach is based on professionalism, consultative dialogue and accessibility. One of the results of this partnership is that you will have fast and direct access to extensive knowledge and advanced equipment from MADSEN, AURICAL, ICS, Intelligent Hearing Systems (IHS) and Noise Barriers.

Professional

"We are a new, service-based choice. We focus – not only on products – but especially on you and your needs."

When providing instrumentation and services for the audiology and vestibular communities, knowledge and experience are essential. Our professional team of instrumentation experts, service professionals and audiologists has hands-on experience and extensive knowledge about your needs – from equipment to training, education, installation and service. To keep you up to speed, we offer ongoing training, both online and at live events. Our partnership with leading equipment providers enables us to provide a variety of local educational seminars across the US. These seminars help you stay on top in terms of the latest developments in our industry. We can help you maximize your professionalism and business success and improve patient care. We help you give your clients the best experience possible.

Consultative

"A deep and focused knowledge on fewer products is the foundation for optimal counseling and help."

No audiology or vestibular testing instrument stands alone. It's always part of a larger structure. Based on your clinic, starting point and ambitions, we have the experience necessary both to challenge you and often to discover new potential solutions. Opening a new clinic or restructuring an old one, gives you a great opportunity to design your clinic the way you want it – and future-proof it at the same time. We assist you in defining the right path to make sure you get the most out of your solution, and we counsel you until everything works – not for you but together with you. Together we make a plan for the future with intelligently integrated products that can grow with your needs. We also offer maintenance programs, so you don't have to worry about calibration and other services. Our expert knowledge within audiology, vestibular testing and future EHR requirements, enhanced by our relationship with the leading industry manufacturers, allows us to share a deep and focused knowledge about product solutions with you.

Accessible

"Accessibility is about being there for you when you need it most. Modern technology brings us closer to you. You can get the help you need within minutes."

We know that the worst kind of service is the one you don't get. That will never happen with us. Audiology Systems has a dedicated team of professionals to ensure that your concerns, questions, or issues that occur will be taken care of immediately, regardless of its nature or complexity. We have utilized modern technology to provide you with the help you need in the least amount of time. With your permission, we can access your system online for immediate repairs and updates. If your equipment breaks down, we can restore or replace units in your system quickly. Our team of audiologists and equipment experts can also offer remote guidance if you have any user-related or technical issues. Our service is based on broad product, audiology and workflow knowledge, as well as a desire to understand your needs and processes. What's more, we believe technology should always have a purpose. That's why we use tools like remote login, live chat, videos and easily accessible online e-learning modules, to offer you a better customer experience. You can also always call (855) 283 7978 or your local Audiology Systems representative as you prefer.

audiologysystems
50 Commerce Drive, Suite 180 Schaumburg, IL 60173

Remit To is:
Audiology Systems
Dept CH 16948
Palatine IL 60055

Audiology Systems Inc. Proposal

Quote number	ASI-9052	Created Date Expiration Date	2/3/2014 10:25 AM 4/4/2014
Bill To	**Hearing Associates** 250 S. Crescent Drive, Suite 100 Mason City, IA 50401	Ship To	**Hearing Associates** 250 S. Crescent Drive, Suite 100 Mason City, IA 50401
ASI Contact	Kellie Fedde 847-532-0215 kellie@audiologysystems.com	**Prepared For**	Stuart Trembath +1 641-422-6424 hearing@netins.net +1 641-422-6609
Prepared By	Kellie Fedde		

Line Items

Product Code	Product Name	Item Description	Qty.	Price	Unit Price	Total Price
8-04-11900	ICS Chartr 200 VNG	ICS Chartr 200 VNG System Video-based 4 channel vestibular diagnostic system for USB connection with a laptop and includes binaural video goggles, light bar with ranging and an isolation transformer (laptop copmuter and printer sold separately)	1	$26,995.00	$26,995.00	$26,995.00
SPRING14	Spring Special Chartr 200 VNG Discount	AAA Specials good through April 30, 2014	1	($4,050.00)	($4,050.00)	($4,050.00)

audiologysystems
50 Commerce Drive, Suite 180 Schaumburg, IL 60173

Remit To is:
Audiology Systems
Dept CH 16948
Palatine IL 60055

ASI Summary

Sub-Total	$22,945.00
Estimated S&H	$190.00
Grand Total	$23,135.00

Account Name:	Hearing Associates	**Company Name:**	Audiology Systems Inc.
Print Name:	Stuart Trembath,	**Print Name:**	Kellie Fedde
Title:		**Title:**	Sales Manager
Date:		**Date:**	2/3/2014 10:25 AM
Signature:	_____	**Signature:**	_____

Leasing Options

Horizon Keystone Financial

$1.00 Purchase Option Rate Factors

Online Lease Application

https://www.applyforlease.com/applyforlease/html/lease_application.asp

For additional leasing options please contact Corinne Beyer, VP of Sales, at Horizon Keystone Financial.

Corinne Beyer
800-606-0049 ext.140
corinne@horizonkeystone.com

Estimated Lease Payments based on $23,135.00

24 Month Lease	$1,154.67
36 Month Lease	$790.52
48 Month Lease	$620.48
60 Month Lease	$514.29

Remit To is:
Audiology Systems
Dept CH 16948
Palatine IL 60055

Terms & Conditions

TERMS
* Orders received as a result of this quotation are subject to acceptance at the factory in Schaumburg, Illinois, USA.
* Payment is in US dollars only.
* Applicable tax is not included or estimated.
* 30 day payment terms are subject to credit approval from ASI accounting.
* All equipment will be built to operate on 110v/60Hz unless specified otherwise.

SHIPPING & HANDLING
*Quote reflects an estimate of shipping and handling, actual charges will be determined at time of shipment and added to the invoice.

WARRANTY INCLUDES:
Desktop/Laptop Computer Warranty
- 3 Year On-Site Warranty by Lenovo
Service - - 1 year warranty on parts (from date of service) unless otherwise stated (excluding interconnecting cables and transducers).

ICS, MADSEN, AURICAL Equipment Warranty
- 24 month warranty on parts and labor (from date of shipment) unless otherwise stated (excluding interconnecting cables and transducers)
- Hotline assistance for technical and operational questions

Hi-Pro, Noah- Link Warranty
- 12 month warranty on parts and labor (from date of shipment) unless otherwise stated

RETURN POLICY

ASI does not accept returns. Should circumstances warrant a return, a 20% restocking fee plus shipping costs will be charged. All such returns must first receive approval from ASI and take place within 15 days from date of invoice. An RMA (return merchandise authorization) number must accompany the return shipment.

SERVICE

* Audiology Systems Inc. offers several services to enhance your personal experience. Additional charges may be required if your equipment need replacement parts not listed within this quotation. Please indicate, prior to service date, if you would like our technician to replace head phone cushions, probe tubes or other disposables while onsite. Without prior authorization, our technician will not deviate from this quotation. If onsite repairs are required, who is authorized to amend this quotation?

☐ Replace Disposable Items, if needed.

Sign _____

PURCHASE ORDER FOR SUPPLIES OR SERVICES (SEP 02, 2008@14:59:23)

ISSUING OFFICE:
Dept. of Veterans Affairs Medical Center
VA MEDICAL CENTER
MOUNTAIN HOME, TN 37684

REQUESTING SERVICE:
RESEARCH(151)

DEL. TO: Bldg. 204, Audiology

VENDOR:
GN OTOMETRICS
125 Commerce Drive
SCHAUMBURG IL 60173-5329

1-800-289-2150 FAX: 847-534-2151
FMS Vendor Code: 770019588

SHIP TO:
WAREHOUSE D84002
V.A. Medical Center
VA MEDICAL CENTER
BUILDING 205
MOUNTAIN HOME, TN 37684

DELIVERY HOURS:
8:00 AM - 3:30 PM

FOB POINT: ORIGIN
GOV'T BL #:
DELIVERY ORDER
DELIVER ON/BEFORE 9/30/2008
DISCOUNT TERM: NET30
SHIP VIA:

PROPOSAL: QUOTE/125797K
PALACIOS

CONTRACT:
V797P3455K

MAIL INVOICE TO:
FMS-2-621
PO BOX 149971
AUSTIN, TX 78714-8971

ITEM	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL COST	QTY REC	AMT REC
1	1068, ICS CHARTR 200 VNG ICS Chartr 200 to include: ICS Chartr 200 hardware box Light bar with ranging Remote control USB cable Isolation Transformer Binocular, dual purpose (vision and vision-denied) video goggles (VG-40) VNG software for data capture, analysis and reporting STK#: 8-04-11900 BOC: 3130 FMS LINE: 001 CONTRACT: V797P3455K	1	UN	25500.00	25500.00		
2	1068, ICS ENG 2CH Kit ENG software for data capture, analysis and reporting ENG starter kit Free ENG Offer valid until 8/29/08 NO CHARGE ITEM- Value:$3000 STK#: 8-69-39800 BOC: 3131 FMS LINE: 002 CONTRACT: V797P3455K	1	UN	0.00	0.00		

ITEMS CONTINUED ON NEXT PAGE

AUTHORITY FOR PURCHASE: VAFS
P.O. NO.: 621-D84002
PO DATE: 8/19/2008
TOTAL: 31495.40

CONTRACTING OFFICER: /ES/THERESA J UPCHURCH
DATE SIGNED: 8/19/2008@10:37
PHONE: 615-867-6079
FAX: 615-867-5764
E-MAIL: theresa.upchurch2@va.gov

FUND CERTIFICATION: The supplies/services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been obligated.

APPROPRIATION: 368/90161-6133
COST CENTER: 812400
SOURCE CODE: SUPPLY-6 FISCAL-3
WCP/PRJ: AE8W82200
OBLIGATED BY: /ES/DEBRA CALDERALA DATE: 8/19/2008
BOC1: 3130 AMOUNT1: 31445.40 FMS LINE: 001
BOC2: 3131 AMOUNT2: 0.00 FMS LINE: 002
ADDITIONAL BOCs WILL BE FOUND AFTER ALL THE ITEMS.

WAREHOUSE CERT. SIGN: _____ DATE REC'D: _____

SERVICE CERT. SIGN: _____ DATE REC'D: _____

10-2138-7-ADP, JAN 1984

RECEIVING REPORT COPY

GN Otometrics *GN Otometrics North America*
125 Commerce Drive
Schaumburg, IL 60173-5329
Tel (847) 534-2150 Fax (847) 534-2151
www.gnotometrics.com

PACKING SLIP

NO. 73277

Printed: 8/22/2008

Return Address:
GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329

SOLD TO: ***VAMETN***

VA MEDICAL CENTER
AUDIOLOGY & SPEECH PATHOLOGY
BLDG. 204 ROOM 1L071
MOUNTAIN HOME, TN 37684

SHIP TO:

VA MEDICAL CENTER
WAREHOUSE D84002
VA WAREHOUSE BLDG 205
MOUNTAIN HOME, TN 37684

SHIP VIA: UPS-GROUND
TERMS: 1.0%/10 days,Net 30

SALES REP: TEN
OUR ORDER NO: 99859
YOUR ORDER NO: 621-D84002

DUE DATE	PART NUMBER / DESCRIPTION	UM	QTY ORDERED	QTY SHIPPED	QTY B/O
8/29/08	8-04-11901 1068 ICS CHARTR 200 VNG/ENG 2CH VNG LICENSE # 5739 ENG LICENSE # 5740 VNG/ENG SOFTWARE VERSION: 6.4	EA	1.00		
8/29/08	8-36-00300 SN COMPUTER, LAPTOP	EA	1.00	SN# CN-0HP728486 43 87H-2999	
8/29/08	7880100 PRINTER, HP DESKJET SN# TH7CP520ZY	EA	1.00		
8/29/08	7650008 CBL,BLK CBL USB 10' W/AB CONN	EA	1.00		
8/29/08	8040015 NCA-2000F CAL W/ACCESSORIES	EA	1.00		
8/29/08	7810001 MOBLE CRT, BLK, 36 IN WIDE, 2 SHELF	EA	1.00		

VA MEDICAL CENTER
AUDIOLOGY
BLDG. 204

80-073 032905

Post-it® Fax Note 7671	Date 8/13/08	# of pages ▶ 2
To Bob Sams	From J Sorrow	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 423-979-2649	Fax #	

GN Otometrics
GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329
Tel (847) 534-2150 Fax (847) 534-2151
www.gnotometrics.com

PACKING SLIP

NO. 73277

Printed: 8/22/2008

Return Address:
GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329

SOLD TO: VAMETN

VA MEDICAL CENTER
AUDIOLOGY & SPEECH PATHOLOGY
BLDG. 204 ROOM 1L071
MOUNTAIN HOME, TN 37684

SHIP TO:

VA MEDICAL CENTER
WAREHOUSE D84002
VA WAREHOUSE BLDG 205
MOUNTAIN HOME, TN 37684

SHIP VIA: UPS-GROUND
TERMS: 1.0%/10 days,Net 30

SALES REP: TEN
OUR ORDER NO: 99659
YOUR ORDER NO: 621-D84002

DUE DATE	PART NUMBER / DESCRIPTION	UM	QTY ORDERED	QTY SHIPPED	QTY B/O

MOUNTAIN HOME, TN 37684

CONTACT:
FAITH AKIN
423-926-1171 EXT 7376

1 Stimulator SN# 002042

X

621-08-4-6133-8064

REAP #1

GN Otometrics GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329
Tel (847) 534-2150

QUOTATION

QUOTE TO: VAMETN

VA MEDICAL CENTER
AUDIOLOGY & SPEECH PATHOLOGY
BLDG. 204 ROOM 1L071
MOUNTAIN HOME, TN 37684

QUOTATION NO: 12579

QUOTATION DATE: 7/8/2008

QUOTE VALID UNTIL: 8/29/2008

ESTIMATED SHIPMENT DATE AFTER RECEIPT OF PERTINENT DOCUMENTS:
14 **Days**

CONTACT: FAITH AKIN

SHIP VIA AIRBORNE GROUND

TERMS OF PAYMENT
1.0%/10 days,Net 30

SALES REP: TEC

TERMS

* Orders received as a result of this quotation are subject to acceptance at the factory in Schaumburg, Illinois, USA.
* Payment is in US Dollars only.
* All prices are F.O.B. Schaumburg unless otherwise shown.
* All equipment will be built to operate on 110v/60Hz unless specified otherwise.

PART NUMBER / DESCRIPTION		QTY ORDERED	UNIT PRICE	EXTENDED PRICE
8-04-11900	**1068, ICS CHARTR 200 VNG** ICS Chartr 200 to include: - ICS Chartr 200 hardware box - Light bar with ranging - Remote control - USB cable - Isolation Transformer - Binocular, dual purpose (vision and vision-denied) video goggles (VG-40) - VNG software for data capture, analysis and reporting	1	25,500.00	**$25,500.00**
8-69-39800	**1068, ICS ENG 2CH KIT** - ENG software for data capture, analysis and reporting - ENG starter kit	1	3,000.00	**$3,000.00**
	FREE ENG OFFER VALID UNTIL 8/29/2008	1	-3,000.00	**($3,000.00)**
8-36-00300	**COMPUTER, LAPTOP**	1	1,795.00	**$1,795.00**

GN Otometrics GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329
Tel (847) 534-2150

QUOTATION

QUOTE TO: VAMETN

VA MEDICAL CENTER
AUDIOLOGY & SPEECH PATHOLOGY
BLDG. 204 ROOM 1L071
MOUNTAIN HOME, TN 37684

QUOTATION NO: 12579

QUOTATION DATE: 7/8/2008

QUOTE VALID UNTIL: 8/29/2008

ESTIMATED SHIPMENT DATE AFTER RECEIPT OF PERTINENT DOCUMENTS:
14 **Days**

CONTACT: FAITH AKIN

SHIP VIA AIRBORNE GROUND

TERMS OF PAYMENT
1.0%/10 days,Net 30

SALES REP: TEC

TERMS

* Orders received as a result of this quotation are subject to acceptance at the factory in Schaumburg, Illinois, USA.
* Payment is in US Dollars only.
* All prices are F.O.B. Schaumburg unless otherwise shown.
* All equipment will be built to operate on 110v/60Hz unless specified otherwise.

PART NUMBER / DESCRIPTION		QTY ORDERED	UNIT PRICE	EXTENDED PRICE
		1	-1,795.00	($1,795.00)
	FREE LAPTOP OFFER VALID UNTIL 8/29/2008			
7880100	**PRINTER, HP DESKJET**	1	200.00	$200.00
		1	-200.00	($200.00)
	FREE PRINTER OFFER VALID UNTIL 8/29/2008			
8040015	**NCA-200F CAL W/ACCESSORIES** VA CONTRACT# V797P-3455K	1	5,409.06	$5,409.06
7810001	**MOBLE CRT, BLK, 36 IN WIDE, 2 SHELF** VA CONTRACT# V797P-3455K	1	536.34	$536.34
		QUOTE TOTAL		$31,445.40

WARRANTY

- 1 year warranty on parts and labor
- Hotline assistance for technical and operational questions

GN Otometrics GN Otometrics North America
125 Commerce Drive
Schaumburg, IL 60173-5329
Tel (847) 534-2150

QUOTATION

QUOTE TO: VAMETN

VA MEDICAL CENTER
AUDIOLOGY & SPEECH PATHOLOGY
BLDG. 204 ROOM 1L071
MOUNTAIN HOME, TN 37684

CONTACT: FAITH AKIN

QUOTATION NO: 12579

QUOTATION DATE: 7/8/2008

QUOTE VALID UNTIL: 8/29/2008

ESTIMATED SHIPMENT DATE AFTER RECEIPT OF PERTINENT DOCUMENTS:
14 **Days**

SHIP VIA AIRBORNE GROUND

TERMS OF PAYMENT
1.0%/10 days,Net 30

SALES REP: TEC

TERMS

* Orders received as a result of this quotation are subject to acceptance at the factory in Schaumburg, Illinois, USA.
* Payment is in US Dollars only.
* All prices are F.O.B. Schaumburg unless otherwise shown.
* All equipment will be built to operate on 110v/60Hz unless specified otherwise.

PART NUMBER / DESCRIPTION	QTY ORDERED	UNIT PRICE	EXTENDED PRICE

NOTE: Costs for testing in order to comply with City and State regulations (if required) must be borne by the customer.

For on-site installation and on-site training - please contact local distributor.

RETURN POLICY

GN Otometrics does not accept returns. Should circumstances warrant a return, a 20% restocking fee plus shipping costs will be charged. All such returns must first receive approval from GN Otometrics and take place within 15 days from date of invoice. An RMA (return merchandise authorization) number must accompany the return shipment.

QUOTE PREPARED BY: JCS

AUTHORIZED BY



Micromedical Technologies
10 Kemp Drive
CHATHAM, IL 62629

Phone: (800) 334-4154
Phone: (217) 483-2122
Fax: (217) 483-4533

Delivery address

INVOICE

Page 1

PARIS, TX 75460
USA

Bill-to Customer No.	Your Reference	Posting Date	Invoice No.
313567		01/23/14	17212
Sell-to Customer No.	**External document No.**	**Salesperson**	**Order No.**
313567	10215		54666

Number	Description	Quantity	Unit Price	Discount	Amount	Qty. B/O
VISUALEYES	VisualEyes 4 FireWire Laptop	1	28,500.00	28,500.00	28,500.00	
LCDTVVISUA	LCD TV, 32" Ocularmotor Stimulus	1				
SC01	1 Year Warranty	1				
AQUA STIM	Aqua Stim Caloric Irrigator	1	7,000.00	7,000.00	7,000.00	
SC01	1 Year Warranty	1				
SHIPPING	shipping charges	1	250.00	250.00	250.00	

Please send payment to 10 Kemp Drive CHATHAM, IL 62629

Payment Terms	Bank			
NET 30 DAYS FROM INVOICE DATE			**Sub Total USD**	**35,750.00**
Due Date	**Account No.**	**SWIFT Code**		
02/22/14			Sales TAX	0.00
Shipment Method	**Payment Routing No.**	**Package Tracking No.**		
UPS GROUND			**Total USD**	**35,750.00**



Micromedical Technologies INC.

Micromedical Technologies
10 Kemp Drive
CHATHAM, IL 62629

Phone: (800) 334-4154
Phone: (217) 483-2122
Fax: (217) 483-4533

Delivery address

INVOICE

Page 1

BROOKFIELD, WI 53005-2403

Bill-to Customer No.	Your Reference	Posting Date	Invoice No.
311767		01/24/14	17213
Sell-to Customer No.	**External document No.**	**Salesperson**	**Order No.**
311767	128266		54673

Number	Description	Quantity	Unit Price	Discount	Amount	Qty. B/O
VISUALEYES	VisualEyes 4 FireWire Mid-Tower	1	38,000.00	38,000.00	38,000.00	
TV UPGRADE	Upgrade to 42" TV	1				
VTQVHITDVA	VORTEQ/ VHIT/ DVA-T Multitest Option	1				
SC01	1 Year Warranty	1				
SHIPPING	shipping charges	1	200.00	200.00	200.00	

Please send payment to 10 Kemp Drive CHATHAM, IL 62629

Payment Terms	Bank			
NET 30 DAYS FROM INVOICE DATE			**Sub Total USD**	**38,200.00**
Due Date	**Account No.**	**SWIFT Code**		
02/23/14			Sales TAX	0.00
Shipment Method	**Payment Routing No.**	**Package Tracking No.**		
UPS GROUND			**Total USD**	**38,200.00**

605821

ISCAN INCORPORATED

89 Cambridge Street Burlington, MA 01803 USA
Tel: 781-273-4455 Fax: 781-273-0076 EIN: 16-1169393

Invoice # 20503777

Date: 10/20/05

Bill To:
Father Flanagan's Boys' Home
Accounts Payable Department
P.O. Box 148
Boys Town, NE 68010

Purchase Order #:
P0401004

Terms: Net 30

Ship To:
Father Flanagan's Boys' Home
Boys Town National Research Hospital
Attn: Mary Miller
555 N. 30th Street
Omaha, NE 68131

Ship Date: 10/20/2005

Ship Via: FedEx

Itm	Qty	Item ID	Description	Unit Prc	Total (US$)	Tx
010A	1 ea	AA-ETL-500	Head Mtd. Eye Tracking Lab	$14,500.00	$14,500.00	
0200	1 ea	AD-UPG-HS120/240	High Speed Eye Imager Upgrade	$4,300.00	$4,300.00	
			BACKORDERED			
	1 ea	AA-UPG-570	Upgrade ETL500->ETL570	$5,500.00		

11/17/05 OK to pay what we have received

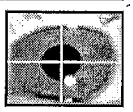
Remit To: ISCAN, Inc.
89 Cambridge Street
Burlington, MA 01803 U.S.A.

Subtotal	$18,800.00
Shipping	$367.87
Sales Tax	$0.00
Total	$19,167.87
Less Deposit	$0.00
Total Due (US$)	$19,167.87

Refer all inquiries regarding this invoice to the Accounts Receivable Dept. at 781-273-4455.

ISCAN
INCORPORATED

Eye & Target
Tracking
Instrumentation



PACKING LIST

October 20, 2005

To:

Attention: Mary Miller
Boystown National Research Hospital
555 North 30th Street
Omaha, NE 68131
US

Ref: PO # P0401004

Line	Qty	Product ID	Description	Serial Number	Ctr No.
1	1	AA-ETL-500	ETL-500 Head-mounted Eye Tracking Lab	-	1-2
	1	AB-ETP-826PCI	RK-826PCI Pupil/C.R. Tracking Sys.	05-826I-0188	1
	1	AC-CLB-630PCI	RK-630PCI Autocalibrator	05-630-0268	1
	1	AC-SYN-SG003PCI	Camera Control PCI card	05-SG100-0206	1
	1	AD-HEI-PBND-060M	Headband-mounted Eye Imag. Sys. (60Hz, mono)	05-604-1018	2
	1	AE-HSI-LOS	Line of Sight Scene Imaging System	-	2
	1	AG-IAS-DQW	Raw Eye Movement Data Acquis. Sftw. for XP	DQW-1-10-000001949 Y	1
	1	AH-CMP-ETL-LC	Laboratory Computer Sys. (large chassis)	0049579	1
	1	AH-MON-ETL	17" Computer Monitor	ETL 2102105527 0020 2ED6C	1
	2	AK-MON-OSV	On-computer Screen Video Imager Board	IT609179 IT606767	1
2	1	AD-UPG-HS120/240	High Speed Upgrade to Eye Imag. Sys. (120/240Hz)	-	2

*** PARTIAL SHIPMENT ***
TORSION TO FOLLOW

Total Containers: 2

ISCAN, Inc. * 89 Cambridge Street * Burlington, MA 01803-4115 * USA
Tel: 781-273-4455 * **Fax:** 781-273-0076 * **eMail:** info@iscaninc.com * **Web:** www.iscaninc.com

ISCAN
INCORPORATED

Eye & Target Tracking Instrumentation

PRICE QUOTATION

December 22, 2004

P.Q. No. **PQ19902250**

To:

Mary-Ava Gossman
Boystown National Research Hospital
555 North 30th Street
Omaha, NE 68131
US

Qty.	Product ID	Description	Price Each	Line Total
1	AA-ETL-570	3-D Eye Tracking Laboratory (Includes: head-mounted eye imaging system (monocular), 3-D Eye Tracking Processor, Dell computer w/ monitor, data acqusition software for XP, and eye video monitor.) (60 Hz operation)	$20,000.00	$20,000.00
1	AD-UPG-HS120/240	High Speed Upgrade to Eye Imaging System (120/240 Hz selectable operation)	$4,300.00	$4,300.00

Terms:

Net 30 days. All payments in US Dollars. Shipping and insurance charges are in addition to quoted prices. Prices are subject to change after 90 days.

Subtotal: $24,300.00

Delivery:

26 weeks A.R.O. Deliveries are F.O.B. ISCAN plant, Burlington, MA.

Total: **$24,300.00**

Alan M. Kielar, Vice President

AC

578646

Micromedical TECHNOLOGIES INC.

10 Kemp Drive
Chatham, IL 62629
(217) 483-2122

Mictec2
P0500018
NRH

Invoice

DATE	INVOICE #
3/30/2005	7018

BILL TO	SHIP TO
Father Flanagan's Boys' Home Attn: Accounts Payble Department PO Box 148 Boys Town, NE 68010	Boys Town National Research Hospital Attn: Mary Miller 555 North 30th Street Omaha, NE 68131

P.O. NUMBER	TERMS	DUE DATE	SHIP	VIA	F.O.B.
P0500018	Net 30	4/29/2005	3/28/2005	Best Way	

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	Sys. 2000	System 2000 Rotational chair w/Micro centrifuge option	118,000.00	118,000.00T
1	AquaStar	AquaStar Caloric Irrigator	5,250.00	5,250.00T
	shipping	shipping and handling charges	2,300.00	2,300.00
		Out-of-state sale	0.00%	0.00

Rec'd 4/1/05

Thank you for your business. DKM

Total $125,550.00

PLEASE PAY FROM THIS INVOICE!
Interest of 1.5% per month (Effective APR = 18%) is applied to all invoices past due and Buyer agrees to pay interest at such rate on past due amounts. In the event that collection becomes necessary, all collection expenses shall be paid by Buyer.

4C

571072

Micromedical TECHNOLOGIES

Invoice

10 Kemp Drive
Chatham, IL 62629
(217) 483-2122

DATE	INVOICE #
1/31/2005	6894

BILL TO	SHIP TO
Father Flanagan's Boys' Home Attn: Accounts Payble Department PO Box 148 Boys Town, NE 68010 P0500018 NRH	Boys Town National Research Hospital Attn: Mary Miller 555 North 30th Street Omaha, NE 68131

P.O. NUMBER	TERMS	DUE DATE	SHIP	VIA	F.O.B.
P0500018	Net 30	3/2/2005	1/31/2005	Fed Ex	

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	VisualEyes ...	VisualEyes 4 USB VNG, Baylink, Binocular goggles	25,450.00	25,450.00T
1	EOG5-VEop...	EOG option to VisualEyes	2,000.00	2,000.00T
1	LCD Projector	LCD Projector and Screen	2,400.00	2,400.00T
	shipping	shipping and handling charges	60.00	60.00
		NOTE: The System 2000 & AquaStar Irrigator are on backorder.		
		Out-of-state sale	0.00%	0.00

OK to pay what was received 2/9/05

Thank you for your business. DKH

Total $29,910.00

PLEASE PAY FROM THIS INVOICE!
Interest of 1.5% per month (Effective APR = 18%) is applied to all invoices past due and Buyer agrees to pay interest at such rate on past due amounts. In the event that collection becomes necessary, all collection expenses shall be paid by Buyer.

PO

Micromedical™ TECHNOLOGIES INC.

10 Kemp Drive
Chatham, IL 62629
800-334-4154 217-483-2122
fax 217-483-4533
mminfo@micromedical.com

Quotation

Boys Town National Research Hosp.	Quote # 4463a
Attn: Dr. Mary Ava Gossman, Au.D.	12/22/2004
Audiology Dept.	Brian Hough, Medical Tech
555 N. 30th Street	brianhough@medtechnologies.com
Omaha, NE 68131	
Phone: (402) 390-1100 Fax: (402) 498-6638	E-mail: gossman@boystown.org

System 2000™ - Micro Centrifuge with SVV **$118,000**

SPECTRUM Software for Windows XP
- Sinusoidal Harmonic Acceleration vestibular ocular reflex
- 0.01 to 0.64 Hz (50 d/s to 300 d/s) user-definable
- VOR velocity step test up to 300 deg/sec
- Visual enhancement of the VOR with OKN stripes
- Visual suppression of the VOR with chair mounted laser
- Gaze nystagmus, Pursuit tracking, Saccade (fixed or random)
- Optokinetic: sinusoidal, constant velocity, OKAN, chair rotation

Chair Base/Frame and Controller
- Speed reduction, zero backlash drive mechanism
- 300 d/s maximum chair speed
- Linear servo amplifier control
- 24 coin silver slip rings
- Chair seat with seat belt, shoulder and ankle straps
- Adjustable height head support
- Over-speed and speed match for safety

Torque Upgrade (100 ft.-lb)
- Additional torque for testing heavier patients at full range of frequencies

Micro-Centrifuge with SVV
- Locking chair position for rotation on center axis and around left or right ear position.
- Subjective Visual Vertical device with remote video observation of angle
- Fits in standard chair enclosure

VisualEyes™ Four Channel Video Eye Tracking
- See-Thru™ cameras with external focus controls
- Full field of view, binocular recording
- High Resolution, High Speed (60 Hz), PCI video capture (both eyes)

Computer, Monitor and Printer
- Pentium 4 PC computer with 40Gb HD and 1.44MB FD
- CD-RW drive, 512MB RAM, WINDOWS XP
- 17" LCD flat panel color monitor
- High speed, color Inkjet printer

Enclosure for Rotational Chair
- Dark, sound dampened, 6.5' diameter booth with large door
- Two-way intercom, ventilation fan, ceiling light

X-Y Axis Laser Projector
Chair mounted with projection in the horizontal and vertical directions
Targets for gaze, pursuit and saccade tests
Height adjustable. Software correction for projection on curved booth wall.

Overhead 360 Optokinetic Projector
Ceiling mounted with projection of vertical stripes on wall. Servo motor driven, computer controlled rotation speed and direction
Visual enhancement of the VOR with OKN stripes

Equipment Cart
48-inch cart with shelves and keyboard drawer holds all components

VisualEyes™ Four Channel Mid-Tower VNG **$29,850**

SPECTRUM Software
Saccade, Smooth Pursuit, Optokinetic, Caloric, Gaze, Positional, Hallpike, Fistula, and other ENG tests. User-specified test schedule, age matched norms, flexible report generation, automatic waveform measurement and calculations
EyeMax digital video and audio recording.
Auto-threshold,
Re-tracking to reduce artifacts,
Pupilometry to record and analyze pupil diameter changes

VisualEyes™ Four Channel Video Eye Tracking
Standard resolution USB video capture at 30 Hz
Binocular video goggles, two cameras, fixation light and external focus controls

LCD Target Projector
Spectrum LCD software for Gaze, Pursuit, Saccade and Optokinetic tests; Keystone correction. 1200 lumens, 2000 hr. lamp rating, contrast 300:1, 800x600 resolution, 5.3 lbs
48-inch wide projection screen (included)
Flush ceiling mount (included)

BayLink™ interface
Fits into computer drive bay
Front panel plug-in connector for camera(s)

EOG amplifier
EOG amplifier, lead wires, electrode start-up pack, skin prep pads
Three EOG channels
Start and end tests with RF remote. Built-in laser pointer

Computer, Monitor and Printer
Pentium 4 PC mid-tower computer with 40GB HD and 1.44MB FD
CD-RW, 512MB RAM, WINDOWS XP, mid-tower case
17" LCD flat panel color monitor
High speed, color Inkjet printer

AquaStar Water Caloric Irrigator **$5,250**
Recirculating delivery system. Push button on handle to start irrigation. Countdown timer on front panel. Connects to water supply at sink with overflow hose into sink. Instantaneous heat. No messy tanks to clean. 30C, 37C and 44 C temperatures. (can be returned for credit within 30 days)

TERMS & CONDITIONS

Included with purchase:

- On-site installation and training at time of installation.
- USA, Canada toll free 800# for customer support
- Maintenance software releases during warranty period
- Printable User Manual on CD

Warranty:	12 months parts and labor from date of shipment
Shipping:	freight charges added to invoice
Terms:	25% prepayment, balance net 30 days
Quoted prices:	firm 60 days
Shipment:	System 2000: 10-12 weeks after order acceptance VisualEyes & AquaStar: 4-5 weeks after order acceptance

ACCEPTANCE: Acceptance of this Agreement by the buyer will be evidenced by a) written purchase order; b) signed copy of the quotation; c) acceptance of products and equipment delivered. Acceptance in this manner shall constitute acceptance of this Agreement and the terms thereof.

PRICES/TAXES: All prices and product specifications are subject to change without notice. All prices are in U.S. dollars. All prices are F.O.B. factory (unless otherwise stated). Prices do not include any provision for taxes or other governmental charges upon the sale, use or shipment of products. Such taxes shall be added to the price and paid by the buyer. The buyer shall be responsible for obtaining and providing to Micromedical any certificate of exemption or similar document required to exempt sale from sales, use or similar tax liability.

SHIPMENT: Shipments from stock are subject to prior sale. Shipping dates are approximate. Micromedical shall not be liable to buyer for damages as a result of any delay caused or contributed by circumstances beyond the reasonable control of Micromedical. In the absence of specific instructions to the contrary, Micromedical will select the carrier but by so doing, Micromedical will not thereby assume any liability in connection with shipment, nor shall the carrier in any way be construed to be the carrier of MMT. Products shall be the buyer's entire risk after the delivery by Micromedical to the carrier, and all insurance and transportation charges will be paid by the buyer and added to invoice.

PAYMENTS: Unless otherwise stated, terms are 25% prepayment on capital purchases with balance due thirty (30) days from the date of the invoice. Micromedical Technologies will issue invoices upon shipment. Overdue accounts will be charged 1.5% on the unpaid balance per month. Buyer shall not withhold or set off from any amounts due to Micromedical, or any amounts claimed to be owed by Micromedical to buyer for any reason whatsoever. We accept credit card payments using Visa and MasterCard only.

RETURNS AND CANCELLATIONS: A Return Merchandise Authorization (RMA) number must be obtained prior to returning merchandise. A 20% restocking fee is applied to all returns or customer's refusal to accept shipment. Returns must be made within five (5) days of authorization. Equipment returned before invoice due date will have prepayment reimbursed less 20% restocking fee. Return shipping charges are the sole responsibility of the buyer. Equipment must be returned in like new condition. If damage to the merchandise is found upon return shipment, the buyer is responsible for paying for all repair charges, missing parts and labor costs to return equipment to like new condition.

SOFTWARE LICENSE/CONFIDENTIAL INFORMATION: Each item of software, including updates or enhancements, provided hereunder is furnished to buyer under a non-transferable, exclusive license for use by buyer on a single system. Copyright laws and international treaty protect the software furnished herein. The software is proprietary and confidential to Micromedical and buyer agrees not to provide, disclose, or make available any Micromedical software or part thereof to any third party. Buyer agrees to maintain confidentiality, not to disclose, reproduce, or copy any software, material, or documents provided to buyer that are marked Confidential or Proprietary. This obligation shall survive the expiration or termination of the Agreement for whatever reason and shall be binding on buyer's successors and assigns.

SOFTWARE UPDATES: Software maintenance ("service releases") will be supplied at no cost during the initial one-year warranty period. Maintenance updates occurring after the warranty period and software version upgrades may be purchased via Software Subscription. If a version upgrade requires new hardware, the cost of the hardware is not included in the software subscription and must be purchased from Micromedical Technologies.

EXPORT: Any export of products by buyer is subject to applicable U.S. Export Administration regulations and will be the buyer's sole responsibility.

GOVERNING LAW AND LIMITATION: The Illinois Uniform Commercial Code shall govern the formation and performance of this Agreement. Any action for breach of the sales contract or any covenant or warranty must be commenced within one (1) year after the date of shipment.

We look forward to serving you.
FOR MICROMEDICAL TECHNOLOGIES, INC. Rick Miles , extension 122

EyeMax, RealEyes, InView, VisualEyes, Meta4, Vorteq, BalanceQuest, AquaStar, AirStar and System2000 are trademarks of Micromedical Technologies. BalanceCheck is a trademark of Bertec Corporation. LaserJet is a trademark of Hewlett-Packard, Inc. Most products are available in 110 or 220 Volt and NTSC or PAL/SECAM video.
Kits (without a computer) will not be sold in the United States.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Interventional Transesophageal Echocardiography (TEE)

In February 2014, the CPT Editorial Panel created CPT code 93355 to address the added physician work, time and practice expense required to perform transesophageal echocardiography during interventional cardiac procedures. CPT codes 93312-93318 were added for review to ensure intra-family relativity.

Prior to making recommendations for this set of services, the specialty societies presented compelling evidence that these codes are potentially misvalued. There are three primary compelling evidence arguments:

1. Change in technique: When these procedures were last reviewed in 1996, the Intersocietal Accreditation Commission (IAC) had not issued standards for adult transesophageal echocardiography testing. These did not arrive until 1997. Last updated in 2013, these standards are extensive. Furthermore, the Society of Cardiovascular Anesthesiologists recently issued (in 2013) a document titled "Guidelines for Performing a Comprehensive Transesophageal Echocardiographic Examination," which also lays out extensive standards. As a result of these robust standards, the typical physician time to perform this service has increased. The IAC Standards and Guidelines for Adult Echocardiography Accreditation note that the total procedure time is estimated to be between 45 and 60 minutes for the typical patient scenario. This exceeds the current physician time of 43 minutes for CPT code 93312. Therefore, the lack of any standard examination at the time of the initial RUC valuation, and the presence of these current very rigorous criteria, clearly demonstrates a significant change in required technique.
2. Change in technology: Transesophageal echocardiography achieved widespread clinical adoption in the 1980s. Originally, only single plane (and then subsequently biplane) transducers were available. Using these early transducers (available at the time of the original RUC valuation in 1994), only limited views were available, and examination length was significantly truncated. At present, all TEE imaging is performed with multiplane transducers which allows much more detailed, definitive, and time consuming examinations (multiplane transducers are mandated by current IAC and professional society standards). During the period of the initial RUC review, multiplane transesophageal echocardiography was new technology, and not yet routinely available for clinical practice.
3. Change in knowledge: Prior to the original RUC review and valuation in 1994, there were few published studies which evaluated TEE safety. The IAC standards now allow that "TEE is an invasive examination," and recent published reports estimate the risk of death secondary to TEE complications at 1:10,000, with the risk of major complications estimated at 0.2% to 0.5%. Careful attention to the patient's medical history and deferral of TEE in patients with a history of dysphasia, or other known upper gastrointestinal tract pathology is mandatory. Review of the medical history and medical decision making related to proceeding with or deferring the examination adds significantly to the pre-procedural time and intensity, and physician psychological stress during the whole of the procedure.

Given these arguments, the RUC accepted compelling evidence that the current value for these TEE codes may be potentially misvalued.

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93312 ***Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report***
The RUC reviewed the survey results from 131 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that while the median work RVU of 3.40 was slightly high, the 25th percentile work RVU of 2.25 was too low. Therefore, in order to value this service the RUC reviewed CPT code 43247 *Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body* (work RVU=3.18, 30 minutes intra-service time) and noted that both services have identical intra-service time and comparable total time. The RUC agreed to directly crosswalk the work RVUs of 43247 to the surveyed code 93312. To justify a work value of 3.18, the RUC reviewed CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU=3.12, intra-service time= 30 minutes) and agreed that since both codes have identical intra-service time and comparable physician work, the recommended value is appropriately valued relative to other services across the RBRVS. **The RUC recommends a work RVU of 3.18 for CPT code 93312.**

93313 ***Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only***
The RUC reviewed the survey results from 38 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 5 minutes and intra-service time of 10 minutes. The RUC agreed to lower the pre-service time from the median survey time of 12 minutes because the physician is waiting for the second operator to place the probe.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 1.00 is an accurate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 78472 *Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing* (work RVU= 0.98) and agreed that since both codes have the same time components, they should both be valued similarly. In addition, the RUC reviewed CPT code 72192 *Computed tomography, pelvis; without contrast material* (work RVU= 1.09) and MPC code 23350 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* (work RVU= 1.00) and agreed that both these services provide justification for the RUC recommended value for 93313. **The RUC recommends a work RVU of 1.00 for CPT code 93313.**

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93314 ***Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only***
The RUC reviewed the survey results from 54 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 2.80 is an accurate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 75573 *Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)* (work RVU= 2.55) and agreed that while both services have identical intra-service time, 30 minutes, 93314 is a more intense procedure and is accurately valued higher than this reference code. In addition, the RUC reviewed CPT code 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU= 3.00) and noted that both services have identical intra-service time, but the reference code has more total time and should thus be valued slightly higher than 93314. **The RUC recommends a work RVU of 2.80 for CPT code 93314.**

93315 ***Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report***
The RUC reviewed the survey results from 42 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 40 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 3.29 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 36147 *Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report* (work RVU= 3.72) and agreed that since the reference code has more total time compared to 93315, 80 minutes and 70 minutes, respectively, 36147 should be valued higher than the surveyed code. The RUC also reviewed CPT code 95953 *Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended* (work RVU= 3.08) and agreed while both services have identical total times, this reference code is slightly less intense than the surveyed code and is correctly valued less. Finally, the RUC compared 93315 to 93312 and noted that this service is more complex because this service is performed on pediatric patients with complex anatomy and should be valued slightly higher than the adult service. **The RUC recommends a work RVU of 3.29 for CPT code 93315.**

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93316 ***Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only***
The RUC reviewed the survey results for CPT code 93316 and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 5 minutes and intra-service time of 20 minutes. The RUC agreed to lower the pre-service time from the median survey time of 15 minutes because the physician is waiting for the second operator to place the probe.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 1.50 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT codes 72148 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material* (work RVU= 1.48, intra-service time= 20 minutes) and 93350 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report* (work RVU= 1.46, intra-service time= 20 minutes) and noted that both reference codes have identical intra-service and comparable physician work relative to 93316. Furthermore, the RUC noted that this value fits into appropriate rank order compared to 93313 as it is a more intense and longer procedure. **The RUC recommends a work RVU of 1.50 for CPT code 93316.**

93317 ***Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only***
The RUC reviewed the survey results for CPT code 93316 and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 3.00 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU= 3.00) and noted that both services have identical intra-service time, 30 minutes, and should thus be valued the same. The RUC also compared this service to the comparable 93314 service and agreed that while both codes have the same time components, the increased intensity for 93317 justifies a slightly higher work value. **The RUC recommends a work RVU of 3.00 for CPT code 93317.**

93318 ***Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis***
The RUC reviewed the survey results from 55 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 60 minutes and immediate post-service time of 15 minutes.

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The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 2.40 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 75563 *Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging* (work RVU= 3.00) and noted that while both services have identical intra-service time, 60 minutes, the reference code is a more intense procedure and is thus accurately valued higher than 93318. The RUC also reviewed CPT code 38241 *Hematopoietic progenitor cell (HPC); autologous transplantation* (work RVU= 3.00, intra time= 60 minutes) and agreed that since the reference code has more total time than the surveyed code, 108 minutes and 90 minutes, respectively, it should be valued higher. **The RUC recommends a work RVU of 2.40 for CPT code 93318.**

93355 ***Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation and report, including diagnostic transesophageal echocardiography, and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D***
The RUC reviewed the survey results from 57 cardiologists and anesthesiologists and agreed with the specialty societies that the following physician time components are appropriate: pre-service time of 20 minutes, intra-service time of 120 minutes and immediate post-service time of 20 minutes. The RUC discussed the large time variations between this interventional guidance TEE procedure and the traditional diagnostic procedure, and agreed that the variance is appropriate. This new service includes seamless performance of pre-, intra-, and post-interventional procedure TEE imaging in the hybrid/operating room. The TEE physician is present during this entire procedure, providing ongoing real-time guidance which enables proper device selection, positioning, and deployment, including diagnosis/exclusion of procedure-related complications.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 4.66 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 77338 *Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan* (work RVU= 4.29) and noted that the reference code has slightly less intra-service time, 115 minutes compared to 120 minutes, and less total time. Therefore, the recommended value of 4.66 for 93355 accurately places it relative to this comparable service. The RUC also compared the surveyed code to the other codes in the family and noted that with longer times and high complexity, 93355 is correctly valued as the highest procedure. **The RUC recommends a work RVU of 4.66 for CPT code 93355.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Medicine
Cardiovasculars
Echocardiography

Echocardiography includes obtaining ultrasonic signals from the heart and great vessels, with real time image and/or Doppler ultrasonic signal documentation….

A complete transthoracic echocardiogram without spectral or color flow Doppler (93307) is a

comprehensive procedure…

A complete transthoracic echocardiogram with spectral and color flow Doppler (93306) is a comprehensive procedure..

A follow-up or limited echocardiographic study (93308) is an examination that does not evaluate…

In stress echocardiography, echocardiographic images are recorded from multiple cardiac windows before, after, and in some protocols, during stress….

When a stress echocardiogram is performed with a complete cardiovascular stress test (continuous electrocardiographic monitoring…

When left ventricular endocardial borders cannot be adequately identified by standard echocardiographic imaging…..

Code 93355 is used to report transesophageal echocardiography services during transcatheter intracardiac therapies. Code 93355 is reported once per intervention and only by an ~~physician~~ individual who is not performing the interventional procedure. Code 93355 includes the work of passing the endoscopic ultrasound transducer through the mouth into the esophagus, when performed by the ~~physician~~ individual performing the TEE, diagnostic transesophageal echocardiography and ongoing manipulation of the transducer to guide sizing and/or placement of implants, determination of adequacy of the intervention, and assessment for potential complications. Real-time image acquisition, measurements and interpretation of image(s), documentation of completion of the intervention and final, written report are included in this code.

A range of intracardiac therapies may be performed with TEE guidance. Code 93355 describes TEE during advanced transcatheter structural heart procedures (eg, transcatheter aortic valve replacement (TAVR), left atrial appendage closure (LAA) or percutaneous mitral valve repair).

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
See 93313 for separate reporting of the probe insertion by a physician other than the physician performing the TEE				
⊙93312	NN1	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report (Do not report 93312 in conjunction with 93355)	XXX	3.18
⊙93313	NN2	placement of transesophageal probe only (The same individual may not report 93313 in conjunction with 93355)	XXX	1.00
⊙93314	NN3	image acquisition, interpretation and report only (Do not report 93314 in conjunction with 93355)	XXX	2.80
⊙93315	NN4	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report (Do not report 93315 in conjunction with 93355)	XXX	3.29
⊙93316	NN5	placement of transesophageal probe only (Do not report 93316 in conjunction with 93355)	XXX	1.50
⊙93317	NN6	image acquisition, interpretation and report only (Do not report 93317 in conjunction with 93355)	XXX	3.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙93318	NN7	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis (Do not report 93318 in conjunction with 93355)	XXX	2.40

✚ *93320*	*Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete* *(Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351)* (Do not report 93320 in conjunction with 93355)
✚ *93321*	*follow-up or limited study (List separately in addition to codes for echocardiographic imaging)* *(Use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351)* (Do not report 93321 in conjunction with 93355)
✚*93325*	*Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)* *(Use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351)* (Do not report 93325 in conjunction with 93355)
93350	*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;* *(Stress testing codes 93016-93018 should be reported, when appropriate, in conjunction with 93350 to capture the cardiovascular stress portion of the study)*

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(Do not report 93350 in conjunction with 93015)		
93351		*including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional*		
		(Do not report 93351 in conjunction with 93015-93018, 93350. Do not report 93351-26 in conjunction with 93016, 93018, 93350-26)		
✚*93352*		*Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)*		
		~~(Do not report 93352 in conjunction with 93355)~~		
		(Do not report 93352 more than once per stress echocardiogram)		
		(Use 93352 in conjunction with 93350, 93351)		
●93355	NN8	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation and report, including diagnostic transesophageal echocardiography, and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D (To report placement of transesophageal probe by separate physician, use 93313) (Do not report 93355 in conjunction with 76376, 76377, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325)	XXX	4.66

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Other Procedures**				
76376		*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation* (Use 76376 in conjunction with code[s] for base imaging procedure[s]) (Do not report 76376 in conjunction with 31627, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 78012-78999, 0159T, 93355)		
76377		*requiring image postprocessing on an independent workstation* (Do not report 76377 in conjunction with 70496, 70498,70544-70549, 71275, 71555, 72159, 72191, 72198,73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565,75571-75574, 75635, 76376, 78012-78999, 93355, 0159T)		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93312 Tracking Number NN1 Original Specialty Recommended RVU: **3.40**

Presented Recommended RVU: **3.40**
Global Period: XXX RUC Recommended RVU: **3.18**

CPT Descriptor: Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73 year-old obese woman presents with the abrupt onset of aphasia and right-sided weakness. Urgent cerebral angiography reveals an occluded left middle cerebral artery, and mechanical thrombectomy is successfully performed. A transthoracic echocardiogram is technically limited due to the patient's body habitus. A transesophageal echocardiogram is subsequently performed to exclude a cardiac source of embolus.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 86%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: The physician reviews the request for the TEE, as well as previous clinical data, laboratory results, and echocardiographic images and reports. A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography. The upper airway is assessed, and a history of dysphagia and esophageal pathology is excluded.

Description of Intra-Service Work: The oral pharynx is anesthetized with a topical solution. Intravenous access is established, and the patient is administered conscious sedation as required. Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored throughout the procedure. The physician intubates the esophagus and advances the transducer to the stomach. Digital images are acquired for subsequent transfer and archival storage. Transgastric left ventricular imaging is performed at 0 degrees (short axis view), 90 degrees (two chamber view) and 120 degrees (long axis view). Inferior vena cava size and responsiveness is assessed. The transducer is withdrawn to the mid-esophagus. The left ventricle is again imaged in the 4-chamber view (0-30 degrees), 2-chamber view (90 degrees), and long axis view (120-140 degrees). The cardiac valves are next interrogated with 2D imaging, color Doppler, and spectral Doppler, including the tricuspid valve (multiple views from 0-30 degrees), the mitral valve (multiple views from 0-140 degrees), the aortic valve (long axis at 120 degrees and short axis at 45 degrees), and pulmonic valve (60 degrees). Additional cardiac and great vessel structures are next imaged including the ascending aorta (multiple views from 80-120 degrees), the proximal pulmonary artery to the bifurcation (0 degrees, high transesophageal view), the left atrial appendage (multiple views from 0 to 150 degrees, including pulsed Doppler assessment of emptying velocities), the atrial septum (including color Doppler interrogation and 2D imaging with an intravenous injection of agitated saline to

exclude patent foramen ovale), the pericardial space (to exclude pericardial effusion), the inferior and superior vena cava, the descending thoracic aorta and aortic arch, and the pulmonary veins (2D, spectral Doppler and color Doppler flow). Upon completion of image acquisition, the transesophageal probe is withdrawn.

Description of Post-Service Work: After the procedure, the patient is monitored (blood pressure, heart rate, respirations, arterial oxygen saturation) to ensure complete recovery from conscious sedation. Medication reconciliation is performed. The physician explains the test results to the patient and family members. Following image transfer, the physician reviews the images and compares them with the most recent prior examination. A complete report is prepared. Findings are communicated with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD				
Specialty(s):	ACC, ASE, ASA				
CPT Code:	93312				
Sample Size:	2094	**Resp N:**	131	**Response:** 6.2 %	
Description of Sample:	Mix of responses from random (1913) and targeted (181) pools				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	37.50	**75.00**	125.00	500.00
Survey RVW:	1.00	2.25	**3.40**	4.00	10.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	300.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93312	**Recommended Physician Work RVU: 3.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99344	XXX	3.38	**RUC Time**	71,877

CPT Descriptor 1 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 23.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 93312**	**Key Reference CPT Code:** 99205	**Source of Time RUC Time**
Median Pre-Service Time	15.00	7.00	
Median Intra-Service Time	30.00	45.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**60.00**	**67.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.29	4.03
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.13	4.10
Urgency of medical decision making	4.00	3.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.52	3.16
Physical effort required	3.68	2.65
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.81	2.61
Outcome depends on the skill and judgment of physician	4.39	3.58
Estimated risk of malpractice suit with poor outcome	4.03	3.26

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.45	2.84
Intra-Service intensity/complexity	4.35	3.84
Post-Service intensity/complexity	3.23	2.94

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Creation of a new code to describe transesophageal (TEE) guidance during transcatheter structural heart interventions provides the RUC an opportunity to review other TEE codes in the family. The societies received Research Subcommittee support to perform both a targeted and random survey of the new guidance code with the existing TEE services. The family was broken into two groups and surveyed according to the table below. Echocardiographers at centers known to be providing transcatheter structural heart interventions were targeted for code Group 1. One random sample of cardiologists and anesthesiologists was surveyed for code Group 1. A second random sample of cardiologists and anesthesiologists was surveyed for code Group 2.

Code	Brief Description	Group 1 (Targeted) (Random 1)	Group 2 (Random 2)
93312	TEE	X	X
93313	TEE probe placement	X	
93314	TEE acquisition/interpretation	X	
93355	TEE structural guidance	X	
93318	TEE intraoperative monitoring	X	
93315	TEE congenital		X
93316	TEE congenital probe placement		X
93317	TEE congenital acquisition/interpretation		X

93312 is the main diagnostic TEE code in the family. It describes the work of placing the probe, acquiring/interpreting images, interpreting the results, and creating a report. It was surveyed by the targeted survey pool that received Group 1 as well as a random pool that completed Group 1 and a random pool that completed Group 2.

A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey was robust and completed by physicians familiar with the service. We have broken out responses to all the codes by targeted recipients, random recipients, and combined data in the summary table. All recommendations are based on the combined data.

The key reference service is 99205, a level-5 new patient encounter. Respondents who selected the key reference service felt 93312 was more intense/complex in all aspects, though only modestly so in some cases. The key reference service was selected by 24% of respondents. 10% chose the highest reference service, 92961 for elective cardioversion. 31% of respondents selected six other high-level E/M services as a reference code. Each of these are reasonable comparisons and support the median survey work RVU.

COMPELLING EVIDENCE We believe the entire family of TEE services meets the RUC's compelling evidence standard to suggest the current values are no longer appropriate in multiple ways.

1. **Change in Technique:**

93312 was initially RUC valued in 1994. The Intersocietal Accreditation Commission (IAC) (formerly the Intersocietal Commission for the Accreditation of Echocardiography Laboratories, or ICAEL) did not issue standards for adult transesophageal echocardiography testing until 1997 (1, 2). These current standards, last updated in 2013, include an extensive list of examination components, including the following:

"A TEE examination is one that examines all of the cardiac chambers, valves, and great vessels from multiple imaging planes and then uses the information to completely define any recognized abnormalities. This study must include appropriate Doppler interrogation of all cardiac valves and structures (e.g., pulmonary veins and atrial appendage) and provide hemodynamic data felt to be of importance for patient care." (3)

The IAC standards additionally state:

> "elements of study quality include, but are not limited to demonstration of cardiac structure and function, evaluation of atrial and ventricular septal integrity, evaluation of left atria and left atrial appendage, evaluation of ascending aorta, descending aorta and aortic arch, delineation of the details of valvular anatomy, optimal recording and evaluation of spectral and color flow Doppler, adherence to the facility specific and appropriate protocol (except for sequence), and imaging of at least one right and one left pulmonary vein with Doppler when appropriate" (3).

More recently the American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists issued a document title "Guidelines for Performing a Comprehensive Transesophageal Echocardiographic Examination" (4). This document supersedes an earlier guidance document published in 1999 (5), and states in part that:

> "With the development of technology and expansion of indications for TEE, the views necessary to perform a comprehensive examination have expanded. A comprehensive examination can still be performed using three primary positions within the gastrointestinal tract. *An additional eight views have been added* (our emphasis) to the prior comprehensive transesophageal echocardiographic images to include multiple LAX and SAX views of all four valves, all four cardiac chambers and the great vessels."

We believe that the lack of any standard examination criteria at the time of the initial RUC valuation, and the presence of these current very rigorous criteria, clearly demonstrate a significant change in required technique, and meet the RUC definition of compelling evidence.

2. **Change in Knowledge/Technology:**

Transesophageal echocardiography achieved widespread clinical adoption in the 1980s. Originally, only single plane (and then subsequently biplane) transducers were available. Using these early transducers (available at the time of the original RUC valuation in 1994), only limited views were available, and examination length was significantly truncated. At present, all TEE imaging is performed with multiplane transducers which allows much more detailed, definitive, and time consuming examinations (multiplane transducers are mandated by current IAC and professional society standards) (3,4). A Pub Med search reveals only 21 scientific papers published prior to 1994 using the search terms "transesophageal echocardiography" AND "multiplane". During the period of the initial RUC review, multiplane transesophageal echocardiography was clearly new technology, and not yet routinely available for clinical practice as evidenced by a several studies published in 1995 and 1996 (6-10). We believe this significant change in technology clearly meets the RUC definition of compelling evidence.

3. **Change in Physician Time:**

The initial RUC valuation for 93312 included a total procedural time of 43 minutes. The IAC Standards and Guidelines for Adult Echocardiography Accreditation indicate that:

> "sufficient time must be allotted for each study according to the procedure type. The

procedure time allotted for an uncomplicated, complete study (outside of the OR) is estimated to be 45 to 60 minutes, with an additional 15 to 30 minutes for complicated studies from patient encounter to departure. Sufficient time must be included in the scheduling process for adequate post-sedation monitoring" (3).

Thus, according to the IAC standards, the typical TEE examination significantly exceeds the previous RUC estimation for total procedural time. We believe this significant change in physician procedural time meets the RUC definition of compelling evidence. It also aligns with the survey data.

4. **Change in Knowledge:**

Prior to the original RUC review and valuation in 1994, there were few published studies which evaluated TEE safety. The IAC standards now allow that "TEE is an invasive examination" (3), and recent published reports estimate the risk of death secondary to TEE complications at 1:10,000, with the risk of major complications estimated at 0.2% to 0.5% (12). Unlike upper endoscopy (which uses fiber optic direct visualization during esophageal intubation), esophageal intubation is performed without direct visual guidance. Patients with underlying esophageal pathology are predisposed to serious esophageal injury including esophageal rupture. Careful attention to the patient's medical history and deferral of TEE in patients with a history of dysphasia, or other known upper gastrointestinal tract pathology is mandatory. The list of absolute and relative contraindications to TEE include perforated viscus, esophageal stricture, esophageal tumor, esophageal perforation or laceration, esophageal diverticulum, active upper GI bleed, history of radiation to neck and mediastinum, history of GI surgery, recent upper GI bleed, Barrett's esophagus, history of dysphagia, restriction of neck mobility, symptomatic hiatal hernia, esophageal varices, coagulopapthy or thrombocytopenia, active esophagitis and active peptic ulcer disease (9). Review of the medical history and medical decision making related to proceeding with or deferring the examination adds significantly to the pre-procedural time and intensity, and physician psychological stress during the whole of the procedure. Despite best efforts, esophageal injury occasionally occurs in patients with no previously recognized upper gastrointestinal pathology. We believe this change in knowledge regarding patient safety, and the additional time and intensity necessary to mitigate potential procedural risk, clearly meets the RUC definition of compelling evidence.

References

1. Intersocietal Commission for the Accreditation of Echocardiography Laboratories 1997 Standards—Adult Echocardiography.
2. Personal Communication. Beverly Gorman, Director of Accreditation-Echocardiography, Intersocietal Accreditation Commission (IAC).
3. IAC Standards and Guidelines for Adult Echocardiography Accreditation. Available at: http://www.intersocietal.org/echo/standards/IACAdultEchocardiographyStandardsJuly2013.pdf accessed March 21st 2014
4. Hahn RT, Abraham T, Adams MS et al. Guidelines for performing a comprehensive transesophageal echocardiographic examination: recommendations from the American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists. *J Am Soc Echocardiogr* 2013:;26:921-964.
5. Shanewise JS, Cheung AT, Aronson S, Stewart WJ, Weiss RL, Mark JB, et al. ASE/SCA guidelines for performing a comprehensive intraoperative transesophageal echocardiography examination: recommendations of the American Society of Echocardiography Council for Intraoperative Echocardiography and the Society of Cardiovascular Anesthesiologists Task Force for Certification in Perioperative Transesophageal Echocardiography. *Anest Analg* 1999;89:870-874.
6. Roelandt JR, Thomson IR, Vletter WB, Brommersma P, Bom N, Linker DT. Multiplane transesophageal echocardiography: latest evolution in an imaging revolution. *J Am Soc Echocardiogr* 1992;5:361-367.
7. Yvorchuk KY, Sochowski RA, Chan KL. A prospective examination of the multiplane probe with the biplane probe in structure visualization and Doppler examination during tranesophageal echocardiography. *J Am Soc Echocardiogr* 1995;8:111-120.

8. Pepi M, Barbier P, Doria E, Bortone F, Tamborini G. Intraoperative multiplane vs. biplane transesophageal echocardiography for the assessment of cardiac surgery. *Chest* 1996;109:305-311.
9. Tardif JC, Vannan MA, Pandian NG. Biplane and multiplane transesophageal echocardiography: methodology and echo-anatomic correlations. *Am J Cardiol* 1995:9;87-99.
10. Job FP, Franke S, Lethen H, Flachskampf FA, Hanrath P. Incremental value of biplane and multiplane transesophageal echocardiography for the assessment of active infective endocarditis. *Am J Cardiol* 1995;75:1033-1037.
11. Hilberath JN, Oakes DA, Shernan SK, Bulwer BE, D'Ambra MN, Eltzschig HK. Safety of transesophageal echocardiography. *J Am Soc Echocardiogr* 2010;23:1115-1127.

In light of the robust survey and changes we discussed in our compelling evidence section, we recommend the median survey work RVU of 3.40 with median survey times of 15 minutes preservice, 30 minutes intraservice, and 15 minutes postservice. We note that this aligns well with additional comparators 57461 (colposcopy) and 43250 (transoral esophogoscophy with tumor removal) as presented in the summary spreadsheet.

Finally, the RUC will see a relationship between this code and the two codes that divide the work of placing the probe from the acquisition/interpretation services. The sum of those services (93313, 93314) is higher than the recommended value for the complete service (93312). We believe this reasonably accounts for any redundancy that occurs when the two aspects are performed by the same physician. This relationship will hold true for the similar congenital codes, 93315, 93316, and 93317.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Add-on codes for doppler (93320) or color flow (93325) are often reported with TEE with work values of 0.38 and 0.07 respectively.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93312

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology	How often? Commonly
Specialty anesthesia	How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 513448
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double 2012 Medicare utiliation

Specialty cardiology Frequency 390000 Percentage 75.95 %

Specialty anesthesia Frequency 104000 Percentage 20.25 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 256,724 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 195000 Percentage 75.95 %

Specialty anesthesia Frequency 52000 Percentage 20.25 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93312

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93313 Tracking Number NN2 Original Specialty Recommended RVU: **1.00**

Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor: Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78 year old man presents with new onset atrial fibrillation, and TEE directed direct current cardioversion is planned. Due to a history of obstructive sleep apnea and airway obstruction, the cardiologist requests an anesthesiologist place the transesophageal echo probe for the procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 66%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 18%

Description of Pre-Service Work: A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography. The upper airway is assessed and a history of dysphagia and esophageal pathology is excluded.

Description of Intra-Service Work: The oral pharynx is anesthetized with a topical solution. Intravenous access is established, and the patient is administered conscious sedation as required. Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored. The anesthesiologist intubates the esophagus and advances the transducer to the stomach.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD				
Specialty(s):	ACC, ASE, ASA				
CPT Code:	93313				
Sample Size:	1121	**Resp N:**	38	**Response:** 3.3 %	
Description of Sample:	Mix of responses from random (940) and targeted (181) pools				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.25	**8.00**	18.75	180.00
Survey RVW:	0.22	0.51	**1.00**	2.50	6.00
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	6.00	**10.00**	20.00	300.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93313	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
23350	000	1.00	**RUC Time**	34,958

CPT Descriptor 1 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,203

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 5 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 93313**	**Key Reference CPT Code:** 99213	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	10.00	15.00	
Median Immediate Post-service Time	0.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**15.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.60	2.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.20	2.60
Urgency of medical decision making	2.60	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.20
Physical effort required	3.00	2.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.00	2.80
Outcome depends on the skill and judgment of physician	3.00	2.80
Estimated risk of malpractice suit with poor outcome	2.60	2.20

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.40	2.20

Intra-Service intensity/complexity	2.40	2.80
Post-Service intensity/complexity	2.40	2.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93313 describes the work of placing a TEE probe by a physician who does not acquire/interpret the images. This occurs about 10% of the time in the Medicare population. It was surveyed by the targeted survey pool and a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey was completed by physicians familiar with the service.

As you can see in the summary spreadsheet, three different codes were selected equally as a key reference. The intensity/complexity data above was calculated for 99213 that most closely approximates the time and work RVU recommendations of the survey respondents. Respondents who selected the key reference service felt 93313 was more intense/complex in most aspects.

In accordance with the survey data and the compelling evidence argument made for the family, we recommend the median survey work RVU of 1.00 with median survey times of 12 minutes preservice and 10 minutes intraservice, but recommend no postservice time since the acquiring/interpreting physician completes the procedure and removes the probe. We note that this aligns well with additional comparators 99213 and 78582 (pulmonary ventilation) as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. In the minority of TEEs where one physician places the probe and a second physician acquires the images and interprets the results, the first physician would report 93313 and the second would report 93314.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93313

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty anesthesia How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 45384
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double 2012 Medicare utiliation

Specialty cardiology Frequency 800 Percentage 1.76 %

Specialty anesthesia Frequency 44000 Percentage 96.95 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22,692 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 400 Percentage 1.76 %

Specialty anesthesia Frequency 22000 Percentage 96.95 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93313

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93314 Tracking Number NN3 Original Specialty Recommended RVU: **2.80**

Presented Recommended RVU: **2.80**
Global Period: XXX RUC Recommended RVU: **2.80**

CPT Descriptor: Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78 year old man presents with new onset atrial fibrillation, and TEE directed direct current cardioversion is planned. Due to a history of upper airway issues, an anesthesiologist places the transesophageal probe. TEE imaging, probe manipulation, image interpretation and reporting is performed by the cardiologist.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 57%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work: The physician reviews the request for the TEE, as well as previous clinical data, laboratory results, and echocardiographic images and reports. A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography. The upper airway is assessed, and a history of dysphagia and esophageal pathology is excluded.

Description of Intra-Service Work: Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored. Digital images are acquired for subsequent transfer and archival storage. Transgastric left ventricular imaging is performed at 0 degrees (short axis view), 90 degrees (two chamber view) and 120 degrees (long axis view). Inferior vena cava size and responsiveness is assessed. The transducer is withdrawn to the mid-esophagus. The left ventricle is again imaged in the 4-chamber view (0-30 degrees), 2-chamber view (90 degrees), and long axis view (120-140 degrees). The cardiac valves are next interrogated with 2D imaging, color Doppler, and spectral Doppler, including the tricuspid valve (multiple views from 0-30 degrees), the mitral valve (multiple views from 0-140 degrees), the aortic valve (long axis at 120 degrees and short axis at 45 degrees), and pulmonic valve (60 degrees). Additional cardiac and great vessel structures are next imaged including the ascending aorta (multiple views from 80-120 degrees), the proximal pulmonary artery to the bifurcation (0 degrees, high transesophageal view), the left atrial appendage (multiple views from 0 to 150 degrees, including pulsed Doppler assessment of emptying velocities), the atrial septum (including color Doppler interrogation and 2D imaging with an intravenous injection of agitated saline to exclude patent foramen ovale), the pericardial space (to exclude pericardial effusion), the inferior and superior vena cava, the descending thoracic aorta and aortic arch, and the pulmonary veins (2D, spectral Doppler and color Doppler flow). Upon completion of image acquisition, the transesophageal probe is withdrawn.

Description of Post-Service Work: After the procedure, the patient is monitored (blood pressure, heart rate, respirations, arterial oxygen saturation) to ensure complete recovery from conscious sedation. Medication reconciliation is performed. The physician explains the test results to the patient and family members. Following image transfer, the physician reviews the images and compares them with the most recent prior examination. A complete report is prepared. Findings are communicated with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD				
Specialty(s):	ACC, ASE, ASA				
CPT Code:	93314				
Sample Size:	1121	**Resp N:**	54	**Response:** 4.8 %	
Description of Sample:	Mix of responses from random (940) and targeted (181) pools				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	47.50	500.00
Survey RVW:	1.00	2.10	**2.80**	3.60	6.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	40.00	300.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93314	**Recommended Physician Work RVU: 2.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99306	XXX	3.06	**RUC Time**	1,293,611

CPT Descriptor 1 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99326	XXX	2.63	**RUC Time**	46,253

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93314**	**Key Reference CPT Code:** 99205	**Source of Time RUC Time**
Median Pre-Service Time	15.00	7.00	
Median Intra-Service Time	30.00	45.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**60.00**	**67.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.13	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.75
Urgency of medical decision making	3.75	2.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	2.63
Physical effort required	3.75	2.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	2.38
Outcome depends on the skill and judgment of physician	4.63	3.38
Estimated risk of malpractice suit with poor outcome	4.13	2.75

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.88	2.63
Intra-Service intensity/complexity	4.13	3.50
Post-Service intensity/complexity	2.75	2.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93314 describes the work of acquiring/interpreting images separate from probe placement by a different physician. It was surveyed by the targeted survey pool and a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey was completed by physicians familiar with the service.

As you can see in the summary spreadsheet, two different codes were selected equally as a key reference. The intensity/complexity data above was calculated for 99205 that most closely approximates the time and work RVU recommendations of the survey respondents. Respondents who selected the key reference service felt 93314 was more intense/complex in most aspects.

In accordance with the survey data and the compelling evidence argument made for the family, we recommend the median survey work RVU of 2.80 with median survey times of 15 minutes preservice, 30 minutes intraservice, and 15 minutes postservice. While these times are identical to those of the complete service, 93312, we believe they are appropriate as respondents would typically still be in the room for the duration after initially failing to pass the probe themselves. We note that this aligns well with additional comparators 43249 (esophagogastroduodenoscopy) and 12007 (superficial wound repair) as presented in the summary spreadsheet. These codes bracket our recommendations for intraservice time, total time, and work RVU.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code

in your scenario. In the minority of TEEs where one physician places the probe and a second physician acquires the images and interprets the results, the first physician would report 93313 and the second would report 93314.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93314

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty anesthesia How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 46316
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double 2012 Medicare utiliation

Specialty cardiology Frequency 28000 Percentage 60.45 %

Specialty anesthesia Frequency 3000 Percentage 6.47 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,158 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 14000 Percentage 60.45 %

Specialty anesthesia Frequency 1500 Percentage 6.47 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93314

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93315 Tracking Number NN4 Original Specialty Recommended RVU: **3.55**

Presented Recommended RVU: **3.55**
Global Period: XXX RUC Recommended RVU: **3.29**

CPT Descriptor: Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35 year old woman presents with exertional dyspnea and a systolic murmur. Transthoracic echocardiography reveals moderate dilatation of the right heart with color Doppler evidence for a secundum type atrial septal defect. Transesophageal echocardiography is performed to assess size, location, and suitability for percutaneous closure of the atrial septal defect, and to exclude associated pathology.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 74%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: The physician reviews the request for the TEE, as well as previous clinical data, laboratory results, and echocardiographic images and reports. A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography. The upper airway is assessed, and a history of dysphagia and esophageal pathology is excluded.

Description of Intra-Service Work: The oral pharynx is anesthetized with a topical solution. Intravenous access is established, and the patient is administered conscious sedation as required. Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored throughout the procedure. The physician intubates the esophagus and advances the transducer to the stomach. Digital images are acquired for subsequent transfer and archival storage. Transgastric left ventricular imaging is performed at 0 degrees (short axis view), 90 degrees (two chamber view) and 120 degrees (long axis view). Inferior vena cava size and responsiveness is assessed. The transducer is withdrawn to the mid-esophagus. The left ventricle is again imaged in the 4-chamber view (0-30 degrees), 2-chamber view (90 degrees), and long axis view (120-140 degrees). The cardiac valves are next interrogated with 2D imaging, color Doppler, and spectral Doppler, including the tricuspid valve (multiple views from 0-30 degrees), the mitral valve (multiple views from 0-140 degrees), the aortic valve (long axis at 120 degrees and short axis at 45 degrees), and pulmonic valve (60 degrees). Additional cardiac and great vessel structures are next imaged including the ascending aorta (multiple views from 80-120 degrees), the proximal pulmonary artery to the bifurcation (0 degrees, high transesophageal view), the left atrial appendage (multiple views from 0 to 150 degrees, including pulsed Doppler assessment of emptying velocities), the atrial septum (including color Doppler interrogation and 2D imaging with an intravenous injection of agitated saline to

exclude patent foramen ovale), the pericardial space (to exclude pericardial effusion), the inferior and superior vena cava, the descending thoracic aorta and aortic arch, and the pulmonary veins (2d, spectral Doppler and color Doppler flow). Upon completion of image acquisition, the transesophageal probe is withdrawn.

Description of Post-Service Work: After the procedure, the patient is monitored (blood pressure, heart rate, respirations, arterial oxygen saturation) to ensure complete recovery from conscious sedation. Medication reconciliation is performed. The physician explains the test results to the patient and family members. Following image transfer, the physician reviews the images and compares them with the most recent prior examination. A complete report is prepared. Findings are communicated with the referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD		
Specialty(s):	ACC, ASE, ASA		
CPT Code:	93315		
Sample Size:	973	**Resp N:** 42	**Response:** 4.3 %
Description of Sample:	Random from ACC, ASE, and ASA		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**12.50**	43.75	300.00
Survey RVW:	1.50	2.41	**3.29**	4.00	10.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**40.00**	50.00	15.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93315	**Recommended Physician Work RVU: 3.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99344	XXX	3.38	**RUC Time**	71,877

CPT Descriptor 1 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 45.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 93315**	**Key Reference CPT Code:** 99205	**Source of Time RUC Time**
Median Pre-Service Time	15.00	7.00	
Median Intra-Service Time	40.00	45.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**70.00**	**67.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.53	3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.42	4.26
Urgency of medical decision making	4.53	3.79
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.79	3.42
Physical effort required	4.11	2.84
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.16	2.79
Outcome depends on the skill and judgment of physician	4.58	3.79
Estimated risk of malpractice suit with poor outcome	4.37	3.68

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.89	3.00
Intra-Service intensity/complexity	4.68	4.05
Post-Service intensity/complexity	3.47	3.37

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93315 is a parallel TEE code to 93312. It describes the work of placing the probe, acquiring/interpreting images, interpreting the results, and creating a report, but in a congenital patient. It was surveyed by a second random pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey was completed by physicians familiar with the service. We have broken out responses to all the codes by targeted recipients, random recipients, and combined data. All recommendations are based on the combined data.

The key reference service is 99205, a level-5 new patient encounter. Respondents who selected the key reference service felt 93315 was more intense/complex in all aspects, though only modestly so in some cases. The key reference service was selected by 45% of respondents.

We also note that this aligns well with additional comparators 95978 (analysis of implanted neurostimulator system) and 12018 (repair of superficial wounds) as presented in the summary spreadsheet.

Finally the RUC will see a relationship between this code and the two codes that divide the work of placing the probe from the acquisition/interpretation services. The sum of those services (93316, 93317) is higher than the recommended value for the complete service (93315). We believe this reasonably accounts for any redundancy that occurs when the two aspects are performed by the same physician. This is the same relationship we highlighted earlier for diagnostic TEE services 93312, 93313, and 93314.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Add-on codes for doppler (93320) or color flow (93325) are often reported with TEE with work values of 0.38 and 0.07 respectively.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93315

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty anesthesia How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate four times of 2012 Medicare utiliation.

Specialty cardiology Frequency 0 Percentage 0.00 %

Specialty anesthesia Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,252
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 1800 Percentage 79.92 %

Specialty anesthesia Frequency 200 Percentage 8.88 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93315

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93316 Tracking Number NN5 Original Specialty Recommended RVU: **1.50**

Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 14 year old girl presents for open heart operative patch closure of a large secundum type atrial septal defect. A TEE is planned following induction of general anesthesia to better assess the size and location of the atrial septal defect, and to exclude associated pathology, including partial anomalous pulmonary venous return. Probe placement is performed by the cardiac anesthesiologist.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 65%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 12%

Description of Pre-Service Work: The anesthesiologist reviews the medical record and interviews the patient to exclude history of dysphagia or esophageal pathology.

Description of Intra-Service Work: The oral pharynx is anesthetized with a topical solution. Intravenous access is established, and the patient is administered conscious sedation as required. Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored. The anesthesiologist intubates the esophagus and advances the transducer to the stomach.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD		
Specialty(s):	ACC, ASE, ASA		
CPT Code:	93316		
Sample Size:	973	**Resp N:** 17	**Response:** 1.7 %
Description of Sample:	Random from ACC, ASE, and ASA		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	30.00	300.00
Survey RVW:	0.17	0.85	**1.50**	2.00	6.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93316	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93351	XXX	1.75	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	100,642

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	84,456,394

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 2 **% of respondents:** 11.7 **%**

TIME ESTIMATES (Median)	CPT Code: 93316	Key Reference CPT Code: 93351	Source of Time RUC Time
Median Pre-Service Time	15.00	5.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**40.00**	**35.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.00	3.00
Urgency of medical decision making	2.50	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.50
Physical effort required	3.00	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	2.50
Outcome depends on the skill and judgment of physician	4.00	2.50
Estimated risk of malpractice suit with poor outcome	4.50	3.50

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	2.00
Intra-Service intensity/complexity	2.00	4.00

Post-Service intensity/complexity	1.50	2.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93316 describes the work of placing a TEE probe for a congenital TEE by a physician who does not acquire/interpret the images. It was surveyed by a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. It was difficult to obtain complete surveys for this uncommon service. In 2012 it was provided 177 times in the Medicare population. In 2009 it was performed 509 times in the Medicaid population. However, we believe useful conclusions can still be drawn.

As you can see in the summary spreadsheet, six different codes were selected equally as a key reference by 2 resondents. The intensity/complexity data above was calculated for 93351 that most closely approximates the time and work RVU recommendations of the survey respondents. Respondents who selected the key reference service felt 93316 was comparable to 93351, more intense/complex in some aspects and less in others.

In accordance with the survey data and the compelling evidence argument made for the family, we recommend the median survey work RVU of 1.50 with median survey times of 15 minutes preservice and 20 minutes intraservice, but recommend no postservice time since the acquiring/interpreting physician completes the procedure and removes the probe. We note that this aligns well with additional comparators 93350 (stress TTE) and 95861 (2-extrmity needle EMG) as presented in the summary spreadsheet. These codes bracket our recommendations for intraservice time, total time, and work RVU.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. In the minority of congenital TEEs where one physician places the probe and a second physician acquires the images and interprets the results, the first physician would report 93316 and the second would report 93317.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93316

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty anesthesia How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Multiple X of 2012 Medicare utiliation

Specialty cardiology Frequency 0 Percentage 0.00 %

Specialty anesthesia Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 177
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 15 Percentage 8.47 %

Specialty anesthesia Frequency 150 Percentage 84.74 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93316

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93317 Tracking Number NN6 Original Specialty Recommended RVU: **3.00**

Presented Recommended RVU: **3.00**
Global Period: XXX RUC Recommended RVU: **3.00**

CPT Descriptor: Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 14 year old girl presents for open heart operative patch closure of a large secundum type atrial septal defect. A TEE is planned following induction of general anesthesia to better assess the size and location of the atrial septal defect, and to exclude associated pathology, including partial anomalous pulmonary venous return. Probe placement is performed by the cardiac anesthesiologist. TEE is subsequently performed by the cardiologist.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 55%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: The physician reviews the request for the TEE, as well as previous clinical data, laboratory results, and echocardiographic images and reports. A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography.

Description of Intra-Service Work: Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored. Digital images are acquired for subsequent transfer and archival storage. Transgastric left ventricular imaging is performed at 0 degrees (short axis view), 90 degrees (two chamber view) and 120 degrees (long axis view). Inferior vena cava size and responsiveness is assessed. The transducer is withdrawn to the mid-esophagus. The left ventricle is again imaged in the 4-chamber view (0-30 degrees), 2-chamber view (90 degrees), and long axis view (120-140 degrees). The cardiac valves are next interrogated with 2D imaging, color Doppler, and spectral Doppler, including the tricuspid valve (multiple views from 0-30 degrees), the mitral valve (multiple views from 0-140 degrees), the aortic valve (long axis at 120 degrees and short axis at 45 degrees), and pulmonic valve (60 degrees). Additional cardiac and great vessel structures are next imaged including the ascending aorta (multiple views from 80-120 degrees), the proximal pulmonary artery to the bifurcation (0 degrees, high transesophageal view), the left atrial appendage (multiple views from 0 to 150 degrees, including pulsed Doppler assessment of emptying velocities), the atrial septum (including color Doppler interrogation and 2D imaging with an intravenous injection of agitated saline to exclude patent foramen ovale), the pericardial space (to exclude pericardial effusion), the inferior and superior vena cava, the descending thoracic aorta and aortic arch, and the pulmonary veins (2d, spectral Doppler and color Doppler flow). Upon completion of image acquisition, the transesophageal probe is withdrawn.

Description of Post-Service Work: The physician explains the test results to the patient and family members. Following image transfer, the physician reviews the images and compares them with the most recent prior examination. A complete report is prepared. Findings are communicated with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD		
Specialty(s):	ACC, ASE, ASA		
CPT Code:	93317		
Sample Size:	973	**Resp N:** 22	**Response:** 2.2 %
Description of Sample:	Random from ACC, ASE, and ASA		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.25	**10.00**	27.50	300.00
Survey RVW:	1.40	2.09	**3.00**	3.73	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	25.00	**30.00**	45.00	80.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93317	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93306	XXX	1.30	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99306	XXX	3.06	**RUC Time**	1,293,611

CPT Descriptor 1 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.17	**RUC Time**	9,038,900

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 31.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93317**	**Key Reference CPT Code:** 93306	**Source of Time RUC Time**
Median Pre-Service Time	15.00	5.00	
Median Intra-Service Time	30.00	20.00	
Median Immediate Post-service Time	15.00	6.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**60.00**	**31.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.57	4.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.29	3.86
Urgency of medical decision making	4.43	3.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.29	4.14
Physical effort required	3.43	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.43	2.43
Outcome depends on the skill and judgment of physician	4.71	4.29
Estimated risk of malpractice suit with poor outcome	4.29	3.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	2.14

Intra-Service intensity/complexity	4.43	3.86
Post-Service intensity/complexity	3.43	2.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93317 describes the work of acquiring/interpreting congenital TEE images separate from probe placement by a different physician. It was surveyed by a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. It was difficult to obtain complete surveys for this uncommon service. In 2012 it was provided 555 times in the Medicare population. In 2009 it was performed 2282 times in the Medicaid population. However, we believe useful conclusions can still be drawn.

The key reference service is 93306, a complete transthoracic echocardiography. Respondents who selected the key reference service felt 93317 was more intense/complex in all aspects. The key reference service was selected by 32% of respondents.

In accordance with the survey data and the compelling evidence argument made for the family, we recommend the median survey work RVU of 2.80 with median survey times of 15 minutes preservice, 30 minutes intraservice, and 15 minutes postservice. We note that this aligns well with additional comparators 52332 (cystourethroscopy) and 43250 (esophagogastroduodenoscopy) as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. In the minority of congenital TEEs where one physician places the probe and a second physician acquires the images and interprets the results, the first physician would report 93316 and the second would report 93317.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93317

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty anesthesia How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Multiple X of 2012 Medicare utiliation

Specialty cardiology Frequency 0 Percentage 0.00 %

Specialty anesthesia Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 555
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 190 Percentage 34.23 %

Specialty anesthesia Frequency 11 Percentage 1.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93317

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93318 Tracking Number NN7 Original Specialty Recommended RVU: **2.40**

Presented Recommended RVU: **2.40**
Global Period: XXX RUC Recommended RVU: **2.40**

CPT Descriptor: Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient under general anesthesia for a surgical operation or other intervention that is expected to produce or actually produces hemodynamic disturbances has a TEE probe inserted orally and advanced into the esophagus (essentially the same as for gastroscopy) to allow intra- and peri-operative echocardiographic monitoring

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 47%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: The physician checks the TEE console and probes for proper functioning.

Description of Intra-Service Work: The oral pharynx is anesthetized with a topical solution. Intravenous access is established, and the patient is administered conscious sedation as required. Vital signs including blood pressure, pulse rate, respiratory rate, pulse oximetry and end tidal CO2 are continuously monitored. The physician intubates the esophagus and advances the transducer to the stomach to begin the examination. The probe is connected to a TEE console and two-dimensional images of the heart, pericardium, great vessels, and other organs are obtained. For purposes of monitoring and immediate therapeutic intervention, heart chamber configuration and filling volume, atrial and ventricular contraction sequence and degree of contractility, cardiac valvular function, ventricular wall motion and thickening, external compression of the heart (eg, tamponade), and guidance to positioning of intravascular cannulae (eg, pulmonary artery catheter) and other devices (eg, intraaortic balloon pump) are assessed. This information is used to guide decisions about the need for altering intravascular volume (eg, administer a venodilator drug to reduce venous return and intracardiac blood volume; infuse fluids to increase ventricular filling) and/or the need for administration of particular types of drugs (eg, inotrope, vasodilator, coronary artery dilator). In contrast to central venous and pulmonary artery occlusion pressure monitoring and thermodilution cardiac output measurements, which provide indirect and global assessment of cardiac function, TEE images provide direct evaluation of cardiac structure and performance. TEE monitoring is performed continuously throughout the surgical operation or other intervention, as warranted. Unlike traditional echocardiography examination which focuses on a description of anatomic structure and cardiac function, the use of TEE for dynamic monitoring of cardiac function is not intended to provide specific anatomic details, pathologic diagnosis, or assessment of

the efficacy of the surgical correction (eg, anatomic and functional integrity of a prosthetic cardiac valve). Upon completion of image acquisition, the transesophageal probe is withdrawn.

Description of Post-Service Work: The console and probe are cleaned.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD				
Specialty(s):	ACC, ASE, ASA				
CPT Code:	93318				
Sample Size:	1121	**Resp N:**	55	**Response:** 4.9 %	
Description of Sample:	Mix of responses from random (940) and targeted (181) pools				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.50	**15.00**	50.00	250.00
Survey RVW:	0.75	2.40	**4.00**	4.50	9.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**60.00**	78.00	300.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93318	**Recommended Physician Work RVU: 2.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99291	XXX	4.50	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	8,814,533

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 32.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 93318**	**Key Reference CPT Code:** 99291	**Source of Time RUC Time**
Median Pre-Service Time	15.00	15.00	
Median Intra-Service Time	60.00	40.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**90.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.06	4.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.11	4.22
Urgency of medical decision making	4.44	4.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.39	3.56
Physical effort required	4.22	3.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.61
Outcome depends on the skill and judgment of physician	4.44	3.83
Estimated risk of malpractice suit with poor outcome	4.00	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.22	3.56
Intra-Service intensity/complexity	4.39	4.22

Post-Service intensity/complexity	3.28	3.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93318 describes the work to monitor hemodynamic disturbances of a patient under general anesthesia using TEE. It was surveyed by the targeted survey pool and a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey completed by physicians familiar with the service.

The key reference service is 99291, the first hour of care for a critical care patient. Respondents who selected the key reference service felt 93318 was about as intense/complex as the key reference service, with some comparators higher and others lower. The key reference service was selected by 33% of respondents. 11% each also selected 92961 for a planned cardioversion, 99223 for level 3 hospital care, and 93351 for stress transthoracic echocardiography.

In accordance with the survey data and the compelling evidence argument made for the family, we recommend the 25th-percentile survey work RVU of 2.40 with median survey times of 15 minutes preservice, 60 minutes intraservice, and 15 minutes postservice. We did not feel the survey times supported a recommendation at the median RVU of 4.00. We note that this aligns well with additional comparators 75635 (abdominal aorta CT angiography) and 95954 (EEG activation test) as presented in the summary spreadsheet. These codes bracket our recommendations for intraservice time, total time, and work RVU.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93318

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty anesthesia How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3850
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice 2012 Medicare utilization

Specialty cardiology Frequency 2400 Percentage 62.33 %

Specialty anesthesia Frequency 700 Percentage 18.18 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,925
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 1200 Percentage 62.33 %

Specialty anesthesia Frequency 350 Percentage 18.18 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93312

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93355 Tracking Number NN8 Original Specialty Recommended RVU: **4.66**
Presented Recommended RVU: **4.66**
Global Period: XXX RUC Recommended RVU: **4.66**

CPT Descriptor: Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation and report, including diagnostic transesophageal echocardiography, and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old woman with remote mantle irradiation for Hodgkin's lymphoma, and 2 previous coronary artery bypass graft operations, presents with severe symptomatic aortic stenosis. She is not a surgical aortic valve replacement candidate due to a porcelain aorta. She is referred for transcatheter aortic valve replacement via a transfemoral approach, with transesophageal echocardiographic guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 39%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work: The physician reviews the request for the TEE, as well as previous clinical data, laboratory results, and echocardiographic images and reports. A preliminary evaluation of the patient, including history and examination, is performed to determine the relative risks and benefits of transesophageal echocardiography. The upper airway is assessed, and a history of dysphagia and esophageal pathology is excluded.

Description of Intra-Service Work: Following initiation of general anesthesia, the TEE probe is placed (esophageal intubation) by the echocardiographer. The transducer is advanced to the esophagus. A complete diagnostic examination is performed. Digital images are acquired for subsequent transfer and archival storage. Transgastric left ventricular imaging is performed at 0 degrees (short axis view), 90 degrees (two chamber view) and 120 degrees (long axis view). Inferior vena cava size and responsiveness is assessed. The transducer is withdrawn to the mid-esophagus. The left ventricle is again imaged in the 4-chamber view (0-30 degrees), 2-chamber view (90 degrees), and long axis view (120-140 degrees). The cardiac valves are next interrogated with 2D imaging, color Doppler, and spectral Doppler, including the tricuspid valve (multiple views from 0-30 degrees), the mitral valve (multiple views from 0-140 degrees), the aortic valve (long axis at 120 degrees and short axis at 45 degrees), and pulmonic valve (60 degrees). Additional cardiac and great vessel structures are next imaged including the ascending aorta (multiple views from 80-120 degrees), the proximal pulmonary artery to the bifurcation (0 degrees, high transesophageal view), the left atrial appendage (multiple views from 0 to 150

degrees, including pulsed Doppler assessment of emptying velocities), the atrial septum (including color Doppler interrogation and 2D imaging with an intravenous injection of agitated saline to exclude patent foramen ovale), the pericardial space (to exclude pericardial effusion), the inferior and superior vena cava, the descending thoracic aorta and aortic arch, and the pulmonary veins (2D, spectral Doppler and color Doppler flow). In addition to standard complete diagnostic imaging as detailed above, repeated 2D and 3D measurements of the aortic annulus are performed to aid in proper valve size selection. To minimize risk of subsequent coronary occlusion, the annulus to coronary ostia distances are measured. The ascending aorta is assessed for protruding atheroma, which may increase risk of aortic injury during valve deployment, and mobile/protruding plaque is excluded in the aortic arch to help assess risk of peri-procedural stroke. Prior to balloon valvuloplasty, TEE is used to guide balloon position. During subsequent aortic valve deployment, TEE is used to confirm correct prosthetic valve positioning. Immediately following deployment, TEE is used to confirm adequate position and function, and to exclude complications including but not limited to: prosthesis misplacement, central or paravalvular aortic regurgitation, mitral regurgitation secondary to aortic prosthesis impingement on the anterior mitral leaflet or distortion of the subvalvular mitral apparatus by the delivery system, new left ventricular wall motion abnormalities (due to coronary occlusion), pericardial tamponade (due to cardiac rupture or perforation) or aortic root dissection, rupture, or hematoma.

Description of Post-Service Work: Following image transfer, the physician reviews the images and compares them with the most recent prior examination. A complete report is prepared. Findings are communicated with the structural heart procedural operators and other members of the care team.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Michael Main, MD; Mark Leib, MD; Richard Rosenquist, MD; Christopher Troianos, MD				
Specialty(s):	ACC, ASE, ASA				
CPT Code:	93355				
Sample Size:	1121	**Resp N:**	57	**Response:** 5.0 %	
Description of Sample:	Mix of responses from random (940) and targeted (181) pools				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**40.00**	69.00	200.00
Survey RVW:	1.46	4.00	**4.66**	6.40	23.44
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	60.00	**120.00**	140.00	300.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93355	**Recommended Physician Work RVU: 4.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**0.00**	**20.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99291	XXX	4.50	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90966	XXX	4.26	**RUC Time**	267,463

CPT Descriptor 1 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 42.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 93355**	**Key Reference CPT Code: 99291**	**Source of Time RUC Time**
Median Pre-Service Time	20.00	15.00	
Median Intra-Service Time	120.00	40.00	
Median Immediate Post-service Time	20.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**160.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.38	4.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.54	4.46
Urgency of medical decision making	4.71	4.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.88	3.58
Physical effort required	4.79	3.46
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	3.96
Outcome depends on the skill and judgment of physician	4.88	4.29
Estimated risk of malpractice suit with poor outcome	4.58	4.04

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.17	3.79
Intra-Service intensity/complexity	4.88	4.50

Post-Service intensity/complexity	3.88	3.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

93355 is a new code to describe the work of guiding another physician during placement and deployment of devices during transcatheter structural heart interventions, such as transcatheter aortic valve replacement or transcatheter mitral valve repair. It was surveyed by the targeted survey pool and a random survey pool. A joint RVS panel of ACC, ASE, and ASA members familiar with the service reviewed the survey data. The survey completed by physicians familiar with the service.

The key reference service is 99291, the first hour of care for a critical care patient. Respondents who selected the key reference service felt 93355 was more intense/complex in all aspects, though only modestly so in some cases. The key reference service was selected by 42% of respondents. Another 33% selected 92961 for a planned cardioversion.

In accordance with the survey data, we recommend the median survey work RVU of 4.66 with median survey times of 20 minutes preservice, 120 minutes intraservice, and 20 minutes postservice. We note that this aligns well with additional comparators 43213 (esophagoscopy) and 32609 (thoracoscopy) as presented in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93312

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty anesthesia How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is generally used to guide transcatheter structural heart interventions. Its utilization will grow with the diffusion of those technologies, such as aortic and mitral valve procedures. Most devices are currently placed in the Medicare population.

Specialty cardiology Frequency 26125 Percentage 95.00 %

Specialty anesthesia Frequency 1375 Percentage 5.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is generally used to guide transcatheter structural heart interventions. Its utilization will grow with the diffusion of those technologies, such as aortic and mitral valve procedures. Most devices are currently placed in the Medicare population.

Specialty cardiology Frequency 20000 Percentage 80.00 %

Specialty anesthesia Frequency 1250 Percentage 5.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93312

SS Rec Summary

12	**ISSUE:**	**Interventional Transesophageal Echocardiography**																		
13	**TAB:**	**25**																		
14						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**
15	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**POST**
16	REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	31	0.059			3.17			67	7					45			15
17	Targeted	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	5	0.059			3.17			67	7					45			15
18	Random	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	26	0.059			3.17			67	7					45			15
19	CURRENT	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		0.118			2.20			43	15					13			15
20	SVY	93312		131	0.091	1.00	2.25	3.40	4.00	10.00	60	15			10	25	30	45	300	15
21	Targeted	93312		24	0.105	1.50	3.11	3.83	4.13	9.50	60	15			10	30	30	41	80	15
22	Random	93312		107	0.084	1.00	2.20	3.20	4.00	10.00	60	15			10	25	30	45	300	15
23	REC	93312			0.084			3.18			60	15					30			15
24	2002	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix		0.099			3.43			58	15					28			15
25	2012	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		0.115			3.07			58	16	3	5			20			14
26																				
27						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**
28	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**POST**
29	REF	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	5	0.020			0.53			25	5					15			5
30	REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem	5	0.053			0.97			23	3					15			5
31	REF	92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	5	0.053			4.59			133	60					53			20
32	Targeted	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or	3	0.056			3.86			90	15					55			20
33	Random	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	4	0.020			0.53			25	5					15			5
34	CURRENT	93313	; placement of transesophageal probe only		0.038			0.95			25						25			
35	SVY	93313		38	0.062	0.22	0.51	1.00	2.50	6.00	27	12			0	6	10	20	300	5
36	Targeted	93313		13	0.055	0.30	0.80	1.00	3.80	4.00	30	15			1	10	10	25	45	5
37	Random	93313		25	0.066	0.22	0.50	1.00	2.50	6.00	25	10			0	5	10	20	300	5
38	REC	93313			0.089			1.00			15	5					10			
39	2006	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem		0.053			0.97			23	3					15			5
40	2011	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		0.061			1.07			27	5					12			10

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
41																				
42						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
43	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
44	REF	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history;	8	0.047			2.11			55	5					35			15
45	REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	8	0.059			3.17			67	7					45			15
46	Targeted	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	4	0.059			3.17			67	7					45			15
47	Random	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history;	6	0.047			2.11			55	5					35			15
48	CURRENT	93314	; image acquisition, interpretation and report only		0.050			1.25			25						25			
49	SVY	93314		54	0.071	1.00	2.10	2.80	3.60	6.50	60	15			0	20	30	40	300	15
50	Targeted	93314		23	0.083	1.00	2.05	2.75	3.56	6.50	55	15			0	20	25	35	60	15
51	Random	93314		31	0.078	1.20	2.11	3.00	3.78	6.00	60	15			10	20	30	43	300	15
52	REC	93314			0.071			2.80			60	15					30			15
53	2013	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		0.095			2.77			62	19	3	5			20			15
54	2010	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm		0.071			2.90			54	8	2	1			35			8
55																				
56						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
57	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
58	REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	19	0.059			3.17			67	7					45			15
59	CURRENT	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		0.051			2.78			54						54			
60	SVY	93315		42	0.065	1.50	2.41	3.29	4.00	10.00	70	15			10	30	40	50	90	15
61	REC	93315			0.065			3.29			70	15					40			15
62	2004	95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour		0.055			3.50			70	5					60			5
63	2010	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm		0.071			3.61			64	8	2	1			45			8

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
64																				
65						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
66	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
67	REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or	2	0.059			3.17			67	7					45			15
68	REF	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	2	0.071			1.75			35	5					20			10
69	REF	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	2	0.052			1.30			31.5	5					20			6.5
70	REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making	2	0.053			0.97			23	3					15			5
71	REF	93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	2	0.021			0.52			24	2					15			7
72	REF	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	2	0.030			0.17			6						5			1
73	CURRENT	93316	; placement of transesophageal probe only		0.029			0.95			33						33			
74	SVY	93316		17	0.053	0.17	0.85	1.50	2.00	6.50	40	15			5	10	20	30	60	5
75	REC	93316			0.069			1.50			25	5					20			
76	2008	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using		0.064			1.46			28	3					20			5
77	2012	95861	Needle electromyography; 2 extremities with or without related paraspinal areas		0.038			1.54			49	10					29			10
78																				
79						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
80	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
81	REF	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	7	0.052			1.30			31.5	5					20			6.5
82	CURRENT	93317	; image acquisition, interpretation and report only		0.038			1.83			48						48			
83	SVY	93317		22	0.078	1.40	2.09	3.00	3.73	8.00	60	15			0	25	30	45	80	15
84	REC	93317			0.078			3.00			60	15					30			15
85	2010	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		0.088			2.82			56	15	1	5			25			10
86	2013	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		0.115			3.07			58	16	3	5			20			14

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
87																				
88						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
89	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
90	REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	24	0.096			4.50			70	15					40			15
91	Targeted	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	14	0.096			4.50			70	15					40			15
92	Random	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	10	0.096			4.50			70	15					40			15
93	Random	92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	10	0.053			4.59			133	60					53			20
94	CURRENT	n/a			#DIV/0!						0									
95	SVY	93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation and report, including diagnostic transesophageal echocardiography, and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	57	0.031	1.46	4.00	4.66	6.40	23.44	160	20			10	60	120	140	300	20
96	Targeted	93355		27	0.034	3.00	4.50	5.00	7.25	12.50	160	20			15	83	120	145	180	20
97	Random	93355		30	0.042	1.46	3.63	4.55	5.88	23.44	125	20			10	60	90	120	300	15
98	REC	93355			0.031			4.66			160	20					120			20
99	2013	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)		0.079			4.73			101	33	3	5			45			15
100	2011	32609	Thoracoscopy; with biopsy(ies) of pleura		0.062			4.58			138	28	15	20			45			30
101																				
102						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
103	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
104	REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	18	0.096			4.50			70	15					40			15
105	Targeted	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	9	0.096			4.50			70	15					40			15
106	Random	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	9	0.096			4.50			70	15					40			15
107	CURRENT	93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		0.028			2.20			80						80			
108	SVY	93318		55	0.055	0.75	2.40	4.00	4.50	9.00	90	15			10	30	60	78	300	15
109	Targeted	93318		20	0.063	1.50	3.70	4.45	4.50	6.20	90	15			15	41	60	105	240	15
110	Random	93318		35	0.047	0.75	2.16	3.50	4.50	9.00	90	15			10	30	60	60	300	15
111	REC	93318			0.029			2.40			90	15					60			15
112	2001	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed,		0.041			2.40			70.5	10.5					45			15
113	1994	95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental		0.037			2.45			70	5					60			5
114																				
115																				
116																				

CPT Code: 93312, 93314
Specialty Society('s) ACC, ASA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The ACC and ASA utilized a consensus panel process to develop recommended inputs. This group was convened from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current codes.

   For codes previously priced in the office setting, the current PE times are shown, along with another crosswalk reference code for a similar service involving moderate sedation.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

   N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As discussed in the SORs, the service has changed significantly. We have updated the relevant clinical staff times accordingly and summed what we think are the appropriate line items to allocate equipment use.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA will complete pre-service diagnostic & referral forms, access prior images and revieew confirm order and exam protocol with physician and review questionnaire and prepare information for technologist and physician

Intra-Service Clinical Labor Activities:

Caridac Sonographer is operating running echo machine controls, preparing equipment prior to the study, transferring digital images and preparing preliminary report. booting up the machine, entering demographic data, administering topical anesthetic, applying ECG leads, then operating system controls (not probe manipulating) throughout exam. Then data transfer, probe transfer for cleaning, probe cleaning quality control, prelim report generation. The RN administers sedation, monitors vitals, recovers patient.

Post-Service Clinical Labor Activities:

The cardiac sonographer cleans the room and checks dressings & wound. Additionally the cardiac sonographer / home care instructions /coordinate prescriptions as required.

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**122**	**0**	**122**	**0**	**176**	**6**	**134**	**7**	**122**	**0**
7	**TOTAL RADIOLOGIC TECHNOLOGIST CLINICAL LABOR TIME**	L041A	Radiologic Technologist	**0**	**0**	**0**	**0**	**88**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9**	**0**	**6**	**0**	**15**	**3**	**9**	**0**	**6**	**0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	RN			**0**						**0**	
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L051A	Cardiac Sonographer			**0**						**0**	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**106**	**0**	**17**	**0**	**157**	**0**	**118**	**0**	**17**	**0**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN			**49**						**49**	
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L051A	Cardiac Sonographer			**34**						**34**	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**7**	**0**	**3**		**4**	**3**	**7**	**7**	**3**	**0**
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L051A	RN			**3**						**3**	
16	**TOTAL POST-SERV CLINICAL LABOR TIME**	L051A	Cardiac Sonographer			**10**						**10**	
17	**PRE-SERVICE**												
18	**Start: Following visit when decision for surgery or procedure made**												
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					2					
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA										
21	Schedule space and equipment in facility	L037D	RN/LPN/MTA						3				
22	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA										
23	Follow-up phone calls & prescriptions (call patient with instructions - NPO, meds, transport)*	L037D	RN/LPN/MTA	5		**2**		5		5		**2**	
24	Availability of prior images confirmed	L037D	RN/LPN/MTA	2		**2**		2		2		**2**	
25	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by cardiologist	L041A	Radiologic Technologist					6					
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by cardiologist	L037D	RN/LPN/MTA	2		**2**				2		**2**	
27													
28	*Other Clinical Activity - *specify:*												
29	**End: When patient enters office/facility for surgery/procedure**												
30	**SERVICE PERIOD**												
31	**Start: When patient enters office/facility for surgery/procedure:**												
32	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		**3**		3		3		**3**	
33	Obtain vital signs	L037D	RN/LPN/MTA	3		**3**		5		3		**3**	
34	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		**3**				5		**3**	
35	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		**2**		2		2		**2**	
36	Prepare and position patient/ monitor patient/ set up IV	L051A	RN	2		**2**				2		**2**	
37	INTRA SERVICE												
38	Sedate/apply anesthesia	L051A	RN			**2**						**2**	
39	Assist physician in performing procedure (acquire ultrasound data)	L041A	Radiologic Technologist					50					
40	Assist physician/moderate sedation (% of physician time)	L051A	RN	22		**30**		45		34		**30**	
41	Assist physician in performing procedure (acquire ultrasound data)	L050A	Cardiac Sonographer	22		**30**				22		**30**	
42	POST SERVICE												
43	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		**15**		15		15		**15**	
44	Clean Surgical Instrument Package - cleaning of probes	L050A	Cardiac Sonographer			**0**						**0**	
45	Review/read X-ray, lab, and pathology reports	L050A	Cardiac Sonographer	4		**0**		4		4		**0**	
46	Complete diagnostic forms, lab & X-ray requisitions	L041A	Radiologic Technologist					5					
47	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	5		**5**		5		5		**5**	
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	5		**0**				5		**0**	

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L041A	Radiologic Technologist					5					
50	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	Radiologic Technologist					5					
51	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050A	Cardiac Sonographer	5		**2**				5		**2**	
52	Process data: measure, record, preliminary findings	L041A	Radiologic Technologist					8					
53	Process data: measure, record, preliminary findings	L050A	Cardiac Sonographer	8		**0**				8		**0**	
54	Review Images with MD	L050A	Cardiac Sonographer			**2**						**2**	
55	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	Radiologic Technologist					5					
56	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Cardiologist work queue	L037D	RN/LPN/MTA	5		**1**				5		**1**	
57													
58	*Other Clinical Activity - *specify:*			n/a		**n/a**		n/a		n/a		**n/a**	

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
59	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		n/a		n/a		**n/a**	
60	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		n/a		n/a		**n/a**	
61	Dischrg mgmt (1.0 x 99239) (enter 15 min)												
62	**End: Patient leaves office**												
63	**POST-SERVICE Period**												
64	**Start: Patient leaves office/facility**												
65	Conduct phone calls/call in prescriptions												
66	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	4		**3**		4	3	4	4	**3**	
67	Clean Scope	L050A	Cardiac Sonographer			**10**						**10**	
68	Monitor pt. following service/check tubes, monitors, drains												
69	Complete diagnostic forms, lab & X-ray requisitions	L041A	Radiologic Technologist					4					
70	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	3		**3**				3	3	**3**	
71	***Office visits: List Number and Level of Office Visits***		16			**#visits**						**#visits**	
72	99211 16 minutes		27										
73	99212 27 minutes		36										
74	99213 36 minutes		53										
75	99214 53 minutes		63										
76	99215 63 minutes												
77	**Total Office Visit Time**												
78	*Other Clinical Activity - *specify:*												
79	**End: with last office visit before end of global period**												
80	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
81	pack, moderate sedation	SA044		1		1		1		1		1	
82	pack, minimum multi-specialty visit	SA048				1		1				1	
83	drape, non-sterile, sheet 40in x 60in	SB006		2		2		2		2		2	

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**122.0**	**0.0**	**133.0**	**0.0**	**176.0**	**6.0**	**134.0**	**7.0**	**153.0**	**0.0**
7	**TOTAL RN CLINICAL LABOR TIME**	L051A	RN	**54.0**	**0.0**	**57.0**	**0.0**	**65.0**	**0.0**	**66.0**	**0.0**	**67.0**	**0.0**
8	**TOTAL RN/LPN/MTA CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**13.0**	**0.0**	**10.0**	**0.0**	**23.0**	**6.0**	**13.0**	**7.0**	**10.0**	**0.0**
9	**TOTAL CARDIAC SONOGRAPHER CLINICAL LABOR TIME**	L051A	Cardiac Sonographer	**55.0**	**0.0**	**56.0**	**0.0**	**0.0**	**0.0**	**55.0**	**0.0**	**66.0**	**0.0**
10	**TOTAL RADIOLOGIC TECHNOLOGIST CLINICAL LABOR TIME**	L041A	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**88.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**9.0**	**0.0**	**6.0**	**0.0**	**15.0**	**3.0**	**9.0**	**0.0**	**6.0**	**0.0**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**106.0**	**0.0**	**121.0**	**0.0**	**157.0**	**0.0**	**118.0**	**0.0**	**141.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**7.0**	**0.0**	**6.0**		**4.0**	**3.0**	**7.0**	**7.0**	**6.0**	**0.0**
14	**PRE-SERVICE**												
15	**Start: Following visit when decision for surgery or procedure made**												
16	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					2					
17	Coordinate pre-surgery services	L037D	RN/LPN/MTA										
18	Schedule space and equipment in facility	L037D	RN/LPN/MTA						3				
19	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA										
20	Follow-up phone calls & prescriptions (call patient with instructions - NPO, meds, transport)*	L037D	RN/LPN/MTA	5		**2**		5		5		**2**	
21	Availability of prior images confirmed	L037D	RN/LPN/MTA	2		**2**		2		2		**2**	
22	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by cardiologist	L041A	Radiologic Technologist					6					
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by cardiologist	L050A	Cardiac Sonographer	2		**2**				2		**2**	
24													
25	*Other Clinical Activity - *specify:*												
26	**End: When patient enters office/facility for surgery/procedure**												
27	**SERVICE PERIOD**												
28	**Start: When patient enters office/facility for surgery/procedure:**												
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		**3**		3		3		**3**	
30	Obtain vital signs	L037D	RN/LPN/MTA	3		**3**		5		3		**3**	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		**3**				5		**3**	
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		**2**		2		2		**2**	
33	Prepare and position patient/ monitor patient/ set up IV	L051A	RN	2		**2**				2		**2**	
34	INTRA SERVICE												
35	Sedate/apply anesthesia	L051A	RN			**2**						**2**	
36	Assist physician in performing procedure (acquire ultrasound data)	L041A	Radiologic Technologist					50					
37	Assist physician/moderate sedation (% of physician time)	L051A	RN	22		**30**		45		34		**40**	
38	Assist physician in performing procedure (acquire ultrasound data)	L050A	Cardiac Sonographer	22		**30**				22		**40**	
39	POST SERVICE												
40	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		**15**		15		15		**15**	
41	Clean Surgical Instrument Package - cleaning of probes	L050A	Cardiac Sonographer			**10**						**10**	
42	Review/read X-ray, lab, and pathology reports	L050A	Cardiac Sonographer	4		**0**		4		4		**0**	
43	Complete diagnostic forms, lab & X-ray requisitions	L041A	Radiologic Technologist					5					
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	5		**5**		5		5		**5**	
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	5		**0**				5		**0**	
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L041A	Radiologic Technologist					5					
47	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	Radiologic Technologist					5					

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050A	Cardiac Sonographer	5		**5**				5		**5**	
49	Process data: measure, record, preliminary findings	L041A	Radiologic Technologist					8					
50	Process data: measure, record, preliminary findings	L050A	Cardiac Sonographer	8		**8**				8		**8**	
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	Radiologic Technologist					5					
52	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Cardiologist work queue	L037D	RN/LPN/MTA	5		**3**				5		**3**	
53													
54	*Other Clinical Activity - *specify:*			n/a		**n/a**		n/a		n/a		**n/a**	

	A	B	C	D	E	H	I	J	K	L	M	N	O
1				Reference Code		Recommendation		Reference Code		Reference Code		Recommendation	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93312**		**93312**		**36147**		**93314**		**93314**	
3	**Meeting Date: April 2014 Tab: , Transesophageal Echocardiography Specialty: Cardiology, Anesthsiology**	**CMS Code**	**Staff Type**	**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report**		**Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**		**Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		n/a		n/a		**n/a**	
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		n/a		n/a		**n/a**	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)												
58	**End: Patient leaves office**												
59	**POST-SERVICE Period**												
60	**Start: Patient leaves office/facility**												
61	Conduct phone calls/call in prescriptions												
62	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	4		**3**		4	3	4	4	**3**	
63	Clean Scope												
64	Monitor pt. following service/check tubes, monitors, drains												
65	Complete diagnostic forms, lab & X-ray requisitions	L041A	Radiologic Technologist					4					
66	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	3		**3**				3	3	**3**	
67	***Office visits: List Number and Level of Office Visits***		16			**#visits**						**#visits**	
68	99211 16 minutes		27										
69	99212 27 minutes		36										
70	99213 36 minutes		53										
71	99214 53 minutes		63										
72	99215 63 minutes												
73	**Total Office Visit Time**												
74	*Other Clinical Activity - *specify:*												
75	**End: with last office visit before end of global period**												
76	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
77	pack, moderate sedation	SA044		1		1		1		1		1	
78	pack, minimum multi-specialty visit	SA048				1		1				1	
79	drape, non-sterile, sheet 40in x 60in	SB006		2		2		2		2		2	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

Bioimpedance Spectroscopy-PE Only

In October 2013, the CPT Editorial Panel converted a Category III code to a Category I code to describe bioimpedance spectroscopy lymphedema assessment for extracellular fluid.

The RUC removed 3 minutes of time for follow-up phone calls and prescriptions from the pre-service period. The RUC also removed the equipment time for *computer, desktop, w-monitor* (ED021) and *printer, laser, paper* (ED032) because the equipment is not easily attributable to this service. **The RUC reviewed and approved the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Cardiovascular** **Noninvasive Physiologic Studies and Procedures**				
●93702	S1	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s) (For bioelectrical impedance analysis whole body composition, use 0358T) (For bioimpedance-derived physiological cardiovascular analysis, use 93701)	XXX	PE Input Recommendation Only

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Category III				
D0239T		~~Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs~~ (0239T has been deleted. To report, use 93702)	YYY	N/A

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AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

Global Period: XXX Meeting Date: January 2014

Facility inputs: N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

Global Period: XXX Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Breast surgeons familiar with the BIS assessment discussed staff, supply, and equipment requirements. The expert panel determined that this code would not typically be billed on the same day as an E/M service, but instead the patient would be scheduled on a separate date for the test. This can be the result of required insurance authorization or for scheduling of an available exam room (eg, on the surgeon's operative day).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: 93701 *Bioimpedance-derived physiologic cardiovascular analysis* represents a similar service that does not require physician work.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

n/a – all times are standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Contact patient the day before test to confirm testing time and remind patient to stay normally hydrated, no exercise or caffeine two hours prior to test, no alcohol 12 hours prior to test, and to arrive in clothes capable of exposing the arms and lower legs.

Intra-Service Clinical Labor Activities:

Clinical staff reviews physician order. The patient is greeted by clinical staff, who reviews the testing procedure with the patient. The patient is instructed to remove shoes and socks, watches, bracelets and anklets. The patient is positioned supine on a non-conductive exam table with feet shoulder width apart and hands by their sides. If necessary, a towel is placed between the patient's legs and between the arms and torso in order to prevent skin-to-skin contact. The patient demographic information is entered into the device. Dominant and at-risk limb information is also recorded. Anatomical landmarks for electrode placement are cleaned with an alcohol swab. An electrode is then placed at each of these anatomic locations. The patient then is instructed to lie quietly without movement for up to 10 minutes for fluid equilibration. Leads from the device are attached to the appropriate drive and sensor tab locations on the electrodes of one arm. After ensuring proper lead placement, a measurement of the right arm is made. A graphic representation of the reading is presented on the device, analyzed for its quality, and then either

accepted or rejected with a new measurement then performed. Once all measurements and assessments have been performed, analyzed, and accepted, the leads are then removed from the electrodes and re-positioned for measurements of the left arm. After ensuring proper lead placement, a measurement of the left arm is made. A graphic representation of the reading is presented on the device, analyzed for its quality, and then either accepted or rejected with a new measurement then performed. Once all measurements and assessments have been performed, analyzed, and accepted, the device calculates and stores the result based on the two accepted measurements. The leads are again removed from the electrodes and the electrodes are gently removed from the skin. The patient skin is cleansed. The sensors are disposed of and the leads and equipment are cleaned. Results are uploaded from the device into the analysis software and a report is generated for the medical record and physician review.

Post-Service Clinical Labor Activities:

n/a

	A	B	C	D	E	F	G
1				REF CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93701 04/2001**		**93702**	
3	**REVISED 1-30-14** **Meeting Date: January 2014** **Tab: 15 Bioimpedance Spectroscopy** **Specialty: ASBS**	**CMS Code**	**Staff Type**	Bioimpedance-derived physiologic cardiovascular analysis		Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**20**	**0**	**14**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**20**	**0**	**14**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
16	Follow-up phone calls & prescriptions					**0**	
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**5**		**2**	
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**		**2**	
32	**Post-Service**						
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**5**		**3**	
41	*Other Clinical Activity - *specify: Results are uploaded from the device into the analysis software and a report is generated and printed for physician review.*	L037D	RN/LPN/MTA			**0**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pillow case	SB037	item			**1**	
60	paper, exam table	SB036	foot			**7**	
61	towel, non-sterile	SB042	item			**2**	
62	electrode, BIS (bioimpedance spectroscopy)	SD290	item ($28.54 each)			**3**	
63	swab-pad, alcohol	SJ053	item	**4**		**3**	
64	paper, laser printing (each sheet)	SK057	item			**2**	
65	disinfectant spray (Transeptic)	SM012	ml			**1**	
66	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			**1**	
67	sensors, bioimpedance (4 pack uou)	SD116	item	**1**			
68							
69	**EQUIPMENT**	**CODE**					
70	table, exam	EF023		**20**		**11**	
71	BIS monitoring system (bioimpedance spectroscopy)	EQ359	$3,316.93			**11**	
72	cart, laboratory	EF004				**2**	
73	computer, desktop, w-monitor	ED021				**0**	
74	printer, laser, paper	ED032				**0**	
75	ICG monitoring system (impedance cardiography)	EQ030		**20**			

	A	B	C	D	E	F	G
1				REF CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93701 04/2001**		**93702**	
3	**REVISED 1-30-14** **Meeting Date: January 2014** **Tab: 15 Bioimpedance Spectroscopy** **Specialty: ASBS**	**CMS Code**	**Staff Type**	Bioimpedance-derived physiologic cardiovascular analysis		Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**20**	**0**	**16**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**20**	**0**	**16**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
16	Follow-up phone calls & prescriptions					**0**	
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**5**		**2**	
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**		**2**	
32	**Post-Service**						
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**5**		**3**	
41	*Other Clinical Activity - *specify: Results are uploaded from the device into the analysis software and a report is generated and printed for physician review.*	L037D	RN/LPN/MTA			**2**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pillow case	SB037	item			**1**	
60	paper, exam table	SB036	foot			**7**	
61	towel, non-sterile	SB042	item			**2**	
62	electrode, BIS (bioimpedance spectroscopy)	NEW	item ($28.54 each)			**3**	
63	swab-pad, alcohol	SJ053	item	**4**		**3**	
64	paper, laser printing (each sheet)	SK057	item			**2**	
65	disinfectant spray (Transeptic)	SM012	ml			**1**	
66	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			**1**	
67	sensors, bioimpedance (4 pack uou)	SD116	item	**1**			
68							
69	**EQUIPMENT**	**CODE**					
70	table, exam	EF023		**20**		**11**	
71	BIS monitoring system (bioimpedance spectroscopy)	NEW	$3,316.93			**11**	
72	cart, laboratory	EF004				**2**	
73	computer, desktop, w-monitor	ED021				**0**	
74	printer, laser, paper	ED032				**0**	
75	ICG monitoring system (impedance cardiography)	EQ030		**20**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Carotid Intima-Media Thickness Ultrasound

In February 2014, the CPT Editorial Panel created a new code to describe the work of using carotid ultrasound to measure atherosclerosis and quantify the intima-media thickness.

93895 ***Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral***
The RUC reviewed survey results from 47 cardiologists, neuroradiologists and radiologists. The RUC determined that the survey median of work RVU 0.55 appropriately accounts for the work required to perform this service. The RUC determined that the following physician time components of 5 minutes of pre-service, 10 minutes of intra-service and 5 minutes of post-service compare well with the key reference service CPT code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56; 4 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service), which is also on the MPC list. For additional support, the RUC referenced MPC code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.52; 2 minutes pre-service, 15 minutes intra-service, and 7 minutes post-service). As this service becomes more widespread, the RUC questioned what type of physicians would be providing this service, primary care or specialists, such as radiologists and cardiologists. The RUC determined that primary care physicians will be the primary providers of this service and requested that this service be re-reviewed in April 2015 with primary care societies also participating in the survey process and presentation. No primary care specialty declared a level of interest in the current survey. **The RUC recommends a work RVU of 0.55 as an interim value until April 2015 when this code will be reviewed with the participation of primary care physicians as primary providers of the service.**

New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs with minor modifications as accepted by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Medicine
Noninvasive Vascular Diagnostic Studies
Cerebrovascular Arterial Studies

A complete transcranial Doppler (TCD) study (93886) includes ultrasound evaluation of the right and left anterior circulation territories and the posterior circulation territory (to include vertebral arteries and basilar artery). In a limited TCD study (93888) there is ultrasound evaluation of two or fewer of these territories. For TCD, ultrasound evaluation is a reasonable and concerted attempt to identify arterial signals through an acoustic window.

Code 93895 includes the acquisition and storage of images of the common carotid arteries, carotid bulbs, and internal carotid arteries bilaterally with quantification of intima media thickness (common carotid artery mean and maximal values) and determination of presence of atherosclerotic plaque. When any of these elements are not obtained, use 0126T.

(93875 has been deleted)

93880 *Duplex scan of extracranial arteries; complete bilateral study*

(Do not report 93880 in conjunction with 93895 or 0126T ~~Category III code 0126T.~~)

93882 *unilateral or limited study*

(Do not report 93882 in conjunction with 93895 or 0126T ~~Category III code 0126T.~~)

93886 *Transcranial Doppler study of the intracranial arteries; complete study*

93888 *limited study*

93890 *vasoreactivity study*

93892 *emboli detection without intravenous microbubble injection*

93893 *emboli detection with intravenous microbubble injection*

(Do not report 93890-93893 in conjunction with 93888)

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●93895	OO1	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral (Do not report 93895 in conjunction with 93880, 93882, or 0126T)	XXX	0.55 (Interim Value)
Category III 0126T Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment (Do not report 0126T in conjunction with 93880, 93882, or 93895) (For bilateral quantitative carotid intima media thickness and carotid atheroma evaluation that includes all required elements use 93895)				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93895 Tracking Number OO1 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX RUC Recommended RVU: **0.55**

CPT Descriptor: Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female without symptoms of heart disease presents for evaluation of cardiovascular risk factors. The patient's father died from a myocardial infarction at age 50. She no longer smokes, adheres to a healthy diet and exercises infrequently. Body mass index is 32 kg/m2. Blood pressure is 133/82 mm Hg on an anti-hypertensive medication. Lipid profile shows a total cholesterol of 226 mg/dL, triglycerides 179 mg/dL, HDL-C 42 mg/dL, and LDL-C 148 mg/dL. Fasting glucose is 96 mg/dL. High-sensitivity C-reactive Protein is 1.8 gm/dL. The calculated 10-yr Framingham Risk Score is 6%. A CIMT/plaque survey is requested to refine the patient's cardiovascular risk assessment, and thereby assist the physician with decision making on the selection and intensity of risk reducing therapies.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: A clinical assessment of cardiovascular risk is performed, including standard cardiovascular risk factors, and evaluation of family history for coronary heart disease. Applicable medical records and prior imaging studies are reviewed. The clinical indication and appropriateness of imaging should be determined in the context of the medical order (evaluation and management).

The provider confirms the imaging protocol for the carotid atherosclerosis assessment with technical staff. Specifically, the performance of ultrasound imaging, carotid atherosclerosis, with detection of atheroma and image-based quantitation of carotid wall (intima-media; IMT) thickness of the bilateral carotid arteries.

Description of Intra-Service Work: Following image acquisition, the physician reviews all images of the bilateral carotid arteries, obtained from multiple views, and of multiple sites (far wall common carotid artery, bulb, and internal carotid artery) for image quality and study completeness. This should be performed as the first step of image analysis. Images include those for atherosclerosis survey, and CIMT quantitative assessment.

- Atherosclerosis Survey: The provider performs a detailed survey of obtained images for the presence or absence of focal atherosclerotic plaque, within an operational definition of 1.5X surrounding CIMT. Measure focal plaque dimensions, when present, to confirm area of interest meets definition of focal plaque. Expertise is required to avoid errors from image noise or artifact from acoustic shadowing.

- CIMT quantitation: The provider conducts a quantitative assessment of CIMT within the far wall of the distal common carotid artery within all images from the bilateral carotid arteries. The provider ensures proper identification of the distal portion of the common carotid artery for the assessment. Following identification of the carotid bulb, either manual, or semi-automatic (computer assisted with manual over-ride) methods may be utilized by the provider. Luminal – intimal, and media-adventitial borders are both traced over an appropriate length of the carotid wall (minimum 1cm). Expertise is required for manual interpolation of border delineation. Recorded values of wall thickness include the mean and maximum CIMT for both the right and left carotid arteries (averaged across all angles of insonation).
- The provider archives images detailing evaluation of atherosclerosis and quantitation of IMT and any technical annotations.
- The provider compares the CIMT for each individual patient to databases of population stratified by age, gender, and ethnicity, in addition to ensuring comparability of imaging methods used in the assessment. This may be performed in lookup tables provided by the American Society of Echocardiography.
- The provider determines a revised cardiovascular risk assessment for the patient by using computer-based risk calculators such as those provided by the Atherosclerosis Risk in Communities study. Data required include quantitative cardiovascular risk variables, CIMT, and the presence or absence of atherosclerotic plaque.

Description of Post-Service Work: • The physician creates a report for the medical record including details of the cardiovascular risk assessment. Maintain responsibility for HIPAA standards.

- Reviews and signs the final report for the medical record.
- Communicates results, clinical implications, and therapeutic modifications to the patient and referring physician as applicable.
- Provides availability and support to the referring physician for questions in test interpretation and implementation of results.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD; Zeke Silva, MD; Kurt Shoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	ACC, ACR, ASNR				
CPT Code:	93895				
Sample Size:	3915	**Resp N:**	47	**Response:** 1.2 %	
Description of Sample:	500 random ACC, all US members of Soc. of Atherosclerosis Imaging & Prevention (SAIP) (150), 750 random ACR, 2515 random ASNR				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**26.00**	100.00	400.00
Survey RVW:	0.16	0.50	**0.55**	0.75	7.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	7.00	**10.00**	15.00	50.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93895	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93224	XXX	0.52	**RUC Time**	483,378

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 93895**	**Key Reference CPT Code: 76536**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	4.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**20.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.10 / 3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.70 / 3.60
Urgency of medical decision making	2.80 / 2.90
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.70 / 3.60
Physical effort required	2.40 / 2.50
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.20 / 2.30
Outcome depends on the skill and judgment of physician	3.60 / 3.50
Estimated risk of malpractice suit with poor outcome	2.60 / 2.80

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.90	2.90
Intra-Service intensity/complexity	3.70	3.50

Post-Service intensity/complexity	3.20	3.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This is a new CPT Category I code to describe the work of using carotid ultrasound to measure atherosclerosis and quantify the intima-media thickness. A joint RVS panel of ACC, ACR, and ASNR physicians reviewed survey data. The survey was completed by physicians who have experience with the service. The key reference service is 76536, ultrasound of soft tissues of the neck and head. Respondents who selected the key reference service felt 76536 was roughly as intense/complex as the key reference service, with some measures slightly higher and others slightly lower. The times and RVUs for the surveyed code and the key reference code align well since respondents felt they are comparable in intensity/complexity. The largest discrepancy is in postservice time, as you can see on the summary spreadsheet.

The key reference service was selected by 21% of responders. Another 11% selected 76882 (limited nonvascular extremity ultrasound) as a reference. A wide distribution exists for the reference code selection. However, a cluster did exist around the codes that describe ultrasound/echocardiography services. 70% of respondents selected one of those eight codes. Considering that, as well as the fairly tight distribution in work RVU, we recommend the survey median of 0.55 work RVUs with survey median times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0126T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 220000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Correlation to 93882 from national data in Thompson/Reuters review.

Specialty cardiology	Frequency 44000	Percentage 20.00 %
Specialty radiology	Frequency 22000	Percentage 10.00 %
Specialty primary care	Frequency 110000	Percentage 50.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 90,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation of split from Thompson/Reuters review.

Specialty cardiology	Frequency 20000	Percentage 20.00 %
Specialty radiology	Frequency 10000	Percentage 10.00 %
Specialty primary care	Frequency 50000	Percentage 50.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Carotid Arteries

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93882

SS Rec Summary

ISSUE: Carotid Intima-Media Thickness Ultrasound

TAB: 26

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF-ACR	76882	Ultrasound, extremity, nonvascular, real-time with image documentation; li	2	0.024			0.49			21	5					11			5
REF-ASNR	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid	2	0.038			0.56			18	4					10			4
REF-ACC	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid	7	0.038			0.56			18	4					10			4
REF	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid	10	0.038			0.56			18	4					10			4
CURRENT	0126T	Common carotid intima-media thickness (IMT) study for evaluation of atheroscler		n/a			n/a			n/a									
SVY-ACR	93835	Quantitative carotid intima media thickness and carotid atheroma evaluatio	5	0.049	0.43	0.50	0.50	0.75	0.88	13	3			4	6	8	10	15	2
SVY-ASNR	93835	Quantitative carotid intima media thickness and carotid atheroma evaluatio	4	0.038	0.50	0.50	0.63	1.56	4.00	21	3			5	5	10	15	15	8
SVY-ACC	93835	Quantitative carotid intima media thickness and carotid atheroma evaluatio	38	0.018	0.16	0.50	0.55	0.65	7.00	27	5			0	10	12	15	50	10
SVY	93835	Quantitative carotid intima media thickness and carotid atheroma evaluatio	47	0.021	0.16	0.50	0.55	0.75	7.00	25	5			0	7	10	15	50	10
REC				0.033			0.55			20	5					10			5

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral. (Do not report 93895 in conjunction with 93880, 93882, or 0126T)

Global Period: xxx Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel comprised of representatives from the specialty societies convened to review the PE inputs for 93895. The panel included physicians from a variety of practice locales and settings.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 93308is a similar service with similar staff and equipment requirements.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms

Provide pre-service education/obtain consent

Availability of prior images confirmed

Enter patient information in electronic format for image labeling

Connect patient to ECG lead (as applicable)

The technician must perform safety steps under the Universal Protocol for proper patient identification and site of service.

Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by cardiologist

Intra-Service Clinical Labor Activities:

A technician conducts the imaging acquisition protocol. The patient is placed in the supine position with the head turned slightly away from the side of measurement. The operator may elect to perform imaging

from either a prespecified angle of insonation or multiple angles of insonation. An electrocardiogram or another method of diastolic gating is established so that intima-media thickness is acquired at end diastole, necessary for accurate quantitation. Images of the far wall of the right and left common carotid arteries are acquired. Images of the carotid bulb, and internal carotid artery, are obtained in a general survey for focal atherosclerotic plaque.

Post-Service Clinical Labor Activities:

Clean equipment

Remove paper

Replenish disposable supplies

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93308**		**93895**	
3	**Meeting Date: April 2014 Tab: 26 Specialty: ACC/ACR/ASNR**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		Carotid intima-media thickness measurement and plaque detection by ultrasound	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Techr	**46.0**	**0.0**	**33.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**3.0**	**0.0**	**2.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Techr	**37.0**	**0.0**	**31.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**6.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L054A	Vascular Techr	**3**			
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Availability of prior images confirmed	L054A	Vascular Technologist			**0**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	Vascular Technologist			**2**	
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Techr	**3**		**3**	
24	Obtain vital signs	L054A	Vascular Techr	**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	Vascular Techr	**5**		**2**	
26	Prepare room, equipment, supplies	L054A	Vascular Techr	**3**		**2**	
27	Setup scope (non facility setting only)	L054A	Vascular Techr	**3**		**0**	
28	Prepare and position patient/ monitor patient/ set up IV	L054A	Vascular Technologist			**2**	
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	**Intra-service**						
32	Acquire images	L054A	Vascular Techr	**10**		**10**	
33	**Post-Service**						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
36	Clean room/equipment by physician staff	L054A	Vascular Techr	**3**		**3**	
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports	L054A	Vascular Techr	**2**		**2**	
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Techr	**5.0**			
43	Review examination with interpreting MD	L054A	Vascular Technologist			**2.0**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	Vascular Technologist			**2.0**	
45	*Other Clinical Activity - *specify:*						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93308**		**93895**	
3	**Meeting Date: April 2014 Tab: 26 Specialty: ACC/ACR/ASNR**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		Carotid intima-media thickness measurement and plaque detection by ultrasound	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
49	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93308**		**93895**	
3	**Meeting Date: April 2014 Tab: 26 Specialty: ACC/ACR/ASNR**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		Carotid intima-media thickness measurement and plaque detection by ultrasound	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
50	**POST-SERVICE Period**						
51	**Start: Patient leaves office/facility**						
52	Conduct phone calls/call in prescriptions						
53	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
54	99211 16 minutes		16				
55	99212 27 minutes		27				
56	99213 36 minutes		36				
57	99214 53 minutes		53				
58	99215 63 minutes		63				
59	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
60	*Other Clinical Activity - *specify:*						
61	Review examination with interpreting MD	L054A	Vascular Techr	**3**		**0**	
62	Exam documents stored into PACS.	L054A	Vascular Techr	**3**		**0**	
63	**End: with last office visit before end of global period**						
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
65	pack, minimum multispecialty visit	SA048	item	**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**	
67	electrode, ECG (single)	SD053	item	**3**			
68	ultrasound transmission gel	SJ062	ml	**180**		**60**	
69	video tape, VHS	SK086	item	**0.2**		**0.2**	
70	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.034**		**0.034**	
71	x-ray developer solution	SK089	oz			**6**	
72	x-ray envelope	SK091	item			**1**	
73	sanitizing cloth-wipe (patient)	SM021	item			**2**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**		**2**	
75	**EQUIPMENT**	**CODE**					
76	videoSVHS VCR (medical grade)	**ED034**		**11**			
77	film processor, dry, laser	ED024				**10**	
78	stretcher	EF018		**37**			
79	table, exam	EF023				**25**	
80	video printer, color (Sony medical grade)	ED036		**37**			
81	film alternator (motorized film viewbox)	ER029				**25**	
82	room, ultrasound, vascular	EL016		**37**			
83	room, ultrasound, general	EL015				**0**	
84	CIMT Software	invoice				**10**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Brief Behavioral Assessment-PE Only

In October 2013, the CPT Editorial Panel created a new code to describe brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/ hyperactivity disorder (ADHD) scale), with scoring and documentation. At the January 2014 RUC meeting, the Practice Expense Subcommittee requested clarification on the type of individual who was providing the scoring of a standardized pediatric inventory. The specialty societies decided to postpone the issue and seek clarification regarding who performs the service; a non-physician qualified healthcare professional, clinical staff or administrative staff and the issue was postponed to the April 2014 RUC meeting. At the February 2014 CPT Panel meeting, the Panel removed language from the description of service that referred to a non-physician qualified healthcare professional as providing the service in order to clarify that it is clinical staff that provide and score the instrument.

The RUC reviewed and approved the direct practice expense inputs with no modifications as recommended by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)**				
▲96110 (e)		Developmental screening~~/brief assessment~~ (eg, developmental milestone survey, speech and language delay screen), with ~~interpretation and report~~ scoring and documentation, per standardized instrument ~~form~~ (For an emotional/behavioral assessment, use 96127)		

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●96127	T1	Brief emotional/behavioral assessment (eg, depression inventory, attention deficit/ hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (For developmental screening, use 96110)	XXX	PE Input Recommendation Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code: 96127
Specialty Societies: APA, AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention deficit hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument

Global Period: **XXX** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **A joint APA-AAP expert panel formulated direct practice expense input recommendations for code 96127 utilizing the RUC-approved inputs for key reference code 96110.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference code.

Reference Code: **96110**

Rationale: **Code 96110 describes identification of childhood and adolescent developmental levels using a standardized instrument, which is completed by the parent/guardian and then scored by clinical staff. This is a directly comparable model of care as employed by a brief standardized assessment for emotional and behavioral disorders, which is the service described by code 96127. Code 96110 also has identical work (ie, 0.00 wRVUs) and clinical staff time (ie, 15 minutes intra-service clinical staff time) as code 96127.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **Scoring completed brief behavioral assessment tool**

Post-Service Clinical Labor Activities: **N/A**

CPT Code: 96127
Specialty Societies: APA, AAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention deficit hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument

Global Period: **XXX** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **A joint APA-AAP expert panel formulated direct practice expense input recommendations for code 96127 utilizing the RUC-approved inputs for key reference code 96110.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference code.

Reference Code: **96110**

Rationale: **Code 96110 describes identification of childhood and adolescent developmental levels using a standardized instrument, which is completed by the parent/guardian and then scored by clinical staff. This is a directly comparable model of care as employed by a brief standardized assessment for emotional and behavioral disorders, which is the service described by code 96127. Code 96110 also has identical work and clinical staff time as code 96127.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **N/A**

Post-Service Clinical Labor Activities: **N/A**

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**	**L026A**	**Medical/Technical Assistant**	**15.0**	**0.0**	**7.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**15.0**	**0.0**	**7.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Scoring completed developmental screening tool			**15**			
32	Scoring completed behavior assessment tool					**7**	
33	**Post-Service**						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation						
36	Clean room/equipment by physician staff						
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	*Other Clinical Activity - *specify:*						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
46	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
47	**POST-SERVICE Period**						
48	**Start: Patient leaves office/facility**						
49	Conduct phone calls/call in prescriptions						
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16				
52	99212 27 minutes		27				
53	99213 36 minutes		36				
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
57	*Other Clinical Activity - *specify:*						
58	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
60	pack, minimum multi-specialty visit	SA048	pack				
61	ages & stages questionnaire	SK001	item	**0.4**			
62	**Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet (25 booklets/package)**	**SK119**	**booklet**			**1**	

---------- Forwarded message ----------
From: <orderconfirmation@pearsonclinical.com>
Date: Tue, Jan 21, 2014 at 1:18 PM
Subject: Thank you for your order!
To: terrialex1968@gmail.com

PEARSON

Dear Terri Alexander,

Thank you for placing your order with Pearson Clinical Assessment. This message confirms that your order has been received.

Please save and print this message for your records.

We received your order with the following information:
Order number: WEB177824033275
Date of order: 1/21/2014 1:18:10 PM EST
Shipping Method: Expedited - US, PR, and VI (3-5 Days)

Order Summary:

Items in Order	2
Order Subtotal	$609.25
Discounts	-$0.00
Estimated Shipping & Handling*	$44.46
Estimated Sales Tax*	$48.74
Grand Total	$702.45

* All applicable taxes and shipping & handling will appear on your final invoice.

Order Details
This order contains

No.	PRODUCT NAME	Product Number	UNIT PRICE	QTY	TOTAL PRICE
1 .	BYI-II Combination Inventory Booklets	0158014235	$245.00	2	$490.00
2 .	Bayley-III Cognitive, Language, and Motor Record Form	0158027302	$119.25	1	$119.25

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**	**L026A**	**Medical/Technical Assistant**	**15.0**	**0.0**	**15.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**15.0**	**0.0**	**15.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Scoring completed developmental screening tool			**15**			
32	Scoring completed behavior assessment tool					**15**	
33	**Post-Service**						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation						
36	Clean room/equipment by physician staff						
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	*Other Clinical Activity - *specify:*						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
46	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
47	**POST-SERVICE Period**						
48	**Start: Patient leaves office/facility**						
49	Conduct phone calls/call in prescriptions						
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16				
52	99212 27 minutes		27				
53	99213 36 minutes		36				
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
57	*Other Clinical Activity - *specify:*						
58	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1	**Tab 27: AAP-APA Brief Behavioral Assessment (Tracking Code T1)**			**REFERENCE CODE**		**SURVEY CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**96110**		**96127**	
3	**Meeting Date: April 2014 Tab: 27 Specialties: AAP & APA**	**CMS Code**	**Staff Type**	Developmental screening, with interpretation and report, per standardized instrument form		Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
60	pack, minimum multi-specialty visit	SA048	pack				
61	ages & stages questionnaire	SK001	item	**0.4**			
62	**Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet (25 booklets/package)**		**booklet**			**0.04**	
63	---------- Forwarded message ---------- From: <orderconfirmation@pearsonclinical.com> Date: Tue, Jan 21, 2014 at 1:18 PM Subject: Thank you for your order! To: terrialex1968@gmail.com						
64							
65	PEARSON						
66							
67	Dear Terri Alexander,						
68							
69	Thank you for placing your order with Pearson Clinical Assessment. This message confirms that your order has been received.						
70							
71							
72	Please save and print this message for your records.						
73							
74	We received your order with the following information:						
75	Order number: WEB177824033275						
76	Date of order: 1/21/2014 1:18:10 PM EST						
77	Shipping Method: Expedited - US, PR, and VI (3-5 Days)						
78	**Order Summary**:						
79	Items in Order 2						
80	Order Subtotal $609.25						
81	Discounts -$0.00						
82	Estimated Shipping & Handling* $44.46						
83	Estimated Sales Tax* $48.74						
84	Grand Total $702.45						
85	* All applicable taxes and shipping & handling will appear on your final invoice.						
86							
87	**Order Details**						
88	This order contains						
89							
90	**No. / PRODUCT NAME / Product Number / UNIT PRICE / QTY / TOTAL PRICE**						
91	1. BYI-II Combination Inventory Booklets — 0158014235 — $245.00 — 2 — $490.00						
92	2. Bayley-III Cognitive, Language, and Motor Record Form — 0158027302 — $119.25 — 1 — $119.25						
93							
94							
95							

October 2013
Summary of Staff Notes in Editorial Panel Minutes
For Expedited Panel Review and Approval of October Minutes

116 Link to minutes (Ctrl + Click to follow link)	Tab:48 **Title:** Brief Behavioral Emotional Assessment Issue #:Part Three	☐Panel ☒Advisor Society Acronym: (AACAP) ☐AMA Staff	Revised Vignette A request from the specialty society advisor from AACAP was made to consider revision of the description of procedure for 96127 to replace “qualified health care professional” with “clinical staff member”, so as not to imply an individual who may report the service with the assumption that the intent of the time of this individual is to be considered PE.	Description of Procedure (96127) The administration and scoring of the brief standardized behavioral/emotional assessment instrument is performed by a qualified health care professional *(see staff note below).* This individual explains the purpose of the instrument to the patient (if self-reported) and/or family member and explains the response choices. When the brief instrument is completed, the qualified health care professional *(see staff note below)* scores the instrument, records the results on the form, and delivers the results to the physician. ~~The physician interprets the results in the context of the patient’s clinical history, explains the results to the patient/family, and includes the results and interpretation in the medical record.~~	☐**Approve** ☐**Do not Approve** ☐**Recommend Alternative** **Enter alternative recomme**

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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April 14, 2014

Barbara Levy, MD, Chair
AM/Specialty Society RVS Update Committee
Relative Value Systems
American Medical Association
330 N. Wabash Ave, Suite 39300
Chicago, IL 60611

RE: Brief Behavioral Assessment – PE tab 27 (Tracking Code T1) 96XX7

Dear Dr. Levy:

The American Academy of Child and Adolescent Psychiatry (AACAP) is pleased to be able to comment on the Brief Behavioral Assessment Code, 96XX7 submitted by the American Academy of Pediatrics and the American Psychological Association. AACAP represents 8,700 child and adolescent psychiatrists in the country, which is insufficient to address the mental health needs of the children in the country, 20% of whom will have a mental health diagnosis during childhood. In order to identify these disorders in an efficient and cost effective way, physicians and other qualified health care providers need a tool to screen for the various mental health disorders. The behavioral assessment forms that can be used with this code provide excellent screening tools for these disorders. This will enable pediatricians and other primary care qualified healthcare providers to identify and provide prevention or early intervention services for mental health disorders and to work collaboratively with child psychiatrists to meet the needs of the children with mental health disorders and their families.

The key reference code, 96111, Developmental screening, is a similar code that identifies developmental deficits in children. This code similarly requires clinical staff to provide and score the instrument. The cost difference of the behavioral/emotional screening instruments is appropriately addressed in the PE–SOR. The clinical staff time is the same. The interpretation of the result will be done by the physician or other qualified healthcare provider as part of the E/M office visit or other office visit.

AACAP supports code 96XX7 and supports a PE value similar to the 96111 code. AACAP commends the societies for the development and surveying

of this code. If you have any questions, please contact Jennifer Medicus, Assistant Director of Clinical Practice at jmedicus@aacap.org.

Sincerely,



Sherry Barron-Seabrook, M.D. RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Requests and High Volume Growth screen

January 2014

Negative Pressure Wound Therapy

In the Final Rule for 2013, CMS created two HCPCS codes to provide a payment mechanism for negative pressure wound therapy (NPWT) services furnished to beneficiaries through means unrelated to the durable medical equipment benefit: G0456 *Negative pressure wound therapy,(eg vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters* and G0457 *Negative pressure wound therapy,(eg vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 sq cm*. The two new codes were contractor priced on an interim basis for CY 2013. CMS requested comments on the appropriate value for these services.

No specialty societies indicated an interested in developing recommendations for these G-code services and instead indicated they would survey Category I codes that were pending CPT review at the February 2013 CPT Panel meeting. The CPT coding change proposal (CCP) was subsequently withdrawn for the February 2013 CPT meeting, but resubmitted for the May 2013 CPT meeting, where two Category I codes were approved to describe NPWT services with the use of a disposable system. In addition, at the May 2013 CPT Editorial Panel meeting, CPT codes 97605 and 97606 were revised to specify durable medical equipment, distinguishing these codes from the new Category I codes that utilize a disposable system. In tandem with these changes, at the October 2013 RUC meeting, the Relativity Assessment Workgroup identified CPT codes 97605 and 97606 through the High Volume Growth Screen, where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that codes 97605 and 97606 be surveyed for physician work and develop practice expense inputs.

97605 ***Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters***

The RUC reviewed the survey data from 45 surgeons and podiatrists and agreed with the specialty society recommendation to decrease the pre-service time to 3 minutes and the immediate post-service time to 5 minutes. Although an Evaluation and Management (E/M) service is not typically performed with CPT code 97605 on the same day, the specialty societies indicated that another procedure or service would typically be performed prior to the application of a vacuum assisted drainage collection device and only minimal pre- and post-time would be applicable to NPWT as described in the service description. The RUC recommends 3 minutes pre-service, 20 minutes intra-service and 5 minutes immediate

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post-service time for CPT code 97605. The specialty society noted and the RUC agreed that the previous survey time data was incorrect as it was based on significantly less than 30 responses from a specialty that rarely reports the service.

The specialty societies indicated and the RUC agreed that the physician work required to perform this service has not changed and recommend maintaining the current work RVU of 0.55 for CPT code 97605. The specialty societies indicated and the RUC agreed that the 45 survey respondents overestimated the work required to perform this service. The survey respondents indicated a survey 25th percentile work RVU of 0.84 and a median work RVU of 1.00, well above the current work RVU of 0.55 for CPT code 97605. The specialty societies indicated that they reviewed the previous survey data from the 2004 HCPAC review of a survey conducted by physical therapists and agreed the time data was not valid, as it was based on only 17 responses from one specialty that represented less than 0.5% of the Medicare utilization. However, the specialty societies agreed with the HCPAC rationale to recommend 0.55 work RVUs for this code using a magnitude estimation comparison to code 97002 *Physical therapy re-evaluation* (work RVU= 0.60) and code 97601 *Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session* (deleted in 2005).

The RUC compared 97605 to reference service 97597 *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less* (work RVU=0.51) and determined that 97605 requires more physician work and time to perform. To further support the current work RVU of 0.55, the RUC used magnitude estimation and comparison to similar codes 29580 *Strapping; Unna boot* (work RVU = 0.55), 88104 *Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation* (work RVU = 0.55) and 92570 *Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing* (work RVU = 0.55). **The RUC recommends a work RVU of 0.55 for CPT code 97605.**

97606 ***Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters***

The RUC reviewed survey data from 30 surgeons and agreed with the specialty society recommendation to decrease the pre-service time to 3 minutes and the immediate post-service time to 5 minutes. Although an Evaluation and Management (E/M) service is not typically performed with CPT code 97606 on the same day, the specialty societies indicated that another procedure or service would typically be performed prior to the application of a vacuum assisted drainage collection device and only minimal pre- and post-time would be applicable to NPWT as described in the service description. The RUC recommends 3 minutes pre-service, 30 minutes intra-service and 5 minutes immediate post-service time for CPT code 97606. The specialty society noted and the RUC agreed that the previous survey time data was incorrect as it was based on significantly less than 30 responses from a specialty that rarely reports the service.

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The specialty societies indicated and the RUC agreed that the physician work required to perform this service has not changed and recommend maintaining the current work RVU of 0.60 for CPT code 97606. The specialty societies indicated and the RUC agreed that the 30 survey respondents overestimated the work required to perform this service. The survey respondents indicated a survey 25th percentile work RVU of 1.21 and a median work RVU of 1.73, well above the current work RVU of 0.60 for CPT code 97606. The specialty societies indicated that they reviewed the previous survey data from the 2004 HCPAC review of a survey conducted by physical therapists and agreed the time data was not valid, as it was based on only 16 responses from one specialty that represents less than 0.2% of the Medicare utilization. However, the specialty societies agreed with the HCPAC rationale to recommend 0.60 work RVUs for this code using magnitude estimation that 97606 is more work than the base code 97605 and code 97601 *Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session* (deleted in 2005).

To further support the current work RVU of 0.60, the RUC used magnitude estimation and similar codes 11300 *Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less* (work RVU = 0.60), 92557 *Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)* (work RVU = 0.60) and 95940 *Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)* (work RVU = 0.60). **The RUC recommends a work RVU of 0.60 for CPT code 97606.**

97607 ***Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment (DME) including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters***

The RUC reviewed survey data from 36 surgeons and podiatrists 97607 and agreed with the specialty society recommendation to decrease the pre-service time to 3 minutes and the immediate post-service time to 5 minutes to be consistent with this family of services. Although an Evaluation and Management (E/M) service is not typically performed with CPT code 97607 on the same day, the specialty societies indicated that another procedure or service would typically be performed prior to the application of a disposable NPWT system and only minimal pre- and post-time would be applicable to NPWT as described in the service description. The specialty societies indicated and the RUC agreed that the survey median intra-service time of 15 minutes accurately accounts for the work which involves prepping the surrounding skin, hand cutting the sponge and applying the flat plastic adhesive dressing to a contoured surface. The RUC recommends 3 minutes pre-service, 15 minutes intra-service and 5 minutes immediate post-service time for CPT code 97607.

The specialty societies indicated that the median service performance rate was zero and therefore they did not use the survey's estimated physician work RVUs to value this service. However, in comparing the relationship of the durable medical equipment (DME) service 97605 to the non-DME service 97607, the RUC noted that the survey median work RVU for 97607 was lower than that of 97605. Additionally, the typical wound for 97607 is more stable, more mature than the type of wound treated with the durable medical equipment (97605), thus requiring less physician work. The

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specialty societies indicated that a lower work RVU for 97607 compared to 97605 is supported by current Medicare coverage policy for reporting the new device, that states "…disposable NPWT is provided as an alternative to DME based NPWT in patients with wounds of short duration and no more than 2 applications of a disposable device would be expected. Otherwise the patient is a candidate for DME based NPWT."[i]

The primary difference in the DME and disposable system codes is the physician time required to perform the service. Therefore, the specialty societies used magnitude estimation and the ratio of intra-service time of 97605 to 97607, which was 15:20 or 75% (97605 work RVU 0.55 x 0.75 = 0.41). The RUC compared 97607 to similar services 29540 *Strapping; ankle and/or foot* (work RVU = 0.39), 94453 *High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration* (work RVU = 0.40), 92286 *Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis* (work RVU = 0.40) and 88108 *Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)* (work RVU = 0.44). The RUC determined that a work RVU of 0.41 places this service in the proper rank order relative to 97605 and other similar services. **The RUC recommends a work RVU of 0.41 for CPT cod 97607.**

97608 ***Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment (DME) including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters***

The RUC reviewed surveyed physician time for CPT code 97608 and agreed with the specialty society recommendation to decrease the pre-service time to 3 minutes and the immediate post-service time to 5 minutes to be consistent with this family of services. Although an Evaluation and Management (E/M) service is not typically performed with CPT code 97608 on the same day, the specialty societies indicated that another procedure or service would typically be performed prior to the application of a disposable NPWT system and only minimal pre- and post-time would be applicable to NPWT as described in the service description. The specialty societies indicated 97608 and the RUC agreed that the intra-service time of 23 minutes (using the ration between the DME and non-DME physician time codes 97606 (30 minutes x 77% = 23) accurately accounts for the work which involves prepping the surrounding skin, hand cutting the sponge and applying the flat plastic adhesive dressing to a contoured surface. The RUC recommends 3 minutes pre-service, 23 minutes intra-service and 5 minutes immediate post-service time for CPT code 97608.

The specialty societies indicated that the median service performance rate was zero and therefore did not use the survey's estimated physician work RVUs to value for this currently rarely performed service. The specialties noted 97608that the survey median work RVU for 97608 was correctly lower than that of 97606, reflective of the fact that the typical wound for 97608 is more stable, more mature than the type of wound treated with the durable medical equipment (97606), thus requiring less physician work. The specialty societies indicated that a lower work RVU for 97608 compared to 97606 is supported by current Medicare coverage policy for reporting the new device, that states "…disposable NPWT is provided as an alternative to DME based NPWT in patients with wounds of short duration and no more than 2 applications of a disposable device would be expected. Otherwise the patient is a candidate for DME based NPWT." [ii]

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The primary difference in the DME and non-DME codes is the physician time required to perform the service. Therefore, the specialty societies used magnitude estimation and the ratio of recommended intra-service time for 97608 to 97606 (23:30 or 77%) to develop a work RVU recommendation for this new Category I code (97606 work RVU 0.60 x 0.77 = 0.46). The RUC compared 97608 to similar services 88108 *Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)* (work RVU = 0.44), 93016 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report* (work RVU=0.45) and 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.48). The RUC determined that a work RVU of 0.46 places this service in the proper rank order relative to 97606 and other similar services. **The RUC recommends a work RVU of 0.46 for CPT cod 97608.**

New Technology
The RUC recommends that CPT codes 97607 and 97608 be placed on the new technology list for future review.

Flag in RUC Database
The RUC recommends to flag CPT codes 97607 and 97608 as "do not use for validation of work" since the value was derived from a calculation of time related to the established NPWT DME associated codes 97605 and 97606.

Practice Expense
The RUC noted that the disposable NPWT systems for CPT codes 97607 and 97608 are single use and will be included as disposable supplies for practice expense. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Physical Medicine and Rehabilitation** **Active Wound Care Management** Active wound care procedures are to remove devitalized and/or necrotic tissue and promote healing. Services require direct (one-on-one) contact with the patient.				
▲ 97605	A1	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	XXX	0.55 (No Change)
▲ 97606	A2	total wound(s) surface area greater than 50 square centimeters	XXX	0.60 (No Change)
•97607	A3	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment (DME) including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters	XXX	0.41
•97608	A4	total wounds(s) surface area greater than 50 square centimeters (Do not report 97607, 97608 in conjunction with 97605, 97606)	XXX	0.46

[i] https://www.novitas-solutions.com/policy/mac-ab/dl27547.html
[ii] Same as above

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

AUG 3 2012

Gary Restani
President and CEO
Spiracur Inc.
1180 Bordeaux Drive
Sunnyvale, CA 94089

Dear Mr. Restani,

Thank you for your letter regarding coding and coverage of the SNaP Wound Care System. The Centers for Medicare & Medicaid Services (CMS) greatly appreciates your suggestions for coding and payment of this product.

Of the two suggestions you make in your letter, we believe creating a Healthcare Common Procedure Coding System (HCPCS) code for this product is promising. However, we suggest you continue pursuing a HCPCS code through the Current Procedural Terminology (CPT) process to identify active wound care management using negative pressure wound therapy (NPWT) with a disposable supply. CMS' longstanding practice has only been to create G codes when there is a statutory or regulatory program need for which a CPT code is unavailable or the CPT code is incompatible with Medicare statute or regulations. At this time, there is no statutory or regulatory requirement that would necessitate the creation of a G code for this service.

We do not believe that CMS should adopt your suggestion to use an A code or create a Q code for this product. While this product could potentially be covered as "incident to" a physician's service, Medicare does not pay separately for disposable medical supplies. We only pay for disposable supplies as part of the physician fee schedule service for which it is used. In this case, there are CPT codes for active wound care management using NPWT (CPT codes 97605 and 97606). However, these codes do not include payment for a disposable NPWT system like Spiracur's. However, CPT could create a code for NPWT using a disposable medical supply system like SNaP that would recognize payment for your product as part of the physician or other practitioner service. For this reason, we suggest that you continue pursuing a code through the CPT process that would specifically recognize active wound care management using a disposable NPWT system.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to let us know if you or staff have any further questions.

Sincerely,

Jonathan D. Blum
Deputy Administrator and Director
Center for Medicare

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97605 Tracking Number A1 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX RUC Recommended RVU: **0.55**

CPT Descriptor: Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
Vignette A: The patient is a male with a Stage III pressure ulcer of the sacrum that measures 8.5 x 5.0 x 3.2 cm. The base of the wound is clean and red, but with significant serous drainage. Negative pressure wound therapy using an electrically powered vacuum assisted closure device (eg, V.A.C.) is applied.

Vignette B: The patient is a male with a diabetic foot ulcer of the heel that measures 3.5 x 3.8 x 1.2 cm. The base of the wound is clean and red, but with significant serous drainage. Negative pressure wound therapy using an electrically powered vacuum assisted closure device (eg, V.A.C.) is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss alternative therapies, the DME system, and benefits/risks.

Description of Intra-Service Work: Thoroughly clean the wound and periwound area. Ensure adequate hemostasis has been achieved. Prior to foam placement, protect tendons, ligaments, blood vessels, nerves, and organs, when present. Apply skin protectant to periwound area. Assess wound dimensions and pathology, including the presence of undermining or tunnels. Cut dressing to dimensions that will allow the foam to be placed gently into the wound without overlapping intact skin. Gently place foam into wound cavity, ensuring contact with all wound surfaces, ensuring foam-to-foam contact between adjacent pieces of foam to even the distribution of negative pressure. Trim and place a drape to cover the foam dressing with an additional 3-5 cm border of intact periwound tissue. Place the adhesive face down over foam and apply drape to cover foam and intact skin. Identify tube location to allow for optimal flow, avoiding placement over bony prominences or within creases in the tissue. Insert tubing into opened pad site and connect to the negative pressure therapy pump. Secure excess tubing to prevent interference with patient mobility. Set pump parameters and activate. Inspect system for leaks and proper function.

CPT Code: 97605

Description of Post-Service Work: Label dressing with date, time, initials, and number of foam pieces placed in wound. Document same information in patient's chart. Provide instruction to the patient/caregiver on the maintenance of the pump, technique for canister replacement, proper inspection of the dressing, and signs or symptoms of wound deterioration.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Charles Mabry MD; Mark Villa MD; William Creevy, MD; John Heiner, MD; Seth Rubenstein, DPM; Timothy Tillo, DPM				
Specialty(s):	ACS, ASPS, AAOS, APMA				
CPT Code:	97605				
Sample Size:	1155	**Resp N:**	45	**Response:** 3.8 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	150.00
Survey RVW:	0.48	0.84	**1.00**	1.50	3.06
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97605	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76519	XXX	0.54	**RUC Time**	487,497

CPT Descriptor 1 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	694,976

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 97605**	**Key Reference CPT Code: 99214**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	5.00	
Median Intra-Service Time	20.00	25.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**28.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.13	3.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.13	3.25
Urgency of medical decision making	2.63	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.75	3.38
Physical effort required	3.13	2.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.50	2.75
Outcome depends on the skill and judgment of physician	3.38	3.50
Estimated risk of malpractice suit with poor outcome	2.88	2.88

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.88	3.13
Intra-Service intensity/complexity	3.50	3.25

Post-Service intensity/complexity	2.50	2.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

97605, 97606, 97607, 97608 Background

For CPT 2005, the AMA CPT Editorial Panel Wound Care Workgroup created two new codes (97605 and 97606) to report negative pressure wound therapy (NPWT) utilizing durable medical equipment (DME) (eg, VAC™ device).

These codes were surveyed by APTA (physical therapy) and reviewed by the HCPAC. The survey response for 97605 and 97606 was 17 and 16, respectively. Physical therapists account for less than 0.5% of the utilization of these codes.

In April 2013, the RUC identified codes 97605 and 97606 through a screen of services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011.

CPT	2006 Util	2011 Util	% Chg	Work RVU
97605	16,348	40,040	145%	0.55
97606	4,311	11,115	158%	0.60

In May 2013, two new codes to describe NPWT using a disposable mechanical device were proposed by representatives from Spiracur, Inc, the manufacturer of the new device. The CPT Editorial panel approved the new codes (976XX11 and 976XX12) and, in addition, revised current codes 97605 and 97606 which describe NPWT utilizing durable medical equipment (DME).

The ACS, AAOS, and ASPS agree to survey all four codes. The APMA agreed to survey 97605 and 976XX11.In addition, the Research Subcommittee approved: 1) revisions to the vignettes drafted by Spiracur for codes 976XX11-976XX12; and 2) multiple vignettes for codes 97605 and 97606 to accommodate the different specialties that would participate in the survey.

97605 Discussion

The Advisors of the ACS, AAOS, ASPS, and APMA discussed the previous survey data from the 2004 HCPAC review of a survey conducted by physical therapists and agreed the time data was not valid, as it was based on only 17 responses from one specialty that represents less than 0.5% of the Medicare utilization. However, the Advisors agreed with the HCPAC rationale to recommend 0.55 work RVUs for this code using magnitude estimation comparison to code 97601, which was deleted as part of the CPT Wound Care Workgroup coding change proposal.

Pre-service and Post-service Time

Although an E/M is not typically performed with 97605 on the same day, the Advisors agreed that another procedure or service would typically be performed prior to the application of a V.A.C. device and therefore are recommending 3 minutes of pre-service time to account for a discussion with the patient/caregiver regarding the device, including benefits to wound healing. With respect to post-service work, we are recommending 5 minutes for a discussion with the patient/caregiver on maintenance of the pump, technique for canister replacement, proper inspection of the dressing, and signs or symptoms of wound deterioration. These pre-service and post-service times represent additional time/work that is distinct from other procedures that may be performed prior to application of the device.

Reference Comparisons

CPT 99214 (RVW=1.50) was cited most often as a reference code, but only chosen by 18% of the respondents. Intra-time and total time for 99214 is greater than the survey times for 97605. Other reference codes include 11042 (17%; RVW=1.01) and 12001 (13%; RVW=0.84). Code 11042 requires less intra-time than 97605, but more total time. Code 12001 requires less intra-time and less total time. Although code 97597 (RVW=0.51; intra-time = 14 min) was cited as a reference by only three respondents, the Advisors agree that this service requires slightly less work and time compared with code 97605 and is a good reference for magnitude estimation comparison.

Recommendation

We recommend the current work RVU of 0.55 for code 97605, which is less than the survey 25th percentile and less than the references selected by a majority of respondents. The work for application of a V.A.C. dressing and device has not changed. This value takes into account the 2004 HCPAC magnitude estimation comparison indicating code 97605 was slightly more work than deleted code 97601. This value takes into account a magnitude estimation comparison indicating code 97605 is slightly more work than 97597. The table below presents other recently reviewed services with an RVW of 0.55 that support the recommendation to maintain the current value for 97605.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
97605	NPWT, DME, ≤ 50 cm2	**0.55**	**0.019**	**28**	**3**	**20**	**5**
29580	Strapping; Unna boot	**0.55**	**0.019**	**27**	**8**	**12**	**7**
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	**0.55**	**0.023**	**24**	**n/a**	**24**	**n/a**
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	**0.55**	**0.025**	**23**	**3**	**15**	**5**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Information regarding "billed with" codes indicates that other codes (eg, E/M codes or 11042-11047) may be reported with 97605, but no code is "typical."

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97605

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
41,601 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2012 data

Specialty general surgery	Frequency 10325	Percentage 24.81 %
Specialty orthopaedic surgery	Frequency 5412	Percentage 13.00 %
Specialty podiatry	Frequency 6410	Percentage 15.40 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97605

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97606 Tracking Number A2 Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: XXX RUC Recommended RVU: **0.60**

CPT Descriptor: Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Vignette A: The patient is a female who underwent major abdominal surgery. The incision showed signs suspicious of infection on post-op day two and was opened creating a wound that measured 25.0 x 3.0 x 3.0 cm. On post-op day four, negative pressure wound therapy using an electrically powered vacuum assisted closure device (eg, V.A.C.) is applied.

Vignette B: The patient is a male who sustains a crush injury to his lower leg and develops an acute anterior and lateral compartment syndrome requiring compartment releases. The resulting wound is 14.0 x 6.0 x 2.0 cm. Negative pressure wound therapy using an electrically powered vacuum assisted closure device (eg, V.A.C.) is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss alternative therapies, the DME system, and benefits/risks

Description of Intra-Service Work: Thoroughly clean the wound and periwound area. Ensure adequate hemostasis has been achieved. Prior to foam placement, protect tendons, ligaments, blood vessels, nerves, and organs, when present. Apply skin protectant to periwound area. Assess wound dimensions and pathology, including the presence of undermining or tunnels. Cut dressing to dimensions that will allow the foam to be placed gently into the wound without overlapping intact skin. Gently place foam into wound cavity, ensuring contact with all wound surfaces, ensuring foam-to-foam contact between adjacent pieces of foam to even the distribution of negative pressure. Trim and place a drape to cover the foam dressing with an additional 3-5 cm border of intact periwound tissue. Place the adhesive face down over foam and apply drape to cover foam and intact skin. Identify tube location to allow for optimal flow, avoiding placement over bony prominences or within creases in the tissue. Insert tubing into opened pad site and connect to the negative pressure therapy pump. Secure excess tubing to prevent interference with patient mobility. Set pump parameters and activate. Inspect system for leaks and proper function.

CPT Code: 97606

Description of Post-Service Work: Label dressing with date, time, initials, and number of foam pieces placed in wound. Document same information in patient's chart. Provide instruction to the patient/caregiver on the maintenance of the pump, technique for canister replacement, proper inspection of the dressing, and signs or symptoms of wound deterioration.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Charles Mabry MD; Mark Villa MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	ACS, ASPS, AAOS		
CPT Code:	97606		
Sample Size:	887	**Resp N:** 30	**Response:** 3.3 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**9.00**	12.00	50.00
Survey RVW:	0.52	1.21	**1.73**	1.98	4.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	12.00	20.00	**30.00**	30.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97606	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
16025	000	1.74	**RUC Time**

CPT Descriptor Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	694,976

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,171

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 97606**	**Key Reference CPT Code:** 16025	**Source of Time** RUC Time

Median Pre-Service Time	3.00	15.00
Median Intra-Service Time	30.00	20.00
Median Immediate Post-service Time	5.00	3.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**38.00**	**38.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.60	2.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.70	2.50
Urgency of medical decision making	2.40	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.70	2.50
Physical effort required	2.60	2.70
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.60
Outcome depends on the skill and judgment of physician	3.00	3.10
Estimated risk of malpractice suit with poor outcome	2.40	2.40

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.50	2.60
Intra-Service intensity/complexity	3.30	3.20
Post-Service intensity/complexity	2.20	2.30

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

97605, 97606, 97607, 97608 Background

For CPT 2005, the AMA CPT Editorial Panel Wound Care Workgroup created two new codes (97605 and 97606) to report negative pressure wound therapy (NPWT) utilizing durable medical equipment (DME) (eg, VAC™ device).

These codes were surveyed by APTA (physical therapy) and reviewed by the HCPAC. The survey response for 97605 and 97606 was 17 and 16, respectively. Physical therapists account for less than 0.5% of the utilization of these codes.

In April 2013, the RUC identified codes 97605 and 97606 through a screen of services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011.

CPT	2006 Util	2011 Util	% Chg	Work RVU
97605	16,348	40,040	145%	0.55
97606	4,311	11,115	158%	0.60

In May 2013, two new codes to describe NPWT using a disposable mechanical device were proposed by representatives from Spiracur, Inc, the manufacturer of the new device. The CPT Editorial panel approved the new codes (976XX11 and 976XX12) and, in addition, revised current codes 97605 and 97606 which describe NPWT utilizing durable medical equipment (DME).

The ACS, AAOS, and ASPS agreed to survey all four codes. The APMA agreed to survey 97605 and 976XX11. In addition, the Research Subcommittee approved: 1) revisions to the vignettes drafted by Spiracur for codes 976XX11-976XX12; and 2) multiple vignettes for codes 97605 and 97606 to accommodate the different specialties that would participate in the survey.

97606 Discussion

The Advisors of the ACS, AAOS, and ASPS discussed the previous survey data from the 2004 HCPAC review of a survey conducted by physical therapists and agreed the time data was not valid, as it was based on only 16 responses from one specialty that represents less than 0.2% of the Medicare utilization. However, the Advisors agreed with the HCPAC rationale to recommend 0.60 work RVUs for this code using magnitude estimation comparison to code 97601, which was deleted as part of the CPT Wound Care Workgroup coding change proposal.

Pre-service and Post-service Time

Although an E/M is not typically performed with 97606 on the same day, the Advisors agreed that another procedure or service would typically be performed prior to the application of a V.A.C. device and therefore are recommending 3 minutes of pre-service time to account for a discussion with the patient/caregiver regarding the device, including benefits to wound healing. With respect to post-service work, we are recommending 5 minutes for a discussion with the patient/caregiver on maintenance of the pump, technique for canister replacement, proper inspection of the dressing, and signs or symptoms of wound deterioration. These pre-service and post-service times represent additional time/work that is distinct from other procedures that may be performed prior to application of the device.

Key Reference Comparison

CPT 16025 (RVW=1.74) was cited most often as a reference code, chosen by 33% of the respondents. Code 16025 intra-time is less, but total time is the same when compared with the survey times for 97606.

Recommendation

We recommend the current work RVU of 0.60 for code 97606, which is less than the survey 25th percentile and less than the references selected by a majority of respondents. The work for application of a V.A.C. dressing and device has not changed. This value takes into account the 2004 HCPAC magnitude estimation comparison indicating code 97606 was more work than deleted code 97601 and base code 97605. This value takes into account a magnitude estimation

comparison indicating code 97606 is more work than 97597. The table below presents other recently reviewed services with an RVW of 0.60 that support the recommendation to maintain the current value for 97606.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
97606	NPWT, DME, > 50 cm2	0.60	0.014	38	3	30	5
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	0.60	0.043	21	6	10	5
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	0.022	27	7	15	5
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	0.60	0.021	28	3	20	5
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	0.60	0.040	15	n/a	15	n/a

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Information regarding "billed with" codes indicates that other codes (eg, E/M codes or 11042-11047) may be reported with 97606, but no code is "typical."

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97606

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Sometimes

Specialty plastic surgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,875 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2012 utilization

Specialty general surgery Frequency 4109 Percentage 34.60 %

Specialty plastic surgery Frequency 2568 Percentage 21.62 %

Specialty orthopaedic surgery Frequency 1078 Percentage 9.07 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97606

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97607 Tracking Number A3 Original Specialty Recommended RVU: **0.41**
Presented Recommended RVU: **0.41**
Global Period: XXX RUC Recommended RVU: **0.41**

CPT Descriptor: Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment, including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The patient is a male with a diabetic foot ulcer of the heel that measures 2.0 x 1.8 x 0.8 cm. The base of the wound is clean and red and has minimal necrotic tissue. Negative pressure wound therapy using a disposable mechanical wound care system (eg, SNaPtm) is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss alternative therapies, the disposable system, and benefits/risks.

Description of Intra-Service Work: Thoroughly clean the wound and periwound area. Ensure adequate hemostasis has been achieved. Prior to foam placement, protect tendons, ligaments, blood vessels, nerves, and organs, when present. Apply skin protectant to periwound area. Assess wound dimensions and pathology, including the presence of undermining or tunnels. Cut dressing to dimensions that will allow the foam to be placed gently into the wound without overlapping intact skin. Place a drape to cover the foam dressing. Place the adhesive face down over foam and apply drape to cover foam and intact skin, avoiding placement over bony prominences or within creases in the tissue. Place pump strap and pump and connect to the dressing tube. Secure excess tubing to prevent interference with patient mobility. Pull pump activation tab to begin negative pressure therapy and inspect system for leaks and proper function.

Description of Post-Service Work: Provide instruction to the patient/caregiver on proper inspection of the dressing and signs or symptoms of wound deterioration.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Charles Mabry MD; Mark Villa MD; William Creevy, MD; John Heiner, MD; Seth Rubenstein, DPM; Timothy Tillo, DPM				
Specialty(s):	ACS, ASPS, AAOS, APMA				
CPT Code:	97607				
Sample Size:	1155	**Resp N:**	36	**Response:** 3.1 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**0.00**	5.00	50.00
Survey RVW:	0.48	0.70	**0.94**	1.16	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**9.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97607	**Recommended Physician Work RVU: 0.41**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92082	XXX	0.40	**RUC Time**	174,852

CPT Descriptor 1 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.44	**RUC Time**	2,655,796

CPT Descriptor 2 Fundus photography with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 5 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 97607**	**Key Reference CPT Code: 99213**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**23.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.80	2.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.60	3.20
Urgency of medical decision making	2.60	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.40	3.60
Physical effort required	2.40	2.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.40	2.40
Outcome depends on the skill and judgment of physician	2.80	2.80
Estimated risk of malpractice suit with poor outcome	2.80	2.40

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.60	3.00
Intra-Service intensity/complexity	2.80	3.20

Post-Service intensity/complexity	2.60	2.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

97605, 97606, 97607, 97608 Background

For CPT 2005, the AMA CPT Editorial Panel Wound Care Workgroup created two new codes (97605 and 97606) to report negative pressure wound therapy (NPWT) utilizing durable medical equipment (DME) (eg, VAC™ device).

These codes were surveyed by APTA (physical therapy) and reviewed by the HCPAC. The survey response for 97605 and 97606 was 17 and 16, respectively. Physical therapists account for less than 0.5% of the utilization of these codes.

In April 2013, the RUC identified codes 97605 and 97606 through a screen of services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011.

CPT	2006 Util	2011 Util	% Chg	Work RVU
97605	16,348	40,040	145%	0.55
97606	4,311	11,115	158%	0.60

In May 2013, two new codes to describe NPWT using a disposable mechanical device were proposed by representatives from Spiracur, Inc, the manufacturer of the new device. The CPT Editorial panel approved the new codes (97607 and 97608) and, in addition, revised current codes 97605 and 97606 which describe NPWT utilizing durable medical equipment (DME).

The ACS, AAOS, and ASPS agree to survey all four codes. The APMA agreed to survey 97605 and 97607. In addition, the Research Subcommittee approved: 1) revisions to the vignettes drafted by Spiracur for codes 97607-97608; and 2) multiple vignettes for codes 97605 and 97606 to accommodate the different specialties that would participate in the survey.

In addition, it should be noted that in 2013, CMS created HCPCS code G0456 *Negative pressure wound therapy, (e.g., vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters* for reporting NPWT using the disposable system. This code is carrier priced.

97607 and 97608 Discussion

The Research Subcommittee approved a non-random survey distribution, in addition to a random survey distribution for 97607 and 97608. The non-random survey included providers identified by the manufacturer of the disposable system who purchased their system. We were provided with an email list of 75 surgeons, physicians, and podiatrists – all were sent the survey. Only one of these providers returned a survey. Therefore, we have not separately provided survey statistics to compare random and non-random survey data.

The Advisors of the ACS, AAOS, ASPS and APMA reviewed the survey statistics and noted that the median experience of the respondents for both codes was zero. The Advisors also noted that the survey median RVW and time were both lower than the medians for 97605 and 97606 and that the median intra- time for 97607 was the same as the median intra-time for 97608.

The Advisors determined that the RVW recommendation for both 97607 and 97608 would need to be based on a calculation because of concerns regarding: 1) the lack of respondent experience; 2) the low response rate for 97608; and the same median intra-time data for both codes. In addition, the Advisors agreed that the RVW for 97607 should be less than 97605 and the RVW for 97608 should be less than 97606. This determination is based on the lower survey

estimations for work and time when comparing the new codes and the current codes. This is also based on Medicare coverage policy for reporting the new device, that states "…disposable NPWT is provided as an alternative to DME based NPWT in patients with wounds of short duration and no more than 2 applications of a disposable device would be expected. Otherwise the patient is a candidate for DME based NPWT." [https://www.novitas-solutions.com/policy/mac-ab/dl27547.html]

Recommendation

We recommend a work RVU of 0.41 for code 97607. This value was calculated by multiplying the ratio of intra-time for 97605 and 97607 (15:20) by the recommended RVW for 97605 **[0.55 x 0.75 = 0.41].** This value maintains relativity and rank order to a well established service. **This recommendation is bracketed by several RUC reviewed codes:**

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
29540	Strapping; ankle and/or foot	**0.39**	**0.021**	**18**	**7**	**9**	**2**
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	**0.40**	**0.003**	**23**	**5**	**6**	**12**
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	**0.40**	**0.029**	**15**	**5**	**10**	**0**
97607	NPWT, disposable system, ≤ 50 cm2	**0.41**	**0.015**	**23**	**3**	**15**	**5**
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	**0.44**	**0.023**	**19**	**n/a**	**19**	**n/a**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0456, Negative pressure wound therapy, (e. g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty surgery How often? Rarely

Specialty podiatry How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Information provided in CCP by manufacturer.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2013 utilization for G0457 not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97605

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97608 Tracking Number A4 Original Specialty Recommended RVU: **0.46**
Presented Recommended RVU: **0.46**
Global Period: XXX RUC Recommended RVU: **0.46**

CPT Descriptor: Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment, including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The patient is a female with a venous ulcer of the right anterior leg that measures 10.2 x 6.8 x 1.2 cm. The base of the wound is clean and red and has minimal necrotic tissue. Negative pressure wound therapy using a disposable mechanical wound care system (eg, SNaPtm) is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss alternative therapies, the disposable system, and benefits/risks.

Description of Intra-Service Work: Thoroughly clean the wound and periwound area. Ensure adequate hemostasis has been achieved. Prior to foam placement, protect tendons, ligaments, blood vessels, nerves, and organs, when present. Apply skin protectant to periwound area. Assess wound dimensions and pathology, including the presence of undermining or tunnels. Cut dressing to dimensions that will allow the foam to be placed gently into the wound without overlapping intact skin. Place a drape to cover the foam dressing. Place the adhesive face down over foam and apply drape to cover foam and intact skin, avoiding placement over bony prominences or within creases in the tissue. Place pump strap and pump and connect to the dressing tube. Secure excess tubing to prevent interference with patient mobility. Pull pump activation tab to begin negative pressure therapy and inspect system for leaks and proper function.

Description of Post-Service Work: Provide instruction to the patient/caregiver on proper inspection of the dressing and signs or symptoms of wound deterioration.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Charles Mabry MD; Mark Villa MD; William Creevy, MD; John Heiner, MD				
Specialty(s):	ACS, ASPS, AAOS				
CPT Code:	97608				
Sample Size:	887	**Resp N:**	19	**Response:** 2.1 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	21.00
Survey RVW:	0.50	0.99	**1.50**	1.73	2.10
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**15.00**	28.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97608	**Recommended Physician Work RVU: 0.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**23.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
16025	000	1.74	**RUC Time**

CPT Descriptor Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99281	XXX	0.45	**RUC Time**	87,226

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	17,722,902

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 5 **% of respondents:** 26.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 97608**	**Key Reference CPT Code:** 16025	**Source of Time RUC Time**
Median Pre-Service Time	3.00	15.00	
Median Intra-Service Time	23.00	20.00	
Median Immediate Post-service Time	5.00	3.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**31.00**	**38.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.60	2.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.60
Urgency of medical decision making	2.40	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.80	2.40
Physical effort required	2.60	2.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.80	2.40
Outcome depends on the skill and judgment of physician	2.80	3.00
Estimated risk of malpractice suit with poor outcome	2.40	2.40

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.60	2.80

Intra-Service intensity/complexity	3.40	3.40
Post-Service intensity/complexity	2.40	2.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

97605, 97606, 97607, 97608 Background

For CPT 2005, the AMA CPT Editorial Panel Wound Care Workgroup created two new codes (97605 and 97606) to report negative pressure wound therapy (NPWT) utilizing durable medical equipment (DME) (eg, VAC™ device).

These codes were surveyed by APTA (physical therapy) and reviewed by the HCPAC. The survey response for 97605 and 97606 was 17 and 16, respectively. Physical therapists account for less than 0.5% of the utilization of these codes.

In April 2013, the RUC identified codes 97605 and 97606 through a screen of services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011.

CPT	2006 Util	2011 Util	% Chg	Work RVU
97605	16,348	40,040	145%	0.55
97606	4,311	11,115	158%	0.60

In May 2013, two new codes to describe NPWT using a disposable mechanical device were proposed by representatives from Spiracur, Inc, the manufacturer of the new device. The CPT Editorial panel approved the new codes (97607 and 97608) and, in addition, revised current codes 97605 and 97606 which describe NPWT utilizing durable medical equipment (DME).

The ACS, AAOS, and ASPS agreed to survey all four codes. The APMA agreed to survey 97605 and 97607.In addition, the Research Subcommittee approved: 1) revisions to the vignettes drafted by Spiracur for codes 97607-97608; and 2) multiple vignettes for codes 97605 and 97606 to accommodate the different specialties that would participate in the survey.

In addition, it should be noted that in 2013 CMS created HCPCS code G0457 *Negative pressure wound therapy, (e.g., vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters* for reporting NPWT using the disposable system. This code is carrier priced.

97607 and 97608 Discussion

The Research Subcommittee approved a non-random survey distribution, in addition to a random survey distribution for 97607 and 97608. The non-random survey included providers identified by the manufacturer of the disposable system who purchased their system. We were provided with an email list of 75 surgeons, physicians, and podiatrists – all were sent the survey. Only one of these providers returned a survey. Therefore, we have not separately provided survey statistics to compare random and non-random survey data.

The Advisors of the ACS, AAOS, ASPS and APMA reviewed the survey statistics and noted that the median experience of the respondents for both codes was zero. The Advisors also noted that the survey median RVW and time were both lower than the medians for 97605 and 97606 and that the median intra- time for 97607 was the same as the median intra-time for 97608.

The Advisors determined that the RVW recommendation for both codes would need to be based on a calculation because of concerns regarding: 1) the lack of respondent experience; 2) the low response rate for 97608; and the same median intra-time data for both codes. In addition, the Advisors agreed that the RVW for 97607 should be less than 97605 and the RVW for 97608 should be less than 97606. This determination is based on the lower survey estimations for work and time when comparing the new codes and the current codes. This is also based Medicare coverage policy for reporting the new device, that states "…disposable NPWT is provided as an alternative to DME based NPWT in patients with wounds of short duration and no more than 2 applications of a disposable device would be expected. Otherwise the patient is a candidate for DME based NPWT." [https://www.novitas-solutions.com/policy/mac-ab/dl27547.html]

Recommendation

We recommend a work RVU of 0.46 for code 97608. This value was calculated by multiplying the ratio of intra-time for 97606 and 97608 (23:30) by the recommended RVW for 97606 **[0.60 x 0.77 = 0.46].** Note that we used the median intra-time of experienced providers, which is greater than the overall survey median that includes a significant number of responses from providers without experience. Using the data from experienced providers is consistent with the expectation that application of the NPWT system for 97608 (larger wound) would take more time than 97607 (smaller wound).

This recommendation is bracketed by several RUC reviewed codes:

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	0.44	0.023	19	n/a	19	n/a
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	0.45	0.023	20	5	10	5
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	0.45	0.020	22	2	15	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.027	18	3	10	5
97608	NPWT, disposable system, > 50 cm2	0.46	0.012	31	3	23	5
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	0.48	0.032	17	2	10	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0457, Negative pressure wound therapy, (e. g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CCP indicates 4000 patients, but does not specifiy size of wounds.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2013 utilization for G0457 not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97605

ISSUE: Negative Pressure Wound Therapy
TAB: 17

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	EXPERIENCE MIN	EXPERIENCE 25th	EXPERIENCE MED	EXPERIENCE 75th	EXPERIENCE MAX	TYP
KEY REF	99214	Office or other outpatient visit for the evalu	8	0.047			1.50			40	5					25			10						
HCPAC-04	97605	Negative pressure wound therapy (eg, vac	17	0.003			0.55			50	10					30			10						
SVY	97605	Negative pressure wound therapy (eg, vac	45	0.028	0.48	0.84	1.00	1.50	3.06	40	10			5	15	20	25	60	10	0	5	10	20	150	0.93%
		WITH EXPERIENCE	42	0.028	0.55	0.84	1.00	1.50	3.06	40	10			5	15	20	25	60	10	1	5	12	21	150	
REC		current value		0.019			0.55			28	3					20			5						
KEY REF	16025	Dressings and/or debridement of partial-th	10	0.070			1.74			38	7	3	5			20			3						
HCPAC-04	97606	Negative pressure wound therapy (eg, vac	16	0.005			0.60			50	10					30			10						
SVY	97606	Negative pressure wound therapy (eg, vac	30	0.039	0.52	1.21	1.73	1.98	4.00	55	15			12	20	30	30	90	10	0	2	9	12	50	0.80%
		WITH EXPERIENCE	28	0.039	0.75	1.24	1.73	1.94	3.00	55	15			12	20	30	31	90	10	1	3	10	13	50	
REC		current value		0.014			0.60			38	3					30			5						
KEY REF	99213	Office or other outpatient visit for the evalu	5	0.053			0.97			23	3					15			5						
CMS	G0456	Negative pressure wound therapy, (e.g. va			Carrier Priced																				
SVY	97607	Negative pressure wound therapy, (eg, vac	36	0.034	0.48	0.70	0.94	1.16	2.00	34	10			4	10	15	20	60	9	0	0	0	5	50	0.86%
		WITH EXPERIENCE	17	0.021	0.48	0.70	0.77	1.00	2.00	35	10			4	10	15	25	60	10	1	2	5	12	50	
REC		75% of 97605 based on 15/20 intra-time ratio of experienced providers		0.015			0.41			23	3					15			5						
KEY REF	16025	Dressings and/or debridement of partial-th	5	0.070			1.74			38	7	3	5			20			3						
CMS	G0457	Negative pressure wound therapy, (e.g. va			Carrier Priced																				
SVY	97608	Negative pressure wound therapy, (eg, vac	19	0.063	0.50	0.99	1.50	1.73	2.10	40	15			7	15	15	28	90	10	0	0	0	2	21	0.84%
		WITH EXPERIENCE	8	0.018	0.50	0.99	1.25	1.81	2.10	60	22.5			7	14	23	41	90	15	1	2	2	7	21	
REC		77% of 97606 based on 23/30 intra-ratio of experienced providers		0.012			0.46			31	3					23			5						

CPT Code: 97605, 97606, 97607, 97608
Specialty Society('s): ACS, ASPS, AAOS, APMA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97606 total wound(s) surface area greater than 50 square centimeters

97607 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment, including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters

97608 total wounds(s) surface area greater than 50 square centimeters

Global Period: XXX Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

No facility inputs are recommended.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97606 total wound(s) surface area greater than 50 square centimeters

97607 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment, including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters

97608 total wounds(s) surface area greater than 50 square centimeters

Global Period: XXX Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACS, ASPS, AAOS, APMA reviewed the current PE details for 97605 and 97606.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

For CPT 2005, the AMA CPT Editorial Panel Wound Care Workgroup created two new codes (97605 and 97606) to report negative pressure wound therapy (NPWT) utilizing durable medical equipment (DME) (eg, VAC™ device). These two codes were surveyed by APTA (physical therapy) and reviewed by the HCPAC. Physical therapists account for less than 0.5% of the utilization of these codes.

In May 2013, two new codes to describe NPWT using a disposable mechanical device were proposed by representatives from Spiracur, Inc, the manufacturer of the new device. The CPT Editorial panel approved the new codes (976XX11 and 976XX12) and, in addition, revised current codes 97605 and 97606 which describe NPWT utilizing durable medical equipment (DME).

Although we are using 97605 and 97606 as references, we have made several adjustments from the previous HCPAC recommendations:

- Staff type is RN/LPN/MTA, which is the typical staff in a surgeon or podiatrist office.
- Time related to other codes that may be billed with NPWT (eg, greet/gown patient) have been deleted.
- Staff time for "assist physician with service" is 100%.

The DME and mechanical device supplies and equipment have not been included on the PE Spreadsheet. HCPCS codes are reported separately, when utilized:

HCPCS	supplies and equipment
A9272	**Mechanical wound suction**, disposable, includes dressing, all accessories and components, each
K0743	**Suction pump, home model**, portable, for use on wounds
A7000	Canister, disposable, used with suction pump, each
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

No line activity recommendation is more than the standard.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Three of the four codes have total recommended time that is slightly more than the current total time of 24 minutes for both codes 97605 and 97606. This increase in time is due to the increase in "assist physician" time. Staff will assist throughout the procedure (ie, circulating assistant).

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies: Two minutes have been included to set up NPWT supplies and equipment.

Assist physician in performing procedure: 100% physician assist

Clean room/equipment by physician staff: 1 min to clean NPWT-related supplies

Check dressings & wound/ home care instructions /coordinate office visits /prescriptions: 5 minutes to provide instructions to patient/caregiver and answer questions

Post-Service Clinical Labor Activities:

N/a

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REF CODE						REF CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**97605 HCPAC 2004**		**97605**		**97607**		**97606 HCPAC 2004**		**97606**		**97608**	
3	**REVISED 1-30-14 Meeting Date: January 2014 Tab: 17 Specialty: ACS, AAOS, ASPS, APMA**	**CMS Code**	**Staff Type**	**NPWT, DME, ≤50 cm2**		**NPWT, DME, ≤50 cm2**		**NPWT, disposable ≤50 cm2**		**NPWT, DME >50 cm2**		**NPWT, DME >50 cm2**		**NPWT, disposable >50 cm2**	
4	**LOCATION**			**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**24**	**0**	**25**	**0**	**0**	**0**	**24**	**0**	**35**	**0**	**0**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**	**25**	**0**	**0**	**0**	**0**	**0**	**35**	**0**	**0**	**0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L023A	PT Aide	**12**	**0**	**0**	**0**	**0**	**0**	**12**	**0**	**0**	**0**	**0**	**0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L039B	PT Assistant	**10**	**0**	**0**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**0**	**0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L039B	PT Assistant	**2**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
12	**PRE-SERVICE**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT Aide	**3**						**3**					
24	Obtain vital signs	L039B	PT Assistant	**2**						**2**					
26	Prepare room, equipment, supplies	L023A	PT Aide	**4**						**4**					
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**0**				**2**		**0**	
29	Prepare and position patient/ monitor patient/ set up IV	L023A	PT Aide	**2**						**2**					
31	*Other Clinical Activity - specify: review charts	L039B	PT Assistant	**3**						**3**					
32	**Intra-service**														
33	Assist physician in performing procedure	L039B	PT Assistant	**5**						**5**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**20**		**0**				**30**		**0**	
36	**Post-Service**														
39	Clean room/equipment by physician staff	L023A	PT Aide	**3**						**3**					
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**1**		**0**				**1**		**0**	
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**2**		**0**				**2**		**0**	
46	*Other Clinical Activity - *specify:*														
50	**End: Patient leaves office**														
51	**POST-SERVICE Period**														
52	**Start: Patient leaves office/facility**														
53	Conduct phone calls/call in prescriptions	L039B	PT Assistant	**2**						**2**					
62	**End: with last office visit before end of global period**														
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
64	drape-towel, sterile 18in x 26in	SB019	item	**1**		**1**		**0**		**1**		**1**		**0**	
65	gloves, sterile	SB024	pair	**1**		**1**		**0**		**1**		**1**		**0**	
66	gloves, non-sterile	SB022	pair			**0**		**0**				**0**		**0**	
67	underpad 2ft x 3ft (Chux)	SB044	item	**1**		**1**		**0**		**1**		**1**		**0**	
68	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**0**		**1**		**1**		**0**	
69	tape, surgical paper 1in (Micropore)	SG079	inch	**6**		**6**		**0**		**6**		**6**		**0**	
70	lotion, antibacterial	SM020	oz	**1**		**0**		**0**		**1**		**0**		**0**	
71	gown, patient	SB026	item	**2**						**2**					
72	mask, surgical	SB033	item	**1**						**1**					
73	paper, exam table	SB036	foot	**7**						**7**					
74	pillow case	SB037	item	**1**						**1**					
75	kit, NPWT, disposable	NEW	item					**0**						**0**	
76	**EQUIPMENT**	**CODE**													
77	table, power	EF031				**25**		**0**				**35**		**0**	
78	light, surgical	EF014				**25**		**0**				**35**		**0**	

	A	B	C	D	E	F	G	H	I
1				REF CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**97605 HCPAC 2004**		**97605**		**97607**	
3	**REVISED 1-30-14** **Meeting Date: January 2014** **Tab: 17** **Specialty: ACS, AAOS, ASPS, APMA**	**CMS Code**	**Staff Type**	**NPWT, DME, ≤50 cm2**		**NPWT, DME, ≤50 cm2**		**NPWT, disposable ≤50 cm2**	
4	**LOCATION**			**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**24**	**0**	**25**	**0**	**23**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**	**25**	**0**	**23**	**0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L023A	PT Aide	**12**	**0**	**0**	**0**	**0**	**0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L039B	PT Assistant	**10**	**0**	**0**	**0**	**0**	**0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L039B	PT Assistant	**2**	**0**	**0**	**0**	**0**	**0**
12	**PRE-SERVICE**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT Aide	**3**					
24	Obtain vital signs	L039B	PT Assistant	**2**					
26	Prepare room, equipment, supplies	L023A	PT Aide	**4**					
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**2**	
29	Prepare and position patient/ monitor patient/ set up IV	L023A	PT Aide	**2**					
31	*Other Clinical Activity - specify: review charts	L039B	PT Assistant	**3**					
32	**Intra-service**								
33	Assist physician in performing procedure	L039B	PT Assistant	**5**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**20**		**15**	
36	**Post-Service**								
39	Clean room/equipment by physician staff	L023A	PT Aide	**3**					
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**1**		**1**	
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**2**		**5**	
46	*Other Clinical Activity - *specify:*								
50	**End: Patient leaves office**								
51	**POST-SERVICE Period**								
52	**Start: Patient leaves office/facility**								
53	Conduct phone calls/call in prescriptions	L039B	PT Assistant	**2**					
62	**End: with last office visit before end of global period**								
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
64	drape-towel, sterile 18in x 26in	SB019	item	**1**		**1**		**1**	
65	gloves, sterile	SB024	pair	**1**		**1**		**1**	
66	gloves, non-sterile	SB022	pair			**0**		**1**	
67	underpad 2ft x 3ft (Chux)	SB044	item	**1**		**1**		**1**	
68	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**	
69	tape, surgical paper 1in (Micropore)	SG079	inch	**6**		**6**		**6**	
70	lotion, antibacterial	SM020	oz	**1**		**0**		**0**	
71	gown, patient	SB026	item	**2**					
72	mask, surgical	SB033	item	**1**					
73	paper, exam table	SB036	foot	**7**					
74	pillow case	SB037	item	**1**					
75	kit, NPWT, disposable	NEW	item					**1**	
76	**EQUIPMENT**	**CODE**							
77	table, power	EF031				**25**		**23**	
78	light, surgical	EF014				**25**		**23**	

	A	B	C	J	K	L	M	N	O
1				REF CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**97606 HCPAC 2004**		**97606**		**97608**	
3	**REVISED 1-30-14** **Meeting Date: January 2014** **Tab: 17** **Specialty: ACS, AAOS, ASPS, APMA**	**CMS Code**	**Staff Type**	**NPWT, DME >50 cm2**		**NPWT, DME >50 cm2**		**NPWT, disposable >50 cm2**	
4	**LOCATION**			**Off**	**Fac**	**Off**	**Fac**	**Off**	**Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**24**	**0**	**38**	**0**	**31**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**	**38**	**0**	**31**	**0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L023A	PT Aide	**12**	**0**	**0**	**0**	**0**	**0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L039B	PT Assistant	**10**	**0**	**0**	**0**	**0**	**0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L039B	PT Assistant	**2**	**0**	**0**	**0**	**0**	**0**
12	**PRE-SERVICE**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT Aide	**3**					
24	Obtain vital signs	L039B	PT Assistant	**2**					
26	Prepare room, equipment, supplies	L023A	PT Aide	**4**					
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**2**	
29	Prepare and position patient/ monitor patient/ set up IV	L023A	PT Aide	**2**					
31	*Other Clinical Activity - specify: review charts	L039B	PT Assistant	**3**					
32	**Intra-service**								
33	Assist physician in performing procedure	L039B	PT Assistant	**5**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**30**		**23**	
36	**Post-Service**								
39	Clean room/equipment by physician staff	L023A	PT Aide	**3**					
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**1**		**1**	
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**5**		**5**	
46	*Other Clinical Activity - *specify:*								
50	**End: Patient leaves office**								
51	**POST-SERVICE Period**								
52	**Start: Patient leaves office/facility**								
53	Conduct phone calls/call in prescriptions	L039B	PT Assistant	**2**					
62	**End: with last office visit before end of global period**								
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
64	drape-towel, sterile 18in x 26in	SB019	item	**1**		**1**		**1**	
65	gloves, sterile	SB024	pair	**1**		**1**		**1**	
66	gloves, non-sterile	SB022	pair			**1**		**1**	
67	underpad 2ft x 3ft (Chux)	SB044	item	**1**		**1**		**1**	
68	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**	
69	tape, surgical paper 1in (Micropore)	SG079	inch	**6**		**6**		**6**	
70	lotion, antibacterial	SM020	oz	**1**		**0**		**0**	
71	gown, patient	SB026	item	**2**					
72	mask, surgical	SB033	item	**1**					
73	paper, exam table	SB036	foot	**7**					
74	pillow case	SB037	item	**1**					
75	kit, NPWT, disposable	NEW	item					**1**	
76	**EQUIPMENT**	**CODE**							
77	table, power	EF031				**38**		**31**	
78	light, surgical	EF014				**38**		**31**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

Selective Head and Total Body Hypothermia

In October 2013, the CPT Editorial Panel deleted two codes and established one Category I code to report both selective head and total body hypothermia in the critically ill neonate.

The RUC reviewed the survey results from 100 pediatricians and determined that the survey median work RVU of 4.50 appropriately accounts for the work required to perform this service. The RUC agreed with the specialty societies that the physician time required to perform this service is 30 minutes pre-service time, 60 minutes intra-service time and 20 minutes immediate post-service time. The RUC questioned if this service would be typically reported with 99465 *Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output*. The specialty societies confirmed that all neonates receiving this service would require resuscitation, therefore 99184 would be reported with 99465. The specialty societies indicated that the pre-service work includes evaluating the patient for eligibility to receive this service, conducting a detailed discussion with the family as well as the conducting and interpreting the amplitude integrated EEG. An amplitude integrated EEG requires 20 minutes to perform and needs to be checked regularly to see if it meets specific criteria. The amplitude EEG is included in this service and not reported separately as specified in the CPT descriptor. Therefore, the RUC agreed that 30 minutes for pre-service time is appropriate. The specialty society indicated that the post-service time includes documentation of outcomes and response to the therapy and additional discussion with the family. CPT code 99184 describes the initiation for cooling but the procedure itself continues for three days. The specialty society indicated and the RUC agreed that the survey respondents may have overestimated the immediate post-service time of this imitation service and recommended decreasing the immediate post-service time from 40 minutes to 20 minutes. The specialty societies confirmed that this service may only be reporting once since it is for the initiation.

The RUC compared the surveyed code to the key reference service 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU = 4.50) and agreed that the typical patient for both services are critically ill/critically injured and require similar intensity and complexity to treat. For further support, the RUC referenced similar service 31661 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes* (work RVU = 4.50). **The RUC recommends a work RVU of 4.50 for CPT code 99184.**

Practice Expense

No practice expense recommendations for this facility-only service.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Evaluation and Management** **Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services** **Pediatric Critical Care Patient Transport** Codes 99466, 99467 are used to report the physical attendance and direct face-to-face care by a physician during the interfacility transport of a critically ill or critically injured pediatric patient 24 months of age or younger. Codes 99485, 99486 are used to report the control physician's non-face-to-face supervision of interfacility transport of a critically ill or critically injured pediatric patient 24 months of age or younger. These codes are not reported together for the same patient by the same physician. For the purpose of reporting 99466 and 99467, face-to-face care begins when the physician assumes primary responsibility of the pediatric patient at the referring facility, and ends when the receiving facility accepts responsibility for the pediatric patient‘s care. Only the time the physician spends in direct face-to-face contact with the patient during the transport should be reported. Pediatric patient transport services involving less than 30 minutes of face-to-face physician care should not be reported using 99466, 99467. Procedure(s) or service(s) performed by other members of the transporting team may not be reported by the supervising physician. Codes 99485, 99486 are used to report control physician's non-face-to-face supervision of interfacility pediatric critical care transport, which includes all two-way communication between the control physician and the specialized transport team prior to transport, at the referring facility and during transport of the patient back to the receiving facility. The “control” physician is the physician directing transport services. These codes do not include pretransport communication between the control physician and the referring facility before or following patient transport. These codes are only reported for patients 24 months of age or younger who are critically ill or critically injured. The control physician provides treatment advice to a specialized transport team who are present and delivering the hands-on patient care. The control physician does not report any services provided by the specialized transport team. The control physician’s non-face-to-face time begins with the first contact by the control physician with the specialized transport team and ends when the patient’s care is handed over to the receiving facility team. Refer to 99466 and			

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and 99467 for face-to-face transport care of the critically ill/injured patient. Time spent with the individual patient's transport team and reviewing data submissions should be recorded. Code 99485 is used to report the first 16-45 minutes of direction on a given date and should only be used once even if time spent by the physician is discontinuous. Do not report services of 15 minutes or less or any time when another physician is reporting 99466, 99467. Do not report 99485 or 99486 in conjunction with 99466, 99467 when performed by the same physician.

For the definition of the critically injured pediatric patient, see the Neonatal and Pediatric Critical Care Services section.

The non-face-to-face direction of emergency care to a patient's transporting staff by a physician located in a hospital or other facility by two-way communication is not considered direct face-to-face care and should not be reported with 99466, 99467. Physician-directed non-face-to-face emergency care through outside voice communication to transporting staff personnel is reported with 99288 or 99485, 99486 based upon the age and clinical condition of the patient.

Emergency department services (99281-99285), initial hospital care (99221-99223), critical care (99291, 99292), initial date neonatal intensive (99477) or critical care (99468) are only reported after the patient has been admitted to the emergency department, the inpatient floor, or the critical care unit of the receiving facility. If inpatient critical care services are reported in the referring facility prior to transfer to the receiving hospital, use the critical care codes (99291, 99292).

The following services are included when performed during the pediatric patient transport by the physician providing critical care and may not be reported separately: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), the interpretation of cardiac output measurements (93562), chest X-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases and information data stored in computers (eg, ECGs, blood pressures, hematologic data) (99090), gastric intubation (43752, 43753), temporary transcutaneous pacing (92953), ventilatory management (94002, 94003, 94660, 94662), and vascular access procedures (36000, 36400, 36405, 36406, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately.

Services provided by the specialized transport team during non-face-to-face transport supervision are not reported by the control physician.

Code 99466 is used to report the first 30 to 74 minutes of direct face-to-face time with the transport pediatric patient and should be reported only once on a given date. Code 99467 is used to report each additional 30 minutes provided on a given date. Face-to-face services of less than 30 minutes should not be reported with these codes.

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Code 99485 is used to report the first 30 minutes of non-face-to-face supervision of an interfacility transport of a critically ill or critically injured pediatric patient and should be reported only once per date of service. Only the communication time spent by the supervising physician with the specialty transport team members during an interfacility transport should be reported. Code 99486 is used to report each additional 30 minutes beyond the initial 30 minutes. Non-face-to-face interfacility transport of 15 minutes or less is not reported.

(For total body and selective head cooling of neonates, see 99481, 99482)

99466 Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport

Category I
Evaluation and Management
Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services
Inpatient Neonatal and Pediatric Critical Care

D99481		~~Total body systemic hypothermia in a critically ill neonate per day (List separately in addition for code for primary procedure)~~ ~~(Use 99481 in conjunction with 99291, 99292, 99468, 99469)~~	ZZZ	N/A
D99482		~~Selective head hypothermia in a critically ill neonate per day (List separately in addition for code for primary procedure)~~ ~~(Use 99482 in conjunction with 99291, 99292, 99468, 99469)~~ ~~(Services by the professional during either cooling approach include radiographic confirmation of core temperature probe, assessment of continuous amplitude EEG monitoring, and interpretation of cooling related laboratory evaluations)~~ ~~(Do not report 99481, 99482 in conjunction with 99221, 99222, 99223, 99231, 99232, 99233, 99477, 99478, 99479, 99480)~~ (99481, 99482 have been deleted. To report, use 99184)	ZZZ	N/A

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Category I **Medicine** **Other Services and Procedures**				
●99184	U1	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling (Do not report 99184 more than once per hospital stay)	XXX	4.50
Category I **Evaluation and Management** **Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services** **Initial and Continuing Intensive Care Services** 99480 Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams) ~~99481 - Code is out of numerical sequence. See 99468-99482~~ ~~99482 - Code is out of numerical sequence. See 99468-99482~~				
Category III Codes (0260T, 0261T have been deleted. To report, ~~see 99481, 99482~~ use 99184)				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99184 Tracking Number U1 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: XXX RUC Recommended RVU: **4.50**

CPT Descriptor: Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, placement and confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2-hour-old critically ill term neonate born with severe in utero hypoxemia and admitted to a Neonatal Intensive Care Unit (NICU) receives head or total body cooling after meeting objective criteria.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 72%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 32%

Description of Pre-Service Work: Prenatal and intrapartum records are evaluated by the physician for eligibility for selective head or total body hypothermia. Patient eligibility criteria evaluated include: presence of a significant perinatal event such as abruptio placenta, cord prolapse, uterine rupture or maternal cardiac arrest, need for prolonged resuscitation with positive pressure for 10 minutes or more, Apgar scores ≤ 5 at 10 minutes of age, and severe perturbations of acid-base balance as evidenced by a pH ≤ 7.0 or a base deficit ≥ 16 within the first 60 minutes of life. Patient eligibility is further determined by the physician, assessing for the presence of an abnormal neurological examination with evidence of moderate to severe encephalopathy, as ascertained by conducting a detailed Sarnat score. This clinical assessment is also confirmed by the use of a 20-minute amplitude integrated EEG, which is reviewed and interpreted by the physician. Once candidates are correctly identified, the procedure is discussed with the parents in detail describing the potential risks and benefits and consent to undertake the procedure is obtained.

Description of Intra-Service Work: The position of the esophageal temperature probe is confirmed by the physician after evaluating the radiograph. Total body or selective head cooling is initiated. Under the physician's direction, the patient is cooled to a core temperature of 33-35 degrees Celsius and maintained at this temperature. The patient may be continued on the amplitude integrated EEG, which the physician interprets, looking for evidence of seizures. Neurologic function tests (eg, Sarnat scores) are performed by the physician every four hours. Cooling and temperature monitoring are continuously reviewed by the physician and recommendations for adjustments are made to keep core temperatures within ordered range.

Description of Post-Service Work: The physician summarizes the patient's response to the cooling, completes any additional post procedure laboratory and imaging evaluation, and documents the findings in the medical record. The patient's response to the procedure is discussed with the parents.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014					
Presenter(s):	Steve Krug, MD, FAAP and Stephen Pearlman, MD, FAAP					
Specialty(s):	Pediatrics					
CPT Code:	99184					
Sample Size:	224	**Resp N:**	100	**Response:** 44.6 %		
Description of Sample:	As approved by the RUC Research SubC (April 2013): Non-random survey cohort, consisting of individuals identified as actually performing this service, thereby allowing greater validity of results to better inform the RUC's evaluation					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	10.00	37.00
Survey RVW:	0.80	4.00	**4.50**	5.00	30.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	40.00	**60.00**	120.00	720.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99184	**Recommended Physician Work RVU: 4.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**0.00**	**30.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99291	XXX	4.50	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	439,301

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99239	XXX	1.90	**RUC Time**	3,866,830

CPT Descriptor 2 Hospital discharge day management; more than 30 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
31661	000	4.50	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 68 **% of respondents:** 68.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 99184**	**Key Reference CPT Code:** 99291	**Source of Time** RUC Time

Median Pre-Service Time	30.00	15.00
Median Intra-Service Time	60.00	40.00
Median Immediate Post-service Time	20.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**110.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.40	4.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.69	4.53
Urgency of medical decision making	4.93	4.68
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.15	4.34
Physical effort required	3.84	3.85
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.94	4.59
Outcome depends on the skill and judgment of physician	4.50	4.47
Estimated risk of malpractice suit with poor outcome	4.69	4.21

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.51	4.28
Intra-Service intensity/complexity	4.79	4.63
Post-Service intensity/complexity	4.26	4.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An AAP expert panel reviewed the survey results and given the quality of the data, recommended the survey medians. This recommendation is further substantiated by the fact that patients cared for under code 99184 are critically ill/critically injured, as they are with the key reference service (99291).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This code is used to report the initiation of body/selective head cooling in a critically ill neonate on the day of birth and, therefore, is typcially reported with a NICU E/M code (eg, 99468).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. XXXXX (XXX global; 4.50 wRVUs; 30/60/40) plus 99468 (XXX global; 18.46 wRVUs; 45/180/48.80)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0260T-0261T; 99481-99482

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 8000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99291

SS Rec Summary

ISSUE: Neonatal Hypothermia

TAB: 18

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes		0.096			4.50			70	15					40			15																			
CURRENT				#DIV/0!						0																													
SVY	99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, placement and confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	100	0.049	0.80	4.00	4.50	5.00	30.00	130	30			1	40	60	120	720	40																			
REC	99184		100	0.056			4.50			110	30					60			20																			

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December 30, 2013

Barbara Levy, MD
Chairperson, AMA/Specialty Society RVS Update Committee
American Medical Association
AMA Plaza
330 N Wabash Ave
Chicago, IL 60611-5885

Re: Direct Practice Expense Inputs for Code 99184 (Tab 18/Tracking Code U1)

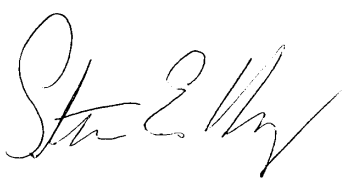
Dear Dr Levy:

Code 99184 (*Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, placement and confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling*) is among the codes being considered during the January 2014 RUC meeting.

The American Academy of Pediatrics (AAP) has conducted a physician work survey for code 99184 and developed a work RVU recommendation based on the survey results. However, since the service described by code XXXXXX is one that typically occurs in the facility setting, the AAP recommends no direct practice expense inputs for code 99184.

If you have any questions, please contact Linda Walsh, AAP staff, at 847/434-7931 or lwalsh@aap.org. Thank you.

Sincerely,



Steven E. Krug, MD, FAAP
AAP RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Application of Topical Fluoride Varnish

CPT Code 99188 was developed as a new code during the February 2014 CPT Editorial Panel meeting. This code describes the application of topical fluoride varnish to the teeth of young children by pediatricians or other qualified health care professionals.

99188 ***Application of topical fluoride varnish by a physician or other qualified health care professional***
The RUC reviewed the survey results from 145 pediatricians and recommends the median work RVU of 0.20 for CPT code 99188. The RUC recommends 2 minutes of pre-service time, 5 minutes intra-service and 2 minutes post-service time. The RUC determined that this code compared well with the key reference service CPT code 92567 *Tympanometry (impedance testing)* (work RVU = 0.20, 1 minute pre-time, 4 minutes intra-service time, 1 minute post-service) The RUC noted that code 99188 requires one additional minute of pre, intra and post-service time compared to this key reference service. The RUC also compared code 99188 to CPT code 99211 *Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services* (work RVU = 0.18, 5 minutes intra-service time) which has similar time and intensity measures. The RUC determined that for this comparison, recommending a higher work value is warranted because 99188 describes a slightly more intense service. It was noted that a child may not be cooperative during this procedure, reflecting an appropriate time and intensity for the application by the physician. **The RUC recommends a work RVU of 0.20 for code 99188.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●99188	QQ1	Application of topical fluoride varnish by a physician or other qualified health care professional	XXX	0.20

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99188 Tracking Number QQ1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX RUC Recommended RVU: **0.20**

CPT Descriptor: Application of topical fluoride varnish by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The physician or other qualified health care professional applies a topical application of fluoride varnish to the teeth of a 24-month old patient who is at risk for dental caries.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician opens the fluoride varnish packet (ie, single dose of the fluoride varnish plus disposable brush) and prepares it according to the instructions. The physician positions herself knee-to-knee with the parent/caregiver and lays the child's head in her lap.

Description of Intra-Service Work: The physician dries the first quadrant of the mouth with the gauze and applies the fluoride varnish with a brush to cover every surface of the teeth. She continues for all four quadrants of the mouth.

Description of Post-Service Work: The physician provides the parent with directions for home care following the service.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	William Frese, MD, FAAP and Steve Krug, MD, FAAP				
Specialty(s):	American Academy of Pediatrics (AAP)				
CPT Code:	99188				
Sample Size:	2751	**Resp N:**	145	**Response:** 5.2 %	
Description of Sample:	Random sample of members from the AAP				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**20.00**	100.00	1000.00
Survey RVW:	0.00	0.18	**0.20**	0.45	30.00
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	3.00	**5.00**	8.00	25.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99188	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92567	XXX	0.20	**RUC Time**

CPT Descriptor Tympanometry (impedance testing)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	6,840,816

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	17,770,985

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
90460	XXX	0.17	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 36 **% of respondents:** 24.8 **%**

TIME ESTIMATES (Median)	CPT Code: 99188	Key Reference CPT Code: 92567	Source of Time RUC Time
Median Pre-Service Time	2.00	1.00	
Median Intra-Service Time	5.00	4.00	
Median Immediate Post-service Time	2.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**9.00**	**6.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.00	2.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.00	2.36
Urgency of medical decision making	1.92	2.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.69	2.69
Physical effort required	2.86	2.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.61	1.58
Outcome depends on the skill and judgment of physician	2.14	2.31
Estimated risk of malpractice suit with poor outcome	1.50	1.64

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.00	2.03
Intra-Service intensity/complexity	2.83	2.69

Post-Service intensity/complexity	2.00	2.22

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An AAP expert panel reviewed the survey results and given the quality of the data, recommended the survey medians.

We are recommending that the surveyed code be valued the same (0.20 wRVUs) as the key reference service (92567) even though its IWPUT is less (ie, 0.022 versus 0.039). This is due to the fact that topical application of fluoride varnish (TAFV) requires one additional minute of intra-service time (and three minutes of additional total time) than the key reference service (KRS).

Like our key reference service (92567), CPT code 99211 was also selected by 36 (25%) of surveyees as the reference service. We utilized code 92567 as our KRS instead of code 99211 because the latter describes an evaluation and management service rather than a procedure.

However, code 99211 remains a good comparison code due to the fact that it has similar IWPUT to TAFV but less time and fewer wRVUs. It should also be noted that code 99211 does not require the face-to-face physician/other qualified health care professional work involved in positioning the patient or in applying fluoride varnish.

CPT code 99212, which was selected by 21 (14%) of surveyees as the key reference service, is an appropriate comparison code due to the fact that we are recommending less than half of its wRVUs (ie, 0.48 versus 0.20 for TAFV) – yet the TAFV intra-service time is half that of 99212 (5 versus 10), the total time is greater than half (9 versus 16), resulting in a lower IWPUT (0.022 versus 0.034).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Typically reported in conjuction with a pediatric Preventive Medicine Service (PMS) visit (eg, 99392)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 99392 Preventive medicine service, established patient, 1-4 years of age plus 994XX1

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) D1206 Topical application of fluoride varnish

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1212484
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: Annual EPSDT Participation Report; Form CMS-416 (2012)

Specialty Pediatrics Frequency 1212484 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92567

SS Rec Summary

ISSUE: Topical application of fluoride varnish

TAB: 29

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	92567	Tympanometry (impedance testing)		0.039			0.20			6	1					4			1																			
CURRENT				#DIV/0!						0																													
SVY	99188	Application of topical fluoride varnish by a physician or other qualified health care professional		0.022	0.00	0.18	0.20	0.45	30.00	9	2					5			2																			
REC	99188	Application of topical fluoride varnish by a physician or other qualified health care professional		0.022			0.20			9	2					5			2																			

CPT Code: 99188 (Tab 29) (Tracking Code QQ1)
Specialty Society: American Academy of Pediatrics (AAP)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
Application of topical fluoride varnish by a physician or other qualified health care professional

Global Period: **XXX** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An AAP expert panel formulated direct practice expense input recommendations for code 994XX1 utilizing the RUC-approved inputs for reference code 95165.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.
Reference Code Rationale:
While code 95165 includes significantly less physician work than code 994XX1, the fact that it has RUC-approved clinical staff time, medical supplies, and medical equipment similar to code 994XX1 makes it a viable direct practice expense crosswalk.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time.
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence.
N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

CPT Code: 99188 (Tab 29) (Tracking Code QQ1)
Specialty Society: American Academy of Pediatrics (AAP)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Application of topical fluoride varnish by a physician or other qualified health care professional

Global Period: **XXX** Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An AAP expert panel formulated direct practice expense input recommendations for code 994XX1 utilizing the RUC-approved inputs for reference code 95165.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.
Reference Code Rationale:
While code 95165 includes significantly less physician work than code 994XX1, the fact that it has RUC-approved clinical staff time, medical supplies, and medical equipment similar to code 994XX1 makes it a viable direct practice expense crosswalk.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time.
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence.
N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
Preparing fluoride varnish packet, gauze pad, non-sterile gloves, and patient information sheet.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G
1	**AAP_994XX1 TAFV**			**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95165**		**99188**	
3	**Meeting Date: April 2014 Tab: 29 (Tracking Code QQ1) Specialty: American Academy of Pediatrics (AAP)**	**CMS Code**	**Staff Type**	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)		Application of topical fluoride varnish by a physician or other qualifed health care professional	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**			**2.3**	**0.0**	**2.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**2.3**	**0.0**	**2.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	**Prepare room, equipment, supplies**	**L037D**	**RN/LPN/MTA**	**2.3**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack				
60	**gloves, non-sterile**	**SB022**	**item**	**0.2**		**0**	
61	syringe 1ml	SC052	item	**1**			
62	antigen, multi (pollen, mite, mold, cat)	SH007	item	**1**			
63	swab-pad, alcohol	SJ053	item	**0.1**			
64	color coded cap and vial (for antigen)	SL027	item	**1**			
65	**CDC information sheet**	**SK012**	**item**			**1**	
66	**gauze, sterile 2in x 2in**	**SG053**	**item**			**1**	
67	**CavityShield 5% Varnish .25mL (200 doses/box)**	**Please see attached paid invoice**	**dose**			**1**	
68	**EQUIPMENT**	**CODE**					
69							
70							
71							
72							
73							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Chronic Care Management

In May 2012, the CPT Editorial Panel created three new codes to describe complex chronic care management services that are patient-centered management and support services. These CPT codes were designed to describe a complex patient who requires changes in the care plan and significant clinical staff resources (i.e., typically 60 minutes of nurse care coordination in a calendar month). In the MPFS Final Rule for 2014, CMS broadened the proposal to capture all patients receiving 20 minutes or more of clinical staff management time to address two or more chronic conditions, expected to last at least 12 months or until the death of the patient, that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.

A number of specialty societies submitted a coding change proposal to the CPT Editorial Panel to establish one new CPT code for chronic care management (CCM). The proposed code for CCM has the same descriptor as the G code proposed by CMS. In February 2014, the CPT Editorial Panel created a new code to describe chronic care management and new introductory language. CPT decided to retain CPT codes 99487 and 99489 and to delete CPT code 99488, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month* (the complex chronic care management (CCCM) code that included a face-to-face visit). The CPT coding structure starting in January 2015 will be as follows: 99487 and 99489 will exist as a family of two codes that, when appropriate, will be used together to describe *complex* chronic care management per calendar month for 60 minutes of clinical staff time and add-on for 30 minutes of clinical staff time; 99490 will exist as a separate stand-alone code to describe chronic care management per calendar month with at least 20 minutes of clinical staff time.

The RUC noted it was important that 99490 be surveyed on its own, with only the new CPT instructions for 99490 available to respondents. The specialty societies indicated that codes 99487 and 99489 were not included on the reference service list, so the respondents would not confuse the new code with CPT codes 99487 and 99489. The specialty societies noted that the clinical staff time for the other non-face-to-face chronic care management code, 99487, was not surveyed back in 2012 because the descriptor specified "60 minutes" of clinical staff time was required to report 99487. However, the descriptor for 99490 says "*at least 20 minutes of clinical staff time*." Therefore, the actual staff time is not specified, so the specialty societies determined it was important to survey for "typical" clinical staff time in order to make sure the code was accurately valued. Two questions regarding the amount of clinical staff time were added to the survey: one for the amount of time spent by clinical staff performing clinical staff activities and a second question asking how much physician time was spent performing clinical staff activities. It is important to note that the standard questions for physician work and physician time spent on supervision were also asked. Therefore, the survey asked three questions regarding time in this survey: (2a) asked about physician time spent supervising, (2b) asked about clinical staff activities

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performed by clinical staff and (2c) asked about clinical staff activities performed by the physician. *Please see the attached document and spreadsheet providing this additional information on clinical staff time further breakdown.*

99490 ***Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:***

- ***multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,***
- ***chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,***
- ***comprehensive care plan established, implemented, revised, or monitored***

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

The RUC reviewed the survey results from 338 physicians for CPT code 99490 and determined that the survey 25th percentile work RVU of 1.00 and 30 minutes intra-service time appropriately accounted for the work required to perform this service. The specialty societies indicated and the RUC agreed that the physician work of supervising chronic care management required for 99490 is the same as 99487 *Complex chronic care management* (RUC recommended work RVU = 1.00), which also includes 60 minutes of clinical staff time. The RUC noted that the survey median work RVU of 1.50 would cause a rank order anomaly. The RUC also compared 99490 to the key reference service 99214 and determined that the work and physician time required to perform 99490 is less, therefore is appropriately valued lower. The RUC confirmed the proper rank order with the following Evaluation and Management services: 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician* (work RVU = 1.10), 99339 *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities…15-29 minutes* (work RVU = 1.25), 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 1.42) and 99340 *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities…30 minutes or more* (work RVU = 1.80). For additional support the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (work RVU = 0.85). **The RUC recommends a work RVU of 1.00 for CPT code 99490.**

New Technology/New Services List:
The specialty societies requested and the RUC agrees that CPT code 99490 be added to the new technology/new services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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Practice Expense
The Practice Expense Subcommittee noted that typical clinical staff type providing the service is an RN (L051A) not an RN/LPN/MTA (L037D) blend for 60 minutes of clinical staff time. The PE Subcommittee recognized that, under certain circumstances, other individuals with less than an RN degree may be performing components of these services up to the extent allowable by their states' scope of practice. However, the PE Subcommittee valued this service as the typical scenario as an RN performing this service. The RN is assessing a patient with multiple chronic conditions and of all the physicians queried in providing these services over the last decade, all indicated they have worked only with an RN. **The RUC recommends 60 minutes of clinical labor time performed by an RN (L051A) as recommended by the Practice Expense Subcommittee.**

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~Complex Chronic~~ Care ~~Coordination~~Management Services ~~Complex chronic care coordination~~Care management services are ~~patient centered~~ management and support services provided by ~~physicians~~clinical staff, under the direction of a physician or other qualified health care professionals~~, and clinical staff~~ to a~~n individual who resides~~ patient residing at home or in a domiciliary, rest home, or assisted living facility. ~~These services typically involve clinical staff developing~~Services may include establishing, ~~substantially~~implementing, revising, ~~and implementing a care plan under direction of the physician~~ or ~~other qualified health care professional. Substantial revision to a~~monitoring the care plan ~~typically occurs when~~, coordinating the ~~patient's clinical condition changes sufficiently (eg, identification of a new problem requiring additional interventions, introduction of new interventions because existing interventions are deemed ineffective, exacerbation~~care of ~~an existing problem requiring new interventions) to require more intensive staff monitoring, changes in the treatment regimen~~other professionals and agencies, and ~~additional time to educate~~educating the patient ~~and/~~or caregiver about the patient's condition ~~and/or change in treatment~~, care plan, and prognosis. The~~se services address the coordination of care by multiple professionals, disciplines, and/~~ physician or ~~community service agencies. The reporting individual~~other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, ~~and instrumental~~ and ~~basic~~ activities of daily living ~~(IADL/ADL)~~. ~~Patients who require complex chronic care coordination services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits. Typical adult patients take or receive three or more prescription medications and may also be receiving other types of therapeutic interventions (eg, physical therapy, occupational therapy) and have two or more chronic continuous or~~				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Typical pediatric patients receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy) and have two or more chronic continuous or episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Because of the complex nature of their diseases and morbidities, these patients commonly require the coordination of a number of specialties and services. In some cases, due to inability to perform IADL/ADL and/ or cognitive impairment the patient is unable to adhere to the treatment plan without substantial assistance from a caregiver. For example, patients may have medical and psychiatric behavioral co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care. Social support requirements or access to care difficulties may cause a need for these services. Medical, functional, and/or psychosocial problems that require medical decision making of moderate or high complexity and extensive clinical staff support are required. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is not only applied to the face-to-face services, but is determined by the nature of the problems addressed by the reporting individual during the month.

A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental (re)assessment and an inventory of resources and supports. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

Codes 99487-9948999487, 99489, 99490 are reported only **once**once per calendar month and include all non-face-to-face complex chronic care coordination services and none or 1 face-to-face office or other outpatient, home, or domiciliary visit. Physicians or other qualified health care professionals may not report care coordination services if the care plan is unchanged or requires minimal change (eg, only a medication is changed or an adjustment in a treatment modality is ordered). Codes 99487-99489 may only be reported by the single physician or other qualified health care professional who assumes the care coordinationmanagement role with a particular patient for the calendar month.

Code selection is as follows:

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~Code 99487 is reported when, during the calendar month, there is no face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities. 99488 is reported when, during the calendar month, there is a face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities.~~

The face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals and agencies; revising, documenting and implementing the care plan; or teaching self-management is used in determining the ~~complex chronic~~ care ~~coordination~~management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. **Note:** Do not count any clinical staff time ~~on the date of the first visit or~~ on a day when the physician or qualified health care professional reports an E/M service (office or other outpatient services ~~99211-99215~~99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services ~~99334-9933~~799324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services ~~99347-99350~~99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350).

Care ~~coordination~~management activities performed by clinical staff typically include:

- communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/~~caretaker~~caregiver education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;

development, communication, and maintenance of a comprehensive care plan.

The care ~~coordination~~management office/practice must have the following capabilities:

- provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

week;
- provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;
- provide timely access and management for follow-up after an emergency department visit or facility discharge;
- utilize an electronic health record system so that care providers have timely access to clinical information;
- ~~use~~ use a standardized methodology to identify patients who require ~~chronic complex~~ care ~~coordination~~management services;
- have an internal care ~~coordination~~management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner;
- use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

~~If a face-to-face visit was provided during the month by the physician or other qualified health care professional, report 99488. Additional~~ E/M services ~~beyond the first visit~~ may be reported separately by the same physician or other qualified health care professional during the same calendar month. ~~Complex care coordination~~Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), anticoagulant management (99363, 99364), medical team conferences (~~99366-9936899366, 99367, 99368~~), education and training (~~98960-9896298960, 98961, 98962~~, 99071, 99078), telephone services (~~98966-9896899366, 99367, 99368~~, ~~99441-9944399441, 99442, 99443~~), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (~~99605-9960799605, 99606, 99607~~) and, if performed, these services may not be reported separately during the month for which ~~99487-9948999487, 99489~~ are reported. All other services may be reported. Do not report ~~99487-9948999487, 99489, 99490~~ if reporting ESRD services (90951-90970) during the same month. If the ~~complex chronic~~ care ~~coordination~~management services are performed within the postoperative period of a reported surgery, the same individual may not report ~~99487-9948999487, 99489, 99490~~.

~~Complex chronic care coordination can~~Care management may be reported in any calendar month during which the clinical staff time requirements are met. If care ~~coordination~~management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report ~~99487-9948999487, 99489, 99490~~ for any post-discharge ~~complex chronic~~ care ~~coordination~~management services for any days within 30 days of discharge, if reporting 99495, 99496.

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~Total Duration of Staff Care Coordination Services~~	~~Code(s)~~
~~Less than 30 minutes~~	~~Not reported separately~~
~~31 to 74 minutes (31 minutes - 1 hr. 14 min.)~~	~~99487 or 99488 x 1~~
~~75 - 104 minutes (1 hr. 15 min. - 1 hr. 44 min.)~~	~~99487 or 99488 x 1 and 99489 x 1~~
~~5 minutes or more (1 hr. 45 min. or more~~	~~99487 or 99488 x 1 and 99489 x 2 or more for each additional 30 minutes~~

Chronic Care Management Services

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Code 99490 is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities.

●99490	PP1	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ comprehensive care plan established, implemented, revised, or	XXX	1.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		monitored. (Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately		

Complex Chronic Care Management Services

Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services as well as establishment or substantial revision of a comprehensive care plan; medical, functional, and/or psychosocial problems requiring medical decision making of moderate or high complexity; and clinical staff care management services for at least 60 minutes, under the direction of a physician or other qualified health care professional. Physicians or other qualified health care professionals may not report complex chronic care management services if the care plan is unchanged or requires minimal change (eg, only a medication is changed or an adjustment in a treatment modality is ordered). Medical decision making as defined in the Evaluation and Management (E/M) guidelines is determined by the problems addressed by the reporting individual during the month.

Patients who require complex chronic care management services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits.Typical adult patients who receive complex chronic care management services are treated with three or more prescription medications and may be receiving other types of therapeutic interventions (eg, physical therapy, occupational therapy). Typical pediatric patients receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy). All patients have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Typical patients have complex diseases and morbidities and, as a result, demonstrate one or more of the following:

- need for the coordination of a number of specialties and services;
- inability to perform activities of daily living and/or cognitive impairment resulting in poor adherence to the treatment plan without substantial assistance from a caregiver;
- psychiatric and other medical co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care; and/or
- social support requirements or difficulty with access to care.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
99487 (e)		Complex chronic care ~~coordination~~management services, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ establishment or substantial revision of a comprehensive care plan, ▪ moderate or high complexity medical decision making; ▪ 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. ~~first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month~~ (Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)	XXX	1.00 (No Change)
~~99488~~		~~first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month~~ (99488 has been deleted. To report one or more face-to-face visits by the physician or other qualified health care professional that are		N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		performed in the same month as 99487, use the appropriate E/M code(s).)		
✚ 99489 (e)		each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (Report 99489 in conjunction with 99487~~, 99488~~) (Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex chronic care management services during a calendar month)	ZZZ	0.50 (No Change)
(Do not report 99487-9948990X during the same month with 90951-90970, 98960-98962, 98966-98969, 99071,99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, 99363, 99364, 99366-99368, 99374-99380, 99441-99444, 99495, 99496, 99605-99607) *Coding Tip* Time of care ~~coordination~~management with the emergency department is reportable using 99487-994~~89~~90, but time while the patient is inpatient or admitted as observation is not. If the physician personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99490 Tracking Number PP1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor:
Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, Comprehensive care plan established, implemented, revised, or monitored. (Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75 year old man with diabetes, claudication and mild congestive heart failure, status post myocardial infarction with mild dementia who had a peripheral arterial stent placed six weeks ago during a hospitalization for treatment of a foot ulcer. He lives with his daughter, participates in remote monitoring programs and is being treated by two specialists in addition to his primary care physician.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Chronic care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional when medical and/or psychosocial needs of the patient require establishing and implementing, revising or monitoring the care plan. Services typically include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.
A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social

services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

The care management office/practice must have the following capabilities:
Provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week; provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; provide timely access and management for follow-up after an emergency department visit or facility discharge; utilize an electronic health record system so that care providers have timely access to clinical information; use a standardized methodology to identify patients who require care management services; have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner; use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient..

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	John Agens, MD (AGS), Thomas Weida, MD (AAFP), Marianna Spinaki, MD, PhD (AAN), Mary Newman, MD (ACP), Joseph Schlecht, DO (AOA), Robert DeMarco, MD (ACCP), Katina Nicolacakis, MD (ATS), Michael Lill, MD, (ASBMT), Phillip Rodgers, MD, Charles Crecelius, MD					
Specialty(s):	American Geriatrics Society (AGS), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Gastroenterological Association (AGA), American Society of Gastrointestinal Endoscopy (ASGE), American College of Gastroenterology (ACG), American Society of Bone and Marrow Transplantation (ASBMT), and American Thoracic Society (ATS).					
CPT Code:	99490					
Sample Size:	13756	**Resp N:**	338	**Response:** 2.4 %		
Description of Sample:	Random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**25.00**	100.00	3000.00
Survey RVW:	0.00	1.00	**1.50**	2.00	5.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**30.00**	45.00	240.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99490	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	9,935,740

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99309	XXX	1.55	**RUC Time**	7,693,411

CPT Descriptor 2 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 101 **% of respondents:** 29.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 99490**	**Key Reference CPT Code:** 99214	**Source of Time RUC Time**
Median Pre-Service Time	0.00	5.00	
Median Intra-Service Time	30.00	25.00	
Median Immediate Post-service Time	0.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.10	4.05
Urgency of medical decision making	3.57	3.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.62
Physical effort required	3.11	3.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.26	4.15
Outcome depends on the skill and judgment of physician	4.14	4.04

Estimated risk of malpractice suit with poor outcome	3.24	3.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	3.97	3.97
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

There were 338 responses to the survey request. The following societies participated in distributing the survey: American Geriatrics Society (AGS), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Gastroenterological Association (AGA), the American Society of Gastrointestinal Endoscopy (ASGE), the American College of Gastroenterology (ACG), and the American Society for Blood and Marrow Transplantation (ASBMT). These societies represent allopathic and osteopathic physicians, nurse practitioners, and physician assistants. The summary tables included with the material submitted by the specialty societies contain total and breakout survey results. With the approval of the Research Subcommittee, the specialty societies modified the survey tool for the purpose of surveying the clinical staff time for the service and the amount of physician time spent performing clinical staff activities.

Background

A multi-specialty and multi-discipline expert panel ("panel") reviewed the survey results and developed the following rationale for the recommended work value for this Chronic Care Management (CCM) code, 99490.

Code 99490 is conceptually similar to code 99487, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month*. On November 27, 2013 in the Medicare Physician Fee Schedule Final Rule for Calendar Year 2014, CMS announced that it had decided to create a CCM service effective January 1, 2015, and finalized a proposal to establish a G code to describe the service. In response to this, announcement, a number of specialty societies submitted a coding change proposal to establish a new CPT code for CCM. The proposed code for CCM had the same descriptor as the G code established by CMS. In addition to creating the new CPT code, the CPT Editorial Panel, at their February 2014 meeting, created new introductory language specifically for the new CCM code. CPT decided to retain 99487 and 99489 and to delete 99488, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month* (the complex chronic care coordination (CCCC) code that included a face-to-face visit). Most importantly, the CPT structure starting in January 2015 will be as follows: 99487 and 99489 will exist as a family of two codes that, when appropriate, will be used together; 99490 will exist as a separate stand-alone code, in part because CMS declined to establish an add-on code (like 99489) for 99490. Physicians are likely to choose to use 99487/99489 OR 99490 depending on individual payer requirements and policy.
Therefore, it was critically important that 99490 be surveyed on its own, with only the new CPT instructions for 99490 available to respondents. Additionally, codes 99487 and 99489 were not included on the RSL, so the respondents would not confuse the new code with 99487/99489. This is why only the new CPT guideline language for 99490 was included in the survey - and not the guideline language for 99487.

CCM describes non-face-to-face management of a patient, over a calendar month, and requires at least 20 minutes of clinical staff time under the direction of a physician or other qualified health care professional. Because the code requires

"at least 20 minutes of clinical staff time," the surveying specialties decided to survey clinical staff time in addition to physician time and work. Importantly, the specialties heard that, in some cases, physicians are not only directing the service but also acting as clinical staff. Therefore, the specialties also surveyed physician time spent performing clinical staff activities and asked the respondents to separate the time spent directing the service from the time spent performing clinical staff activities (if the respondent performed clinical staff activities). Lastly, the survey specifically requested that the work RVU be based only on the time spent directing CCM - and not on the time spent performing clinical staff activities. Adding these questions allowed the specialties to address some of the concerns raised by the RUC about the survey for 99487, and to make recommendations for: (1) physician time spent directing CCM, (2) physician work spent directing CCM and (3) total clinical staff time (i.e., the sum of clinical staff time as reported in question 2b and physician time spent performing clinical staff activities as reported in question 2c).

In reviewing the survey results, the expert panel kept in mind that 99490 is a stand-alone code that is reported only once no matter how much physician and staff time is spent performing the service, after the minimum of 20 minutes of clinical staff time has been reached. This is not akin to 99487 which had to be valued relative to 99489. The panel agreed that Code 99490 should be valued relative to the combination of 99487/99489, as it is a stand-alone alternative to those codes.
The panel also acknowledged that 99490 does not include physician or clinical staff time or work performed for unrelated activities.

All physician time in the CCM and CCCC codes is considered intra-service time, because it includes all time spent during a calendar month.

Reference Services

For 99490, the key reference service was 99214:

- 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family* with a work RVU of 1.5 and total time of 40 minutes (5/25/10).

The survey median RVU for 99490 was 1.50 with a total physician time of 30 minutes to direct the service; the survey 25th percentile for work was 1.00 and the 25th percentile for time was 20 minutes to direct the service.

Recommendation and Rationale

The multi-specialty expert panel reviewed the survey data and considered the placement of 99490 into proper rank order with 99487 and other non-face-to-face E/M codes.

Code	Description	Work RVU	Intra-service Time	Total Time
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	1.25	20	40
99340	Individual physician supervision of a patient	1.80	30	60

	(patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more			
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	1.10	30	40
90832	Psychotherapy, 30 minutes with patient and/or family member	1.50	30	45
99203	New Patient Visit	1.42	20	29

The care plan oversight codes 99339 and 99340 are reported for patients who are clinically less complex than patients who receive CCM services. Specifically, there is oversight and management of only a portion of the patient's care, namely the problems that make the patient eligible for home care or hospice care. Care plan oversight entails 30 min of physician time over the course of a month generally limited to the focus of the home or hospice care episode; for example, overseeing the nursing or therapist functions by following patient progress, as reported by those caregivers, and ensuring that the care plan is followed. The oversight includes conversations between healthcare, not family members. Oversight does not include issues such as social support, resolution of psychosocial issues and active management of functional needs. Thus, because family members and caregivers are not part of the service, the work is less stressful and more straightforward.
The team conference codes 99366, 99367 and 99368 are reported for the subset of patient problems that require care coordination - not for all their problems. Team conferences focus on those medical issues being attended to by the team members who attend the conference (e.g., physical therapy, primary care, cardiology, etc.).

The expert panel reviewed 99203 and agreed that 99490 was less intense than 99203 but that the total work was similar given that 99490 has 10 more minutes of intraservice time. The panel noted that 90832 is a focused time limited visit while 99490 addresses many medical, psychosocial and functional activity issues over an entire month.

With respect to the physician work, we believe that 99490, which has a higher intraservice time but lower total service time than code 99214 should have an identical work RVU because the total work is the same even though the total time is less. We also note that the total time spent in directing the clinical staff is in an appropriate ratio to the total clinical staff time (30/60).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) (To Be Determined)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? see attachment If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

Tab 28 RUC Summary CCMS (2p)

ISSUE: Chronic Care Management Service

TAB: 28

Tracking Number	Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	2.a YOUR own time MD/PA/NP supervise					IMMD POST	SURVEY EXPERIENCE					2.b Clinical Staff Time					2.c Clinical Staff time by MD/PA/NP				
						MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX
	Key REF	99214	Office visit for the E/M of an established patient. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	101	0.0466			1.50			40	5			25			10															
F1	RUC Rec. 2012	99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar	147	0.0385			1.00			26				26																	
F3	RUC Rec. 2012	99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	147	0.0385			0.50			13				13																	
PP1	SVY-T	99490	Chronic Care Management Service	338	0.0500	0.00	1.00	1.50	2.00	5.25	30		1	20	30	45	240		0	1	25	100	3000	0	30	45	60	320	0	5	15	30	240
SVY	AGS	99490	Chronic Care Management Service	135	0.0500	0.00	1.05	1.50	2.03	5.00	30		1	20	30	45	180		0	5	40	120	2000	0	30	45	60	200	0	6	15	25	120
SVY	AOA	99490	Chronic Care Management Service	55	0.0500	0.00	0.94	1.50	1.80	2.89	30		4	20	30	43	240		0	0	20	55	3000	4	25	40	60	320	0	8	20	30	180
SVY	ASBMT	99490	Chronic Care Management Service	40	0.0483	0.00	1.00	1.93	2.11	5.25	40		5	25	40	60	180		0	1	25	100	2000	15	35	45	60	200	0	8	23	30	240
SVY	AAN	99490	Chronic Care Management Service	34	0.0453	0.20	0.76	1.36	1.78	5.00	30		10	21	30	39	120		0	0	10	100	800	0	20	40	60	120	0	5	10	24	90
SVY	AAFP	99490	Chronic Care Management Service	27	0.0583	0.00	1.30	1.75	2.00	3.00	30		5	20	30	30	200		0	5	20	300	1200	10	23	45	60	180	0	4	10	15	150
SVY	ACP	99490	Chronic Care Management Service	23	0.0450	0.20	0.90	1.35	1.95	2.50	30		10	20	30	40	90		0	1	10	40	1000	15	20	30	65	120	0	10	20	27	90
SVY	ACCP & ATS	99490	Chronic Care Management Service	15	0.0500	0.05	1.00	1.50	2.48	3.20	30		10	20	30	40	60		0	2	30	113	500	20	25	45	58	150	5	13	20	28	60
SVY	AGA-ASGE-ACG	99490	Chronic Care Management Service	9	0.0667	0.10	1.50	2.00	2.00	2.25	30		10	15	30	35	120		3	5	12	60	200	15	30	30	45	240	0	4	15	20	150
PP1	REC	99490	Chronic Care Management Service	338	0.0333			1.00			30				30											60							

Additional Information on Clinical Staff Time for CCM Code 99490

Below is additional information clarifying the amount of time that is spent performing clinical staff activities for 99490. Please review the attached table after reading the below.

The clinical staff time for the other non-face-to-face chronic care management code, 99487, was not surveyed back in 2012 because the descriptor specified "60 minutes" of clinical staff time was required to report 99487. However, the descriptor for 99490 says "***at least 20 minutes of clinical staff time.***" Therefore, the actual staff time is not specified so it was important to survey for "typical" clinical staff time in order to make sure the code was accurately valued for clinical staff time. Two questions regarding the amount of clinical staff time were added to the survey: one for the amount time spent by clinical staff performing clinical staff activities and a second question asking how much physician time was spent performing clinical staff activities. It is important to note that the standard questions for physician work and physician time spent on supervision (which was the time upon which the work RVU was based) were also asked; therefore there were three questions regarding time in this survey: (2 a) asked about physician time spent supervising, (2 b) asked about clinical staff activities performed by clinical staff and (2 c) asked about clinical staff activities performed by the physician.

If you look at the yellow line tracking number PP1 on the *attached table* - that is the response from the entire survey - you can see the median clinical staff time spent by clinical staff is 45 minutes while the median clinical staff time spent by a physician or other mid-level practitioner is 15 minutes. If you add these amounts you get a total of 60 minutes of time spent performing clinical staff activities and this was the request from the specialty societies and the recommendation of the RUC. The RUC heavily considered the subgroup analysis, also included on the attached table, when developing its recommendation.

As support the specialty societies also offered a sub analysis of the data, the green row, titled tracking # 11 which contains only data from 61 physicians who responded that **they did not perform any clinical staff work** (i.e., all clinical staff work was spent by clinical staff meaning that question 2 c was answered as "0"). The median clinical staff time for this group of physicians was 60 minutes, supporting our recommendation for 60 minutes of clinical staff time. If you look at the red row, titled tracking # 12 which contains the responses from those physicians who responded that 1 or more minutes of clinical staff time was performed by a physician or mid-level practitioner, the total time for clinical staff activities is 65 minutes - the sum of the medians of the time spent by clinical staff, 45 minutes, and the time spent by the physician, 20 minutes.

In summary, the survey data, whether analyzed in total or by the pertinent subgroups, supports assignment of 60 minutes of clinical staff time to 99490.

Physician Personally Perform Clinical Activities
vs
Physician Does Not Perform Clinical Activities

ISSUE: Chronic Care Management Service

TAB: 28

Tracking Number	Source	CPT	Short DESC	Survey Resp	Physician Work & Physician Supervision Time: IWPUT	RVW 25th	RVW MED	RVW 75th	Total Time	2.a Physician INTRA time MD/PA/NP supervise clinical staff 25th	2.a MED	2.a 75th	Time Spent Performing Clinical Staff Activities: 2.b Clinical Staff Activities: Time Spent by Clinical Staff MIN	2.b 25th	2.b MED	2.b 75th	2.c Clinical Staff Activities: Time spent by Physician, APN, PA 25th	2.c MED	2.c 75th
PP1	SVY-Total April 2014	99490X	Chronic Care Management Service	338	0.0500	1.00	1.50	2.00	30	20	30	45	0	30	45	60	5	15	30
11	MD (0) Does NOT perform any Clinical	99490X	Chronic Care Management Service	61	0.0500	0.97	1.50	2.00	30	25	30	60	0	30	60	80	0	0	0
12	MD personally performs some of clinical	99490X	Chronic Care Management Service	277	0.0500	1.00	1.50	2.00	30	20	30	45	0	25	45	60	10	20	30
	RUC REC	99490X	Chronic Care Management Service	338	0.0333	1.00			30		30				60			0	

Chronic Care Management Services

Utilization Projections

Projected Number of Medicare Beneficiaries Eligible to Receive CCCC[1/2]						**3,221,481**	
Number of Chronic Conditions	2	3	4	5+	Total		
Beneficiaries	5,836,109	5,831,371	4,289,659	5,817,468	21,774,607		
% with Functonal Impairment	9%	10%	14%	26%			
Number with Functional Impairment	525,250	583,137	600,552	1,512,542	**3,221,481**		

Number of Beneficiaries who will have access to practice that is advanced medical home		
Measure readiness by review of Primary Care physicians who met Meaningful Use for EMR, Stage 1[3]	17.8%	
Multiple this number by two to be conservative as others are adopting EMR/advanced practice models	x 2	
Percent of Practices Capable (also estimated from practice size/type from HSC Community Tracking Study)[4]	40.0%	**1,288,592**
Based on Care Plan requirements, potential to report other services (TCM, G0181, etc), estimate # of CCCC per patient/ per year		**6**

Note: As we observed with Transitional Care Management services, we believe the potential utilization will not be realized in year one, rather would be phased in over multiple years.

Number of Potential CCCC Codes (99490X) Reported per year **7,731,554**

2015 Code	Estimate% Utilization split* between the codes	Distribution between codes (if CMS only approves (1) code this will be the code billed.)	2015 Work RVU	Total Projected Work RVUs	% 99214/99215 Avoided/ Replaced	# of 99214/99215 Avoided/Replaced	99214 Work RVUs Saved (1.50)[5]	99215 Work RVUs Saved (2.11)[5]
99490	**1.00**	7,731,554	1.00	7,731,554	20%	1,546,311	2,087,520	326,272
Total	100%	**7,731,554**		7,731,554			2,087,520	326,272

Projected Additional Work RVUs for 2014 - Offset by Avoided/Replaced Office Visits	**5,317,763**
Projected Required Conversion Factor Offset (without ED/Hospital Offset) (2014 CF $35.8228)	**$190,497,156**

Assume a 5% reduction in emergency department visits for these patients		
Number of Patients assumed to be qualify and have access to CCCC codes	1,288,592	
Percent of these patients with emergency department visits in year[2]	30%	
Assume 5% of the potential visits would be eliminated due to CCCC service	5%	19,329
Offset Work RVUs from Avoided Emergency Department Visits[6]		**-$2,287,738**
Assume a 5% reduction in hospitalizations for these patients		
Number of Patients assumed to be qualify and have access to CCCC codes	1,288,592	
Percent of these patients with hospitalizations visits in year[2]	40%	
Assume 5% of the potential hospitalizations would be eliminated due to CCCC service	5%	25,772
Offset Work RVUs from Avoided Hospitalizations[7]		**-$5,735,964**
Projected Required Conversion Factor Offset (with ED/Hospital Offset)		**$182,473,453**

1 http://www.thescanfoundation.org/sites/thescanfoundation.org/files/1pgdatabrief_no20.pdf

2 http://www.thescanfoundation.org/sites/thescanfoundation.org/files/1pg_databrief_no25.pdf

3 http://www.nejm.org/doi/pdf/10.1056/NEJMc1213481

4 http://www.hschange.com/CONTENT/941/?topic=topic22#ib1

(Practices with 3 or more physicians, including hospital owned outpatient practices / 36% = 9.8+17.6+4.2+12(40%))

5 10% of all 99214 and 99215s billed are at the highest level of 99215 - same ratio utilized in this assumption

6 Use same ratio of overall reporting of 99284 (40%) to 99285 (60%)

7 Assume typical hospitalization would include 1 admission (99222 (40%)/99223 (60%), 1 subsequent hospital visit (99232 (70%)/99233 (30%), and one discharge day 99238)

CPT Code:_99490___
Specialty Society('s)_AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

Global Period:_XXX_ Meeting Date: _April 2014____
NOTE: Services are per patient, per calendar month.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code **99487**
Rationale:

We believe this service will utilize a case manager that is an RN, rather than the RN/LPN mix as outlined in the 2014 final rule practice requirement for the CMS "G" code, which is most similar to 99490. The 2014 final rule is correct to identify that the work of the case manager is, at a minimum, at the RN level or higher.

Code 99487 (*Complex chronic care management services with the following required elements;*

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- establishment or substantial revision of a comprehensive care plan,
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

(Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

Chronic care management activities performed by clinical staff typically include:

- communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above;
- development, communication, and maintenance of a comprehensive care plan.

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**50.0**	**0.0**	**60.0**	**0.0**	**20.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**41.0**	**0.0**	**60.0**	**0.0**	**20.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify: Review/read X-ray, lab, pathology reports*	L037D	RN/LPN/MTA	**3**					
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**					
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**					
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**					
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**					
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**					
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**11**					
41	*Other Clinical Activity - specify: Review/read X-ray, lab, pathology reports	L037D	RN/LPN/MTA	**13**					
42	*Care management activities performed by clinical staff typically include: communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care; communication with home health agencies and other community services utilized by the patient; collection of health outcomes data and registry documentation; patient and/or family/caregiver education to support self-management, independent living, and activities of daily living; assessment and support for treatment regimen adherence and medication management; identification of available community and health resources; facilitating access to care and services needed by the patient and/or family, management of care transitions not reported as part of transitional care management (99495, 99496), ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above, development and maintenance of a comprehensive care plan.*	**L037D**	**RN/LPN/MTA**			**60**		**20**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**								
47	**POST-SERVICE Period**								
48	**Start: Patient leaves office/facility**								
49	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**6**					
58	**End: with last office visit before end of global period**								
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
60	pack, minimum multi-specialty visit	SA048	pack						
61	pack, EM visit	SA047	pack	**1**					
62	**EQUIPMENT**	**CODE**							
63	otoscope-ophthalmoscope (wall unit)	EQ189		**44**					
64	table, exam	EF023		**44**					

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**50.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**41.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify: Review/read X-ray, lab, pathology reports*	L037D	RN/LPN/MTA	**3**					
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**					
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**					
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**					
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**					
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**					
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**11**					
41	*Other Clinical Activity - specify: Review/read X-ray, lab, pathology reports	L037D	RN/LPN/MTA	**13**					

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
42	*Care management activities performed by clinical staff typically include: communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care; communication with home health agencies and other community services utilized by the patient; collection of health outcomes data and registry documentation; patient and/or family/caregiver education to support self-management, independent living, and activities of daily living; assessment and support for treatment regimen adherence and medication management; identification of available community and health resources; facilitating access to care and services needed by the patient and/or family, management of care transitions not reported as part of transitional care management (99495, 99496), ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above, development and maintenance of a comprehensive care plan.*	**L051A**	**RN**			**60**		**60**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**								
47	**POST-SERVICE Period**								
48	**Start: Patient leaves office/facility**								
49	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**6**					
58	**End: with last office visit before end of global period**								
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
60	pack, minimum multi-specialty visit	SA048	pack						
61	pack, EM visit	SA047	pack	**1**					
62	**EQUIPMENT**	**CODE**							
63	otoscope-ophthalmoscope (wall unit)	EQ189		**44**					
64	table, exam	EF023		**44**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

Advance Care Planning

In October 2013, the CPT Editorial Panel created two new codes to describe the face-to-face encounter and time that a patient's treating physician spends with the patient, his/her family, or healthcare power of attorney discussing advance directive planning. Factors considered in this discussion include the patient's current disease state, disease progression, available treatments, cardiopulmonary resuscitation/life sustaining measures, do not resuscitate orders, life expectancy considering the patient's age and co-morbidities, and clinical recommendations of the treating physician; including reviews of patient's past medical history and medical documentation/reports as well as response(s) to previous treatments.

The RUC noted concern for potential over reporting of this service when only general advance directive services are conducted. The specialty societies noted and the Committee agreed that regular advanced directives may already currently be reported as part of an Evaluation and Management (E/M) service; however CPT codes 99497 and 99498 include separate advanced directive planning, palliative care and detailed advance care planning determinations.

99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate

The RUC reviewed the survey results from 273 physicians and determined that the survey median of 1.50 work RVUs and 5 minutes of pre-service time, 30 minutes of intra-service time and 10 minutes of immediate post-service time accurately account for the physician work required to perform this service. The Committee noted that the specialty society decreased the pre-service time from 10 to 5 minutes to account for any duplication when performed with an E/M. The Committee compared 99497 to key reference service 99214 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 1.50) and agreed that the physician work required to perform these services is the same. The Committee also compared 99497 to 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU = 1.50) which requires the same physician work and the same physician time of 5 minutes pre-service, 30 minutes intra-service and 10 minutes immediate post-service time. **The RUC recommends a work RVU of 1.50 for CPT code 99497.**

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99498 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)
The specialty societies indicated that the typical 99498 add-on service is a continuation of more than 45 minutes of discussion typically involving consensus of the patient and or multiple children/family members of the patient.

The RUC reviewed the survey results from 273 physicians and determined that the survey median of 1.40 work RVUs and 30 minutes intra-service time accurately accounts for the physician work required to perform this service. The Committee compared 99498 to key reference service 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25 and 30 minutes intra-service time), noting 99292 requires more physician work. The Committee also compared 99498 to CPT code 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU = 1.50, if multiplied by 2 totals 60 minutes and 3.00 work RVUs) and determined that an 60 minutes of advance care planning, 99497 + 99498 = 2.90, is more intense than 60 minutes of 90832 because the last 30 minutes of psychotherapy is less intense than the physician work associated 99498. The Committee determined that a work RVU of 1.40 for CPT code 99498 appropriately places this service in the proper rank order relative to other similar services. **The RUC recommends a work RVU of 1.40 for CPT code 99498.**

Future Review
The RUC recommends review of 99497 and 99498 in 3 years (September 2017).

Referred to CPT Assistant
The RUC recommends that codes 99497 and 99498 be referred to CPT Assistant to educate physicians on how to code this service correctly.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Evaluation and Management** **Advance Care Planning** The following codes are used to report the face-to-face service between a physician or other qualified health care professional and a patient, family member or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms. An advance directive is a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capacity at that time. Examples of wri1tten advance directives include, but are not limited to, Health Care Proxy, Durable Power of Attorney for Health Care, Living Will and Medical Orders for Life-Sustaining Treatment (MOLST). When using these codes, no active management of the problem(s) is undertaken during the time period reported. These codes may be reported separately if these services are performed on the same day as another Evaluation and Management service (99201-99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381-99397, 99495, 99496)				
●99497	H1	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate	XXX	1.50

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✚●99498	H2	each additional 30 minutes (List separately in addition to code for primary procedure) (Use 99498 in conjunction with 99497) (Do not report 99497 and 99498 on the same date of service as critical care services 99291, 99292 and neonatal and pediatric critical care 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480)	ZZZ	1.40

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99497 Tracking Number H1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate

(Do not report 99497 and 99498 on the same date of service as critical care services codes 99291,99292 and neonatal and pediatric critical care codes 99468-99476, 99477-99480)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old male with heart failure and diabetes on multiple medications is seen with his wife to discuss advanced care planning.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
Additional pre-service work typically includes: review of existing advanced directive documents (living wills, durable power of attorney for health care, physician/medical orders for life-sustaining treatment (POLST/MOLST), etc) and/or advanced care planning documents.

Description of Intra-Service Work:
The physician or other qualified healthcare professional performs a cognitive evaluation to determine the patient's capacity to understand risks, benefits, alternatives to advance care-planning choices. There is discussion of the risks, benefits, and alternatives to the various advanced care planning tools (e.g., living will, durable power-of-attorney). The physician gives the patient and/or spouse/family member/surrogate an opportunity to view a blank, advance care directive, and a blank "Physician Orders for Life-Sustaining Treatment" (POLST) form. The physician explains and discusses advance directives with the patient and caregiver. This includes a discussion of the patient's values and overall goals for treatment. As appropriate for the patient's conditions, they talk about palliative care options, ways to avoid hospital readmission, and the patient's desire for care if he/she suffers a health event that adversely affects the patient's decision-making capacity. The latter includes a discussion of the role of a designated agent as a substitute decision-maker if the patient loses decisional capacity. The patient and caregivers' questions are answered. The patient may complete and sign the form at the visit, or may take it home.

Description of Post-Service Work:
The patient and/or the spouse/family member/surrogate is given a copy of all forms (signed and unsigned) and the original signed form(s) are stored in the patient's medical record. The physician notifies the other physicians or qualified healthcare professionals about the patient's wishes and sends the document(s), as appropriate, to those providers. The physician or other qualified healthcare professional documents, in the medical record, the discussion, decisions, and other information provided during the visit. Post-service work also includes any writing of orders directly relating to the advance care planning tool; for example, a "do not resuscitate" bracelet order form.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	John Agens, MD (AGS), Mary Newman, MD (ACP), Alan Plummer, MD (ACCP/ATS), Phil Rodgers, MD (guest of AGS), Marianna Spanaki, MD (AAN), Tom Weida, MD (AAFP)		
Specialty(s):	AGS, ACP, ACCP, ATS, AAN, AAFP		
CPT Code:	99497		
Sample Size:	4287	**Resp N:** 273	**Response:** 6.3 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	72.00	1200.00
Survey RVW:	0.01	1.30	**1.50**	2.00	3.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99497	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,577,362

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	XXX	1.50	**RUC Time**	10,566

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina;

Other Reference CPT Code	Global	Work RVU	Time Source
76510	XXX	1.55	**RUC Time**

CPT Descriptor Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 119 **% of respondents:** 43.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 99497**	**Key Reference CPT Code:** 99214	**Source of Time RUC Time**
Median Pre-Service Time	5.00	0.00	
Median Intra-Service Time	30.00	25.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**45.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.56	3.72
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.82	3.52
Urgency of medical decision making	3.10	2.98
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.08	3.20
Physical effort required	2.12	2.32
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.36	3.28
Outcome depends on the skill and judgment of physician	3.92	3.80
Estimated risk of malpractice suit with poor outcome	2.56	2.94

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.59	2.61
Intra-Service intensity/complexity	3.92	3.66
Post-Service intensity/complexity	2.33	2.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The advisors of the participating specialty organizations met by conference call to review the survey results. Upon review, the advisors noted the following with respect to code 99497:

- The survey yielded 273 responses spread appropriately among the participating specialties; this is a very robust response.
- 73% of respondents found the vignette to be typical.
- 88% of respondents said that this service was typically provided at the same encounter as an E/M service.

Based on these observations and the rest of the survey results, the specialties are recommending the following with respect to physician time and work.

Time

Pre-service: 5 minutes
Although this service is typically provided at the same encounter as an E/M service, both survey respondents and the specialty advisors believe that there is some pre-service work associated with this service that is separate and distinct from that associated with the E/M service. As noted elsewhere in the SOR, this distinct pre-service work includes:

- physician or other qualified healthcare professional contact with the patient/family member/surrogate;
- review of existing advanced directive documents (living wills, durable power of attorney for health care, physician/medical orders for life-sustaining treatment (POLST/MOLST), etc.);
- review of advanced care planning content from previous clinical encounters;

Survey respondents indicated that this pre-service work takes 10 minutes (survey median). Upon review and consideration, the advisors believe that 5 minutes (survey 25th percentile) is a more appropriate estimate.

Intra-service: 30 minutes
The median intra-service time reported by survey respondents was 30 minutes. The advisors agree, given the extensive discussion required in order to meet the minimal requirements of this service (see description of intra-service work), that this is a reasonable estimate of the face-to-face time spent in such conversations with the typical patient as described in the vignette. In support of this view, the advisors note that 30 minutes falls at the mid-point of the time range in which this code may be reported (i.e. 15 to 45 minutes), based on CPT time-based reporting rules.

Post-service: 10 minutes
Although this service is typically provided at the same encounter as an E/M service, both survey respondents and the specialty advisors believe that there is post-service work associated with this service that is separate and distinct from that associated with the E/M service. As noted elsewhere in the SoR, this distinct post-service work includes:

- Sharing copies of both forms with the patient and/or the spouse/family member/surrogate and storing original signed documents in the medical record;
- Post-visit notification about, and transmission of, the document to other physicians/qualified healthcare professionals:
- Documentation of the informed consent process/education provided in the medical record;
- Writing orders directly relating to the advance care planning tool.

Survey respondents indicated that this post-service work takes 10 minutes (survey median). Furthermore, breaking down survey data by practice location, practice type, and specialty showed similar times for all subgroups.

Upon review and consideration, the advisors agree with that assessment.

Work

Survey respondents recommended a median work RVU of 1.50, based on a comparison to the key reference service 99214 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family). Code 99214 also has a work value of 1.50.

The advisors noted that code 99497 is estimated to involve more intra-service (30 versus 25) and total (45 versus 40) time than 99214, which would make 99497 less intense than 99214, given the same work value. This is consistent with survey respondents' comparative rating of the two codes on intensity/complexity measures; survey respondents rated 99497 as less intense/complex than 99214 on 6 of those 11 measures.

Code	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVU	IWPUT
99497	5	30	10	45	1.50	0.0388
99214	5	25	10	40	1.50	0.0466

The advisors also noted that a comparison of 99497 to other services with time and work equal to or greater than that recommended for 99497 also supports the survey median value of 1.50:

Code	Short Description	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVU	IWPUT
99497	Advance care planning	5	30	10	45	1.50	0.0388
90832*	Psytx pt&family 30 minutes	5	30	10	45	1.50	0.0388
57452	Colposcopy, cervix and vagina	15	15	10	40	1.50	0.0627
95076	Ingest challenge ini 120 min	7	30	5	42	1.50	0.0410
76510	Ophthalmic ultrasound	5	30	10	45	1.55	0.0405
99348	Home visit estab patient	7	30	5	42	1.56	0.0454
99395	Preventive medicine visit, established pt.; 18-39 years	5	30	10	45	1.75	0.0471
G0438	Annual wellness visit	5	30	10	45	2.43	0.0697

*Note values for time and RVW from CY 2014 final rule published November 27, 2013.

Further analyses of the survey data—broken down by practice location, practice type, and physician specialty—consistently showed a survey median of approximately 1.50. Based on all of these comparisons, the advisors believe that code 99497 is appropriately valued at 1.50 and thus recommend the survey median for the RUC's approval.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) For convenience, the advance care planning is typically provided on the same date of service with an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported. See attached frequency estimations.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99498 Tracking Number H2 Original Specialty Recommended RVU: **1.40**
Presented Recommended RVU: **1.40**
Global Period: ZZZ RUC Recommended RVU: **1.40**

CPT Descriptor: Advance care planning including the explanation and discussion of advance directives such as standard forms (completion of such forms), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old male with heart failure and diabetes on multiple medications who was recently discharged after being hospitalized in the intensive care unit is seen with his wife to discuss advanced care planning.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: No additional, incremental pre-service work.

Description of Intra-Service Work: The work of this service is an extension of the work of 9949X7. This service is performed when the time required to perform 9949X7 is greater than 45 minutes. There is additional discussion of the patient's condition and prognosis due to the presence of a new, unexpected or sudden illness, complicated family dynamics, or disagreement or controversy over advance directives or shared decision making for an adult not competent to make his/her own decisions. Extra time is needed to explain and discuss the advanced care direction options and to resolve any personal or family issues.

Description of Post-Service Work: No additional, incremental post-service work.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	John Agens, MD (AGS), Mary Newman, MD (ACP), Alan Plummer, MD (ACCP/ATS), Phil Rodgers, MD (guest of AGS), Marianna Spanaki, MD (AAN), Tom Weida, MD (AAFP)		
Specialty(s):	AGS, ACP, ACCP, ATS, AAN, AAFP		
CPT Code:	99498		
Sample Size:	4284	**Resp N:** 273	**Response:** 6.3 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	25.00	1000.00
Survey RVW:	0.01	1.00	**1.40**	1.90	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	30.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99498	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99292	ZZZ	2.25	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
13122	ZZZ	1.40	**RUC Time**

CPT Descriptor Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 171 **% of respondents:** 62.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 99498**	**Key Reference CPT Code:** 99292	**Source of Time** **RUC Time**

Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.13	4.03
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.18	4.08
Urgency of medical decision making	3.79	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.92	3.82
Physical effort required	2.61	2.90
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.98	4.15
Outcome depends on the skill and judgment of physician	4.50	4.33
Estimated risk of malpractice suit with poor outcome	3.23	3.69

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	4.20	4.12
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The advisors of the participating specialty organizations met by conference call to review the survey results. Upon review, the advisors noted the following with respect to code 99498:

- The survey yielded 273 responses spread appropriately among the participating specialties; this is a very robust response.
- 72% of respondents found the vignette to be typical.
- 88% of respondents said that this service was typically provided at the same encounter as an E/M service.

Based on these observations and the rest of the survey results, the specialties are recommending the following with respect to physician time and work.

Time

Pre-service: 0 minutes
Both survey respondents and the advisors recognized that this is an add-on code and agreed that it has no pre-service work of its own.

Intra-service: 30 minutes
The median intra-service time reported by survey respondents was 30 minutes. The advisors agree, given the description of intra-service work, that this is a reasonable estimate of the face-to-face time spent in such conversations with the typical patient as described in the vignette. As with the base code, the advisors note that 30 minutes falls at the mid-point of the time range in which this code may be reported (i.e. 15 to 45 minutes), based on CPT time-based reporting rules.

Post-service: 0 minutes
Both survey respondents and the advisors recognized that this is an add-on code and agreed that it has no post-service work of its own.

Work
Survey respondents recommended a median work RVU of 1.40, based on a comparison to the key reference service 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes). Code 99292 has a work value of 2.25. The survey median of 1.40 appropriately reflects that 99498 is a less intense service than 99292, which otherwise involves the same time as 99498.

Code	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVU	IWPUT
9949X7	0	30	0	30	1.40	0.0467
99292	0	30	0	30	2.25	0.0750

The advisors also noted that a comparison with other ZZZ services of similar time, each of which involves more work than 99498, also supports the survey median value of 1.40:

Code	Short Description	Pre-Service	Intra-Service	Post-Service	Total Time	Work RVU	IWPUT
99498	Advance care planning	0	30	0	30	1.40	0.0388
*90833	Psytx pt&/fam w/e&m 30 min	0	30	3	33	1.50	0.0478
13122	Repair each additional 5 cm or less	0	30	0	30	1.44	0.0480
31649	Removal of bronchial valve each additional lobe	0	30	0	30	1.44	0.0480
44955	Incidental appendectomy during abdominal surgery	0	30	0	30	1.53	0.0510
31651	Insertion of	0	30	0	30	1.58	0.0527

	broncial value, each additional lobe.						
15121	Split thickness autograph each additional 100 square cm	0	30	0	30	2.00	0.0667

*Note values for time and RVW from CY 2014 final rule published November 27, 2013.

The advisors believe that few patients would need additional time beyond the 30 minutes allotted in the base code, the 9949x7. By definition, the subset that requires longer than 30 minutes, spilling over into this ZZZ code, is a more complex group of patients, which may explain why the IWPUT of this code ends up being higher than that calculated for 9949X7. Even so, 99498 is recommended to be valued less than 9949X7, reflecting the overall shorter total time of the code, which does not have the pre- and post-service time attributed to 9949X7.

Further analyses of the survey data—based on practice location, practice type, and physician specialty—consistently showed a survey median of approximately 1.40 for all subgroups. Based on all of these comparisons, the advisors believe that code 99498 is appropriately valued at 1.40 and thus recommend the survey median for the RUC's approval.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported. See attached frequency estimations.

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00	%

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

99497 Frequency Information

Rationale for estimated frequencies:

There are 318,000,000 adults in the US. Our expert panel's consensus is that:

- 0.10% of US adults will get an ACD of some type, in a year
  - Of those, 90% will get an 99497 ACD in a year

There are 47,000,000 persons enrolled in Medicare. Our expert panel's consensus is that:

- 0.1% of Medicare enrollees will get an ACD of some type, in a year
  - Of those, 90% will get a 99497 ACD in a year

The specialty distributions are based on the Medicare Part B specialty utilization distributions seen for CPT code 99214, and on the relative sizes of the medical specialties.

How often do physicians in your specialty perform this service (i.e., commonly, sometimes, or rarely)? If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty	How often?
AAFP	Sometimes
AAN	Sometimes
ACP	Sometimes
AGS	Frequently
ACCP/ATS	Sometimes
AMDA	Frequently
AAHCP	sometimes

Estimate the number of times this service might be <u>provided nationally</u> in a one-year period? 286,200

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

Estimate the number of times this service might be <u>provided to Medicare</u> in a one-year period? 42,300

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

Advance Care Directive: Estimated Frequencies

US Adults	Percentage of US Adults likely to get an ACD	Percentage of US Adults likely to get an 99497 ACD	Specialty	Specialty Percentage	Number of times 99497 ACD performed nationally	Total national frequency of 99497 ACD, by specialty	Percentage of 99497 ACD national total, by specialty	Number of US Adults Enrolled in Medicare	Percentage of Medicare enrollees likely to get an ACD	Percentage of Medicare enrollees likely to get 99497 ACD	Number of times 99497 ACD performed for Medicare	Total Medicare frequency of 99497 ACD, by specialty	Percentage of Medicare 99497 ACD, by specialty
318,000,000.00	***0.0010***	***0.0009***			***286,200***			***47,000,000***	***0.0010***	***0.0009***	***42,300***		
			AAFP	***21%***		60,102	***21%***					8,883	***21%***
			AAN	***25%***		71,550	***25%***					10,575	***25%***
			ACP	***21%***		60,102	***21%***					8,883	***21%***
			AGS	***14%***		40,068	***14%***					5,922	***14%***
			ACCP/ATS	***13%***		37,206	***13%***					5,499	***13%***
			AMDA	***2%***		5,724	***2%***					846	***2%***
			AAHCP	***2%***		5,724	***2%***					846	***2%***
			AAHPM	***2%***		5,724	***2%***					846	***2%***
totals				**100%**		**286,200**	**100%**					**42,300**	**100%**

99498 Frequency Information

Rationale for the frequencies about the advance care directive planning service:

- There are 318,000,000 adults in the US
    - .01% of US adults will get an ACD of some type, in a year
        - Of those, 10% will get an 99498 ACD in a year
- There are 47,000,000 persons enrolled in Medicare
    - .01% of Medicare enrollees will get an ACD of some type, in a year
        - Of those, 10% will get a 99498 ACD in a year
- The specialty distributions are based on the Medicare Part B specialty utilization distributions seen for CPT code 99214, and on the relative sizes of the medical specialties.

How often do physicians in your specialty perform this service (i.e., commonly, sometimes, rarely)? If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty	**How often?**
AAFP	Sometimes
AAN	Sometimes
ACP	Sometimes
AGS	Frequently
ACCP/ATS	Sometimes
AMDA	Frequently
AAHCP	sometimes

Estimate the number of times this service might be <u>provided nationally</u> in a one-year period? 31,800

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

Estimate the number of times this service might be <u>provided to Medicare</u> in a one-year period?

4,700

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

Advance Care Directive: Estimated Frequencies

US Adults	Percentage of US Adults likely to get an ACD	of US Adults likely to get an 99498 ACD	Specialty	Specialty Percentage	Number of times 99498 ACD performed nationally	Total national frequency of 99498 ACD, by specialty	Percentage of 99498 ACD national total, by specialty	Number of US Adults Enrolled in Medicare	Percentage of Medicare enrollees likely to get an ACD	Percentage of Medicare enrollees likely to get 99498 ACD	Number of times 99498 ACD performed for Medicare	Total Medicare frequency of 99498 ACD, by specialty	Percentage of Medicare 99498 ACD, by specialty
318,000,000.00	***0.0010***	***0.0001***			***31,800***			***47,000,000***	***0.0010***	***0.0001***	***4,700***		
			AAFP	***21%***		6,678	***21%***					987	***21%***
			AAN	***25%***		7,950	***25%***					1,175	***25%***
			ACP	***21%***		6,678	***21%***					987	***21%***
			AGS	***14%***		4,452	***14%***					658	***14%***
			ACCP/ATS	***13%***		4,134	***13%***					611	***13%***
			AMDA	***2%***		636	***2%***					94	***2%***
			AAHCP	***2%***		636	***2%***					94	***2%***
			AAHPM	***2%***		636	***2%***					94	***2%***
totals				**100%**		**31,800**	**100%**					**4,700**	**100%**

ISSUE: Advance Care Planning

TAB: 19

Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
Key REF	99214	Office visit for the E/M of an established patient... Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	119	0.0466			1.50			40	5			25			10					
SVY-T	99497	Advance care planning; first 30 minutes	273	0.0351	0.01	1.30	1.50	2.00	3.50	50	10	0	20	30	30	75	10	0	10	25	72	1200
REC	99497	Advance care planning; first 30 minutes		0.0388			1.50			45	5			30			10					

Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
Key REF	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes	171	0.0750			2.25			30				30								
SVY-T	99498	Advance care planning; each additional 30 minutes	273	0.0467	0.01	1.00	1.40	1.90	3.00	30		0	20	30	30	120		0	1	10	25	1000
REC	99498	Advance care planning; each additional 30 minutes		0.0467			1.40			30				30								

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate.

Global Period: _XXX__ Meeting Date: _January 2014_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The AAFP, AAN, ACP, AGS and ATS convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The surveying societies agreed upon E/M code 99213 as the reference code based upon the direct PE inputs and because it is the most likely E/M code to be billed with 99497.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Clinical staff meets with patient and/or spouse/family member/surrogate prior to meeting with the physician to explain the nature of the service will focus on the patient’s goals for care should they become unable to participate in medical treatment decisions and to answer questions. Advance Care Directive documents are given to patient.

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Clinical staff assists with the transition of patient and or spouse/family members/surrogate out of the office following the conversation with the physician. The family /surrogate is educated about the appropriate storage of the advance directive documents, (eg a secure readily accessible location) and management of the documents following the visit, including carrying a wallet size card with directive and contact information. Other materials are distributed by clinical staff such as a *do not resuscitate* bracelet order form.

Clinical staff provides guidance on how to explain the content of the documents to other family members / surrogates not present for the visit. The clinical staff advises the patient /family to review the advance directive documents periodically to determine if the documents continue to reflect the patient’s wishes and preferences.

Photo copies of the Advance Care Directive and Physician Orders for Life-Sustaining Treatment form are made and distributed as appropriate to other physicians involved with the patient’s care.

CPT Code: _99498_____
Specialty Society('s)_ AAFP, AAN, ACP, AGS, ATS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes

Global Period: _ZZZ____ Meeting Date: _January 2014_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The AAFP, AAN, ACP, AGS and ATS convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The surveying societies agreed upon E/M code 99213 as the reference code based upon the direct PE inputs and because it is the E/M service most likely to be reported with 99498.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:
The surveying societies agree there are no clinical labor activities / PE inputs for this service.

Pre-Service Clinical Labor Activities:

N/A
Intra-Service Clinical Labor Activities:

N/A
Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99213**		**99497**		**99498**	
3	**Meeting Date: January 2014 - Revised 1/30/14 Tab: 19 Specialty: AAFP, AAN, ACP, AGS, ATS**	**CMS Code**	**Staff Type**	Office or other outpatient visit for the evaluation and management of an established patient,		Advance care planning including the explanation and discussion of advance directives such as		Advance care planning including the explanation and discussion of advance directives such as	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**ZZZ**	
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**36.0**	**0.0**	**7.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**31.0**	**0.0**	**7.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available			**5**					
22	Obtain vital signs			**5**					
23	Provide pre-service education/obtain consent			**5**		**2**			
24	Prepare room, equipment, supplies			**2**					
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV			**2**					
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify: (Review history, systems and medications			**6**					
29	**Intra-service**								
30	Assist physician in performing procedure			**3**					
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff			**3**					
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify: Provide post visit education to patient*					**5**			
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions			**5**					
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99213**		**99497**		**99498**	
3	**Meeting Date: January 2014 - Revised 1/30/14 Tab: 19 Specialty: AAFP, AAN, ACP, AGS, ATS**	**CMS Code**	**Staff Type**	Office or other outpatient visit for the evaluation and management of an established patient,		Advance care planning including the explanation and discussion of advance directives such as		Advance care planning including the explanation and discussion of advance directives such as	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**ZZZ**	
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, EM visit	SA047	pack	**1**					
60	Reproduced patient worksheet	SK115	item			**1**			
61	patient education booklet	SK062	item			**1**			
62									
63									
64									
65	**EQUIPMENT**	**CODE**							
66	otoscope-ophthalmoscope (wall unit)	EQ189		**36**		**30**		**30**	
67	table, exam	EF023		**36**		**30**		**30**	
68									
69									
70									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

April 2014

Laparoscopic Hysterectomy

These services were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup noted there may have been diffusion in technology for this service and requests that the specialty society's survey physician work and review practice expense at the January 2014 meeting. In January 2014, the specialty societies requested and the RUC agreed that these services be postponed to April 2014 RUC meeting. The specialty societies determined that the vignettes to be included in the survey were not typical. The RUC recommended that these services be postponed and surveyed, with revised vignettes, for physician work and develop direct practice expense inputs for the April 2014 RUC meeting.

The RUC had a robust discussion reviewing this family of services and used magnitude estimation to develop its recommendations. The RUC is recommending direct crosswalks for all eight laparoscopic hysterectomy codes. The specialty society concurred with this approach. The recommended work RVUs are all below the survey 25th percentile results. Additionally, the specialty society reduced all the full-day 99238 visits to a half-day 99238.

These recommendations result in appropriate rank order and consistent differentials related to uterine size and procedural differences (total hysterectomy versus cervical sparing hysterectomy and whether or not bilateral salpingo-oophorectomy is performed). These differentials were used to confirm the selected crosswalks, but not to determine the values recommended.

58541 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;***
The RUC reviewed the survey results for CPT code 58541and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 75 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 14.70. Therefore, the RUC recommends a direct crosswalk to 59150 *Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy* (work RVU = 12.29 and 70 minutes intra-service time). For additional support the RUC referenced MPC codes 57288 *Sling operation for stress incontinence (eg, fascia or synthetic)* (work RVU = 12.13) and 58720 *Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)* (work RVU = 12.16). **The RUC recommends a work RVU of 12.29 for CPT code 58541.**

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58542 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)***
The RUC reviewed the survey results for CPT code 58542 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 88 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 16.56. Therefore, the RUC recommends a direct crosswalk to 27416 *Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])* (work RVU = 14.16 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU = 13.00) and 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56). **The RUC recommends a work RVU of 14.16 for CPT code 58542.**

58543 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;***
The RUC reviewed the survey results for CPT code 58543 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 110 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 16.87. Therefore, the RUC recommends a direct crosswalk to 64911 *Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve* (work RVU = 14.39 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 14.39 for CPT code 58543.**

58544 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)***
The RUC reviewed the survey results for CPT code 58544and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 120 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 18.37. Therefore, the RUC recommends a direct crosswalk to 60500 *Parathyroidectomy or exploration of parathyroid(s);* (work RVU = 15.60 and 120 minutes intra-service

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time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 15.60 for CPT code 58544.**

58570 *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;*
The RUC reviewed the survey results for CPT code 58570 and noted that there has been diffusion in the technology for this service since its previous valuation. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 15.88. Therefore, the RUC recommends a direct crosswalk to 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU = 13.00) and 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56). **The RUC recommends a work RVU of 13.36 for CPT code 58570.**

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
The RUC reviewed the survey results for CPT code 58571 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 90 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 17.69. Therefore, the RUC recommends a direct crosswalk to 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)*(work RVU = 15.00 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 15.00 for CPT code 58571.**

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58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
The RUC reviewed the survey results for CPT code 58572 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 120 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 20.09. Therefore, the RUC recommends a direct crosswalk to 28446 *Open osteochondral autograft, talus (includes obtaining graft[s]) (*work RVU = 17.71 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU = 17.31) and 50220 *Nephrectomy, including partial ureterectomy, any open approach including rib resection;* (work RVU = 18.68). **The RUC recommends a work RVU of 17.71 for CPT code 58572.**

58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
The RUC reviewed the survey results for CPT code 58573 and noted that there has been diffusion in the technology for this service since its pervious valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 130 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 23.11. Therefore, the RUC recommends a direct crosswalk to 43771 *Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only (*work RVU = 20.79 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 50546 *Laparoscopy, surgical; nephrectomy, including partial ureterectomy* (work RVU = 21.87) and 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU = 19.68). **The RUC recommends a work RVU of 20.79 for CPT code 58573.**

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	090	12.29
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	14.16
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	090	14.39
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	15.60
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	090	13.36
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	15.00
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	090	17.71
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	20.79

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58541 Tracking Number

Original Specialty Recommended RVU: **12.63**
Presented Recommended RVU: **12.63**
RUC Recommended RVU: **12.29**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an immobile, normal-sized uterus. The patient elects to undergo a hysterectomy. The patient wishes to preserve her cervix. A laparoscopic supracervical hysterectomy (LSH) is performed without removal of the adnexae.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 10%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assesses patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	George A. Hill, MD		
Specialty(s):	ACOG		
CPT Code:	58541		
Sample Size:	3740	**Resp N:** 42	**Response:** 1.1 %
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	10.00	70.00
Survey RVW:	14.00	15.10	**16.75**	19.00	39.30
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	60.00	**75.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58541	**Recommended Physician Work RVU: 12.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	46.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58550	090	15.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 26.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 58541**	**Key Reference CPT Code: 58550**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	75.00	100.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**226.00**	**330.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.09 / 3.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.91 / 2.90
Urgency of medical decision making	2.64 / 2.60
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.36 / 3.10
Physical effort required	3.27 / 3.30
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.91 / 3.00
Outcome depends on the skill and judgment of physician	3.55 / 3.40
Estimated risk of malpractice suit with poor outcome	3.73 / 3.80

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.18	3.20
Intra-Service intensity/complexity	3.45	3.20

Post-Service intensity/complexity	2.64	2.70

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58541

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 878
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 825 Percentage 93.96 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58541

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58542 Tracking Number

Original Specialty Recommended RVU: **14.49**
Presented Recommended RVU: **14.49**
RUC Recommended RVU: **14.16**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an immobile, normal-sized uterus. The patient elects to undergo a hysterectomy. The patient elects to have her ovaries removed. The patient wishes to preserve her cervix. A laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 10%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 60%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The

endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	George A. Hill, MD				
Specialty(s):	ACOG				
CPT Code:	58542				
Sample Size:	3740	**Resp N:**	42	**Response:** 1.1 %	
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	6.00	20.00
Survey RVW:	14.50	16.60	**17.30**	20.23	42.41
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	70.00	**88.00**	104.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58542	**Recommended Physician Work RVU: 14.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**88.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58552	090	16.91	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 30.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 58542**	**Key Reference CPT Code: 58552**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	88.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**239.00**	**350.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.23	3.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	3.08
Urgency of medical decision making	2.69	2.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.62	3.33
Physical effort required	3.46	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.00	3.08
Outcome depends on the skill and judgment of physician	3.69	3.50
Estimated risk of malpractice suit with poor outcome	3.69	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.31	3.42
Intra-Service intensity/complexity	3.85	3.58

Post-Service intensity/complexity	2.62	2.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

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The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
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58573	190	326	523	693	1008	818	431%
LAVH							

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58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
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58260	8226	8251	8327	7761	7267	(959)	-12%
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SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
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Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58542

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,774
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 1625 Percentage 91.60 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58542

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58543 Tracking Number

Original Specialty Recommended RVU: **14.80**
Presented Recommended RVU: **14.80**
RUC Recommended RVU: **14.39**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an irregular, immobile, 14-week size uterus. The patient elects to undergo a hysterectomy and wishes to preserve her cervix. A laparoscopic supracervical (LSH) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 98% , In the ASC 2%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 60% , Overnight stay-more than 24 hours 18%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 36%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen is insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	George A. Hill, MD				
Specialty(s):	ACOG				
CPT Code:	58543				
Sample Size:	3740	**Resp N:**	41	**Response:** 1.1 %	
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	7.00	30.00
Survey RVW:	18.00	20.00	**20.50**	23.10	42.74
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	55.00	90.00	**110.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58543	**Recommended Physician Work RVU: 14.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**110.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	46.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58553	090	20.06	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 39.0 **%**

CPT Code: 58543

TIME ESTIMATES (Median)	CPT Code: 58543	Key Reference CPT Code: 58553	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	110.00	150.00	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**261.00**	**391.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.56	3.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.47
Urgency of medical decision making	2.81	2.73
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.20
Physical effort required	4.25	4.47
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.60
Outcome depends on the skill and judgment of physician	4.31	4.20
Estimated risk of malpractice suit with poor outcome	3.63	3.67

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.56	3.53
Intra-Service intensity/complexity	4.38	4.07

Post-Service intensity/complexity	2.69	2.87

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

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Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

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Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58543

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 169
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 156 Percentage 92.30 %

Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58543

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58544 Tracking Number

Original Specialty Recommended RVU: **16.30**
Presented Recommended RVU: **16.30**
RUC Recommended RVU: **15.60**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an irregular, immobile, 14-week size uterus. The patient elects to undergo a hysterectomy. The patient desires preservation of her cervix and wishes to have her ovaries removed. A laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 98% , In the ASC 2%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 25% , Overnight stay-less than 24 hours 58% , Overnight stay-more than 24 hours 18%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 45%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen is insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The

endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	George A. Hill, MD		
Specialty(s):	ACOG		
CPT Code:	58544		
Sample Size:	3740	**Resp N:** 41	**Response:** 1.0 %
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	20.00
Survey RVW:	18.00	20.10	**22.10**	23.30	45.30
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	100.00	**120.00**	130.00	280.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58544	**Recommended Physician Work RVU: 15.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58554	090	23.11	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 36.5 **%**

TIME ESTIMATES (Median)	CPT Code: 58544	Key Reference CPT Code: 58554	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	120.00	167.50	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**271.00**	**425.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.80	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.80	3.86
Urgency of medical decision making	3.47	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	4.43
Physical effort required	4.20	4.36
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.07	4.14
Outcome depends on the skill and judgment of physician	4.33	4.43
Estimated risk of malpractice suit with poor outcome	4.20	4.29

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.93	4.07
Intra-Service intensity/complexity	4.40	4.36

Post-Service intensity/complexity	3.27	3.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58544

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 166
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 145 Percentage 87.34 %

Specialty Gynecology/Oncology Frequency 18 Percentage 10.84 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58544

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58570 Tracking Number

Original Specialty Recommended RVU: **13.18**
Presented Recommended RVU: **13.18**
RUC Recommended RVU: **13.36**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination she has an immobile, normal-sized uterus, and desires definitive therapy. She wishes to retain her ovaries. A total laparoscopic hysterectomy (TLH) without removal of the adnexae is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 6%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 12% , Overnight stay-less than 24 hours 73% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 42%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The utero-ovarian ligament and attachments of the uterus are then sequentially coagulated or ligated and then transected. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals

(including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	George A. Hill, MD				
Specialty(s):	ACOG				
CPT Code:	58570				
Sample Size:	3740	**Resp N:**	52	**Response:** 1.3 %	
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	50.00
Survey RVW:	15.00	16.00	**18.00**	21.03	41.29
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58570	**Recommended Physician Work RVU: 13.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58550	090	15.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 46.1 **%**

TIME ESTIMATES (Median)	CPT Code: 58570	Key Reference CPT Code: 58550	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	90.00	100.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**241.00**	**330.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	(of those that selected Key Reference code)	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.46	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.46	3.42
Urgency of medical decision making	3.00	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.83	3.54
Physical effort required	3.71	3.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.54
Outcome depends on the skill and judgment of physician	4.13	3.92
Estimated risk of malpractice suit with poor outcome	3.96	3.92

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	3.17
Intra-Service intensity/complexity	3.83	3.50

Post-Service intensity/complexity	2.83	2.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58570

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,616
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 1480 Percentage 91.58 %

Specialty Gynecology/Oncology Frequency 100 Percentage 6.18 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58570

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58571 Tracking Number

Original Specialty Recommended RVU: **14.99**
Presented Recommended RVU: **14.99**
RUC Recommended RVU: **15.00**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination she has an immobile, normal-sized uterus. The patient elects to have both her cervix and ovaries removed. A total laparoscopic hysterectomy (TLH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 6%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 12% , Overnight stay-less than 24 hours 73% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The patient is placed in the high lithotomy position and the surgeon removes the occluding device from the vagina, the pneumoperitoneum is allowed to escape, and the uterus and cervix are removed through the vagina. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	George A. Hill, MD				
Specialty(s):	ACOG				
CPT Code:	58571				
Sample Size:	3740	**Resp N:**	52	**Response:** 1.2 %	
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	17.00	97.00
Survey RVW:	15.00	17.00	**18.68**	21.13	44.52
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	75.00	**90.00**	120.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58571	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58552	090	16.91	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 32 **% of respondents:** 61.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 58571**	**Key Reference CPT Code: 58552**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**241.00**	**350.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	3.44
Urgency of medical decision making	3.03	3.03
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.03	3.72
Physical effort required	3.56	3.56
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.50
Outcome depends on the skill and judgment of physician	4.19	4.00
Estimated risk of malpractice suit with poor outcome	4.00	3.94

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.29	3.23
Intra-Service intensity/complexity	3.97	3.65

Post-Service intensity/complexity	2.77	2.74

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
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- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

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A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
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LAVH							

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Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

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The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58571

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,530 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 6300 Percentage 54.64 %

Specialty Gynecology/Oncology Frequency 5100 Percentage 44.23 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58571

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58572 Tracking Number

Original Specialty Recommended RVU: **17.39**
Presented Recommended RVU: **17.39**
RUC Recommended RVU: **17.71**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. On physical examination, she has an enlarged, immobile, 14-week size uterus. The patient elects to undergo a hysterectomy but wishes to retain her ovaries. A total laparoscopic hysterectomy (TLH) without removal of the adnexae is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The utero-ovarian ligament and attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, the uterine fundus may be debulked using a laparoscopic morcellator for benign disease, and, at times, the retroperitoneal spaces must be opened in order to identify the ureter. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. At times, vaginal morcellation of the specimen is necessary in order to accomplish removal. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	George A. Hill, MD					
Specialty(s):	ACOG					
CPT Code:	58572					
Sample Size:	3740	**Resp N:**	52	**Response:** 1.3 %		
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	10.00	35.00
Survey RVW:	18.50	20.43	**22.53**	24.35	47.94
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	55.00	100.00	**120.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58572	**Recommended Physician Work RVU: 17.71**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58553	090	20.06	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 29 **% of respondents:** 55.7 **%**

TIME ESTIMATES (Median)	CPT Code: 58572	Key Reference CPT Code: 58553	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	120.00	150.00	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**271.00**	**391.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.62	3.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.66	3.59
Urgency of medical decision making	3.07	3.07
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.62	4.28
Physical effort required	4.31	4.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	3.83
Outcome depends on the skill and judgment of physician	4.59	4.38
Estimated risk of malpractice suit with poor outcome	4.10	4.07

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.38	3.31
Intra-Service intensity/complexity	4.48	4.17

Post-Service intensity/complexity	2.79	2.79

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

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TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

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Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58572

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 270
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 232 Percentage 85.92 %

Specialty Gynecology/Oncology Frequency 35 Percentage 12.96 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58572

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58573 Tracking Number

Original Specialty Recommended RVU: **20.41**
Presented Recommended RVU: **20.41**
RUC Recommended RVU: **20.79**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an irregular, immobile, 14-week sized, uterus. The patient elects to undergo a hysterectomy and wishes to have her ovaries removed. A total laparoscopic hysterectomy (TLH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. If necessary, the uterine fundus may be debulked using a laparoscopic morcellator for benign disease, and, at times, the retroperitoneal spaces must be opened in order to identify the ureter. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, steps may be taken to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. At times, vaginal morcellation of the specimen is necessary in order to accomplish removal. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed.

Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	George A. Hill, MD		
Specialty(s):	ACOG		
CPT Code:	58573		
Sample Size:	3740	**Resp N:** 52	**Response:** 1.3 %
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	11.00	35.00
Survey RVW:	19.00	23.11	**24.00**	25.55	53.32
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	104.00	**130.00**	169.00	280.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58573	**Recommended Physician Work RVU: 20.79**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**130.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58554	090	23.11	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 73.0 **%**

TIME ESTIMATES (Median)	CPT Code: 58573	Key Reference CPT Code: 58554	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	130.00	167.50	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**281.00**	**425.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.95	3.87
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.95	3.89
Urgency of medical decision making	3.29	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.50
Physical effort required	4.45	4.37
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.37	4.37
Outcome depends on the skill and judgment of physician	4.13	4.63
Estimated risk of malpractice suit with poor outcome	4.50	4.29

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.66	3.63
Intra-Service intensity/complexity	4.66	4.47

Post-Service intensity/complexity	3.03	3.03

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58573

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,008
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 560 Percentage 55.55 %

Specialty Gynecology/Oncology Frequency 442 Percentage 43.84 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58573

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Laparoscopic Hysterectomy

TAB: 30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58550	Laparoscopy, surgical, with vagina	11	0.079			15.10			330	60					100			30					2	1.0				2	1	
CURRENT	58541	Laparoscopy, surgical, supracervical hyst		0.079			14.70			325	45	10	5			95			30					2	1.0				2	1	
SVY	58541		42	0.152	14.00	15.10	16.75	19.00	39.30	262	45	13	15	40	60	75	90	180	30						1.0				2		
REC				0.107			12.29			226	33	8	15			75			30						0.5				2		
		Proctored Data	32	0.191	14.60	15.10	16.55	19.00	39.30	176	45	10	15	40	60	76	90	180	30												
		Random Data	10	0.196	14.00	15.48	16.90	19.30	39.30	181	45	18	13	45	60	75	87	150	30												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58552	Laparoscopy, surgical, supracervic	13	0.081			16.91			350	60					120			30					2	1.0				2	1	
CURRENT	58542	Laparoscopy, surgical, supracervical hyst		0.085			16.56			340	45	10	5			110			30					2	1.0				2	1	
SVY	58542		42	0.137	14.50	16.80	17.30	20.23	42.41	272	45	10	15	45	70	88	104	200	30						1.0				2		
REC				0.112			14.16			239	33	8	15			88			30						0.5				2		
		Proctored Data	32	0.174	15.00	16.58	17.30	20.14	42.41	188	45	10	15	45	64	88	106	200	30												
		Random Data	10	0.194	14.50	16.68	18.25	20.10	42.41	189	45	18	13	60	75	83	100	150	30												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58553	Laparoscopy, surgical, with vagina	16	0.083			20.06			392	60					150			37.5				1	1	1.0				2		
CURRENT	58543	Laparoscopy, surgical, supracervical hyst		0.081			16.87			350	45	10	5			120			30					2	1.0				2	1	
SVY	58543		41	0.139	18.00	20.00	20.50	23.10	42.74	294	45	10	15	55	90	110	120	240	30						1.0				2		
REC				0.092			14.39			261	33	8	15			110			30						0.5				2		
		Proctored Data	31	0.180	18.50	19.98	20.06	22.25	42.74	200	45	10	15	55	90	100	120	240	30												
		Random Data	10	0.185	18.00	20.51	22.56	24.00	42.74	216	45	18	13	90	100	110	120	200	30												

SS Rec Summary

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
40																															
41						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
42	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
43	REF	58554	Laparoscopy, surgical, with vagina	15	0.090			23.11			425	60					168			37.5				1	1	1.0				2	1	
44	CURRENT	58544	Laparoscopy, surgical, supracervical hyst		0.083			18.37			365	45	10	5			135			30					2	1.0				2	1	
45	SVY	58544		41	0.140	18.00	20.10	22.10	23.30	45.30	309	45	15	15	60	100	120	130	280	30						1.0				2		
46	REC				0.094			15.60			271	33	8	15			120			30						0.5				2		
47			Proctored Data	31	0.167	18.60	20.08	22.10	23.11	45.30	220	45	10	15	60	98	120	130	280	30												
48			Random Data	10	0.164	18.00	20.76	22.65	26.00	45.30	231	45	18	13	105	120	125	145	200	30												
49																															
50						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
51	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
52	REF	58550	Laparoscopy, surgical, with vagina	24	0.079			15.10			330	60					100			30					2	1.0				2	1	
53	CURRENT	58570	Laparoscopy, surgical, with total hysterec		0.067			15.88			370	45	10	5			120			30				1	1	1.0				2	1	
54	SVY	58570		52	0.142	15.00	16.00	18.00	21.03	41.29	274	45	10	15	40	60	90	120	180	30						1.0				2		
55	REC				0.101			13.36			241	33	8	15			90			30						0.5				2		
56			Proctored Data	32	0.171	15.00	15.96	17.50	20.25	41.29	195	50	10	15	40	60	90	120	180	30												
57			Random Data	20	0.189	15.10	16.88	18.00	21.63	41.29	179	38	13	13	45	68	85	120	180	30												
58																															
59						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
60	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
61	REF	58552	Laparoscopy, surgical, supracervic	32	0.081			16.91			350	60					120			30					2	1.0				2	1	
62	CURRENT	58571	Laparoscopy, surgical, with total hysterec		0.073			17.69			385	45	10	5			135			30				1	1	1.0				2	1	
63	SVY	58571		52	0.149	15.00	17.00	18.68	21.13	44.52	274	45	10	15	45	75	90	120	200	30						1.0				2		
64	REC				0.119			15.00			241	33	8	15			90			30						0.5				2		
65			Proctored Data	32	0.170	15.00	17.00	18.28	21.00	44.52	200	50	10	15	45	79	95	120	200	30												
66			Random Data	20	0.195	16.00	17.75	19.46	21.90	44.52	184	38	13	13	50	74	90	120	180	30												

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
67																																
68						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
69	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
70	REF	58553	Laparoscopy, surgical, with vagina	29	0.083			20.06			392	60					150			37.5				1	1	1.0				2		
71	CURRENT	58572	Laparoscopy, surgical, with total hysterec		0.082			20.09			400	45	10	5			150			30				1	1	1.0				2	1	
72	SVY	58572		52	0.144	18.50	20.43	22.53	24.35	47.94	304	45	10	15	55	100	120	150	240	30						1.0				2		
73	REC				0.112			17.71			271	33	8	15			120			30						0.5				2		
74			Proctored Data	32	0.164	19.90	20.18	21.78	23.55	47.94	225	50	10	15	55	100	120	150	240	30												
75			Random Data	20	0.181	18.50	20.88	23.69	26.50	47.94	216	40	13	13	70	98	120	161	180	30												
76																																
77						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
78	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
79	REF	58554	Laparoscopy, surgical, with vagina	38	0.090			23.11			425	60					168			37.5				1	1	1.0				2	1	
80	CURRENT	58573	Laparoscopy, surgical, with total hysterec		0.093			23.11			415	45	10	5			165			30				1	1	1.0				2	1	
81	SVY	58573		52	0.144	19.00	23.11	24.00	25.55	53.32	314	45	10	15	60	104	130	169	280	30						1.0				2		
82	REC				0.127			20.79			281	33	8	15			130			30						0.5				2		
83			Proctored Data	32	0.173	20.00	23.08	23.50	24.51	53.32	185		10	15	60	111	130	165	280	30												
84			Random Data	20	0.191	19.00	23.40	25.00	28.00	53.32	181		13	13	75	104	125	180	185	30												

CPT Code: 58541-4 and 59570-3
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: **090** Meeting Date: **April 2014**

CPT Long Descriptors

58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty is making recommendations for existing CPT codes. As such, the existing direct PE inputs are included on the spreadsheet as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recommendations**		**EXISTING**		**Recomme**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**58541**				**58542**				**58343**				**58544**				**58570**				**58571**				**58572**				**58573**		
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*LSH Uterus 250 G or less*				*LSH W/T/O UT 250 G or less*				*LSH Uterus above 250 G*				*LSH W/T/O Uterus above 250 G*				*TLH Uterus 250 G or less*				*TLH W/T/O 250 G or less*				*TLH Uterus over 250 G*				*TLH W/T/O uterus over 2*		
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**
10	**PRE-SERVICE**																																	
11	**Start: Following visit when decision for surgery or procedure made**																																	
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**	
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**	
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**		**8**	
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**	
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**		**7**	
17	*Other Clinical Activity - *specify:*																																	
18	**End: When patient enters office/facility for surgery/procedure**																																	
19	**SERVICE PERIOD**																																	
20	**Start: When patient enters office/facility for surgery/procedure:**																																	
21	Greet patient, provide gowning, ensure appropriate medical records are available																																	
22	Obtain vital signs																																	
23	Provide pre-service education/obtain consent																																	
24	Prepare room, equipment, supplies																																	
25	Setup scope (non facility setting only)																																	
26	Prepare and position patient/ monitor patient/ set up IV																																	
27	Sedate/apply anesthesia																																	
28	*Other Clinical Activity - specify:																																	
29	**Intra-service**																																	
30	Assist physician in performing procedure																																	
31	Assist physician/moderate sedation (% of physician time)																																	
32	**Post-Service**																																	
33	Monitor pt. following moderate sedation																																	
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																																	
35	Clean room/equipment by physician staff																																	
36	Clean Scope																																	
37	Clean Surgical Instrument Package																																	
38	Complete diagnostic forms, lab & X-ray requisitions																																	
39	Review/read X-ray, lab, and pathology reports																																	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																																	
41	*Other Clinical Activity - *specify:*																																	
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
45	**End: Patient leaves office**																																	
46	**POST-SERVICE Period**																																	
47	**Start: Patient leaves office/facility**																																	
48	Conduct phone calls/call in prescriptions																																	
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																															
51	99212 27 minutes		27		**1**				**1**				**1**				**1**				**1**				**1**				**1**				**1**	
52	99213 36 minutes		36		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
53	99214 53 minutes		53																															
54	99215 63 minutes		63																															
55	**Total Office Visit Time**			**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**
56	*Other Clinical Activity - *specify:*																																	
57	**End: with last office visit before end of global period**																																	
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																															
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**	
60	kit, suture removal	SA031			**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
61	pack, pelvic exam	SA051			**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**	
62	drape, non-sterile	SB006			**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**		**3**	
63																																		
64																																		
65	**EQUIPMENT**	**CODE**																																
66	light, fiberoptic headlight w-source	EQ170			**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**	
67	table, power	EF031			**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**		**72.0**		**99.0**	
68																																		
69																																		
70																																		

	A	B	C	AI
1	**REVISED AT MEETING**			**endations**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*50 G*
4	**LOCATION**			**Facility**
5	**GLOBAL PERIOD**			**090**
6	**TOTAL CLINICAL LABOR TIME**			**138.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**72.0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**7**
17	*Other Clinical Activity - *specify:*			
18	**End: When patient enters office/facility for surgery/procedure**			
19	**SERVICE PERIOD**			
20	**Start: When patient enters office/facility for surgery/procedure:**			
21	Greet patient, provide gowning, ensure appropriate medical records are available			
22	Obtain vital signs			
23	Provide pre-service education/obtain consent			
24	Prepare room, equipment, supplies			
25	Setup scope (non facility setting only)			
26	Prepare and position patient/ monitor patient/ set up IV			
27	Sedate/apply anesthesia			
28	*Other Clinical Activity - specify:			
29	**Intra-service**			
30	Assist physician in performing procedure			
31	Assist physician/moderate sedation (% of physician time)			
32	**Post-Service**			
33	Monitor pt. following moderate sedation			
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			
35	Clean room/equipment by physician staff			
36	Clean Scope			
37	Clean Surgical Instrument Package			
38	Complete diagnostic forms, lab & X-ray requisitions			
39	Review/read X-ray, lab, and pathology reports			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
41	*Other Clinical Activity - *specify:*			
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			
45	**End: Patient leaves office**			
46	**POST-SERVICE Period**			
47	**Start: Patient leaves office/facility**			
48	Conduct phone calls/call in prescriptions			
49	***Office visits: List Number and Level of Office Visits***			**# visits**
50	99211 16 minutes		16	
51	99212 27 minutes		27	
52	99213 36 minutes		36	**2**
53	99214 53 minutes		53	
54	99215 63 minutes		63	
55	**Total Office Visit Time**			**72.0**
56	*Other Clinical Activity - *specify:*			
57	**End: with last office visit before end of global period**			
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
59	pack, minimum multi-specialty visit	SA048	pack	**2**
60	kit, suture removal	SA031		**1**
61	pack, pelvic exam	SA051		**2**
62	drape, non-sterile	SB006		**2**
63				
64				
65	**EQUIPMENT**	**CODE**		
66	light, fiberoptic headlight w-source	EQ170		**72.0**
67	table, power	EF031		**72.0**
68				
69				
70				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2014

April 2014

Prostatectomy

In October 2013, the RUC recommended that the specialty survey Harvard-valued CPT codes 55840, 55842 and 55845 for the April 2014 RUC meeting. The RUC also recommended maintaining CPT code 55866, since it was recently reviewed in October 2009, and there is no evidence of a change in technology to perform this service. In the Proposed Rule for 2014, CMS requested that CPT codes 55845 and 55866 be reviewed through the potentially misvalued services process. The specialty society submitted action plans in October 2013. The RUC requested that CPT codes 55840, 55842 and 55845 be surveyed for the April 2014 RUC meeting. Subsequently, CMS added 55866 to be reviewed as part of the family.

55840 ***Prostatectomy, retropubic radical, with or without nerve sparing;***
The RUC reviewed the survey results from 38 urologists and agreed with the specialty on the following physician time components: pre-service time of 51 minutes (the standard pre-time package of 3 *Straightforward Patient/Difficult Procedure in a facility*), intra-service time of 180 minutes and immediate post-service time of 33 minutes (the standard post-time package 9B). The RUC agreed with the specialty that two hospital visits were appropriate with the first visit on the day of surgery (99231) and the other on the first post-operative day (99232), where the patient is assessed for pain, hemodynamics and bladder spasms. The RUC also agreed that a full discharge day (99238), which typically occurs on the second post-operative day, is appropriate for this inpatient procedure. Finally, the RUC agreed that the following office visits during the 90-day global period were justified: one 99214 office visit which includes decatheterization, the teaching of Kegel exercises and review of the final pathology report, one 99213 office visit which includes checking on continence and the discussion of penile rehabilitation for return of erectile function and one 99213 office visit which includes reviewing the PSA test and following up on continence and sexual function.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overvalued, with a 25th percentile work RVU of 24.13. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 50542 *Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed* (work RVU= 21.36) and agreed that since both services have identical intra-service time of 180 minutes and a nearly identical total time (448 minutes versus 449 minutes), they should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk from code 50542 to code 55840. To further justify a work RVU of 21.36 for 55840, the RUC reviewed CPT code 50220 *Nephrectomy, including partial ureterectomy, any open approach including rib resection;* (work RVU= 18.68, intra-time of 120 minutes) and noted that the surveyed code has a much higher intra-service time, as well as a slightly higher total time (448 minutes versus 432 minutes), and is therefore, correctly valued higher than 50220. **The RUC recommends a work RVU of 21.36 for CPT code 55840.**

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55842 ***Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)***
The RUC reviewed the survey results from 36 urologists and agreed with the specialty on the following physician time components: pre-service time of 51 minutes (the standard pre-time package of 3 *Straightforward Patient/Difficult Procedure in a facility*), intra-service time of 180 minutes and immediate post-service time of 33 minutes (the standard post-time package 9B). The RUC agreed with the specialty that two hospital visits were appropriate with the first visit on the day of surgery (99231) and the other on the first post-operative day (99232), where the patient is assessed for pain, hemodynamics and bladder spasms. The RUC also agreed that a full discharge day (99238), which typically occurs on the second post-operative day, is appropriate for this inpatient procedure. Finally, the RUC agreed that the following office visits during the 90-day global period were justified: one 99214 office visit which includes decatheterization, the teaching of Kegel exercises and review of the final pathology report, one 99213 office visit which includes checking on continence and the discussion of penile rehabilitation for return of erectile function and one 99213 office visit which includes reviewing the PSA test and following up on continence and sexual function.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 24.16 is appropriate. The RUC compared the surveyed code to the key reference service 50240 *Nephrectomy, partial* (work RVU= 24.21) and noted that since both services have identical intra-service time of 180 minutes, as well as similar intensity as reported by survey respondents, the work value of 24.16 is appropriate. To further justify a work RVU of 24.16, the RUC reviewed CPT code 38724 *Cervical lymphadenectomy (modified radical neck dissection)* (work RVU= 23.95) and noted that both services have identical intra-service time of 180 minutes and similar intensities. **The RUC recommends a work RVU of 24.16 for CPT code 55842.**

55845 ***Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes***
The RUC reviewed the survey results from 32 urologists and agreed with the specialty on the following physician time components: pre-service time of 51 minutes (the standard pre-time package of 3 *Straightforward Patient/Difficult Procedure in a facility*), intra-service time of 198 minutes and immediate post-service time of 33 minutes (the standard post-time package 9B). The RUC agreed with the specialty that two hospital visits were appropriate with the first visit on the day of surgery (99231) and the other on the first post-operative day (99232), where the patient is assessed for pain, hemodynamics and bladder spasms. The RUC also agreed that a full discharge day (99238), which typically occurs on the second post-operative day, is appropriate for this inpatient procedure. Finally, the RUC agreed that the following office visits during the 90-day global period were justified: one 99214 office visit which includes decatheterization, the teaching of Kegel exercises and review of the final pathology report, one 99213 office visit which includes checking on continence and the discussion of penile rehabilitation for return of erectile function and one 99213 office visit which includes reviewing the PSA test and following up on continence and sexual function.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey median work RVU of 29.07 is appropriate. To justify a work RVU of 29.07, the RUC compared the surveyed code to CPT code 43282 *Laparoscopy, surgical, repair of paraesophageal hernia,*

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includes fundoplasty, when performed; with implantation of mesh (work RVU= 30.10) and noted that the surveyed code has a slightly lower intra-service time (198 minutes versus 210 minutes), though a slightly higher total time (454 minutes versus 466 minutes), which supports a similar work value between the two services. The RUC also compared the surveyed code to CPT code 32670 *Thoracoscopy, surgical; with removal of two lobes (bilobectomy)* (work RVU= 28.52) and noted that the surveyed code has a higher intra-service time (198 minutes versus 180 minutes), which confirms that the RUC recommended work value is appropriate. **The RUC recommends a work RVU of 29.07 for CPT code 55845.**

55866 ***Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed***
Code 55866 was identified as a CMS Fastest Growing service in 2007. In February 2008 the Relativity Assessment Workgroup (RAW) recommended that the specialty society develop a coding proposal to separate code 55866 into two codes to distinguish between robotic and non-robotic laparoscopic prostatectomy. The CPT Editorial Panel determined that the code should describe the typical method and not be separated into two codes. The Relativity Assessment Workgroup recommended that 55866 be reviewed at the October 2009 RUC meeting. At the October 2009 RUC meeting, the RUC determined the survey 25th percentile work RVU of 32.06 was appropriate and the parenthetical (including robotic when performed) should be added to the descriptor. Code 55866 was added to the new technology list for review at the September 2014 RAW meeting.

In the Final Rule for 2014, CMS requested review of CPT codes 55845 and 55866 as potentially misvalued because the work RVUs for the laparoscopic procedure are higher than for the open procedure and, in general, a laparoscopic procedure would not require greater resources than the open procedure. CMS noted that most of the commenters indicated that it was appropriate that the work RVUs be higher for CPT code 55866 than for CPT code 55845. CMS believes that there are enough questions about how these codes should be valued that they finalized the proposal to review these codes as potentially misvalued codes. **The RUC recommends that the specialty societies submit an action plan for the September 2014 RAW meeting.**

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	090	21.36
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	090	24.16
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	090	29.07
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	090	Specialty: Not Part of Family; Action plan for September 2014

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Communication from the American Urological Association (AUA):

CPT code 55866, although a prostatectomy code, is not considered part of the open procedures family of codes. It is a completely different procedure using laparoscopy and robotics to remove the prostate. This code has been reviewed four years ago and the technology and procedure itself has not changed and is scheduled to be reviewed as new technology this year. At this point, the AUA does not believe that it is necessary to survey this code again. Instead, once the surveys for the open prostatectomy codes are received and presented to the RUC, an analysis should be performed comparing the open prostatectomy codes and the postservice office visits to the current laparoscopic, robotic prostatectomy procedure. At that time, the AUA would be happy to address CMS' concerns of the use of postservice practice expense for the open procedures versus the laparoscopic procedure.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55840 Tracking Number

Original Specialty Recommended RVU: **24.63**
Presented Recommended RVU: **24.13**
Global Period: 090
RUC Recommended RVU: **21.36**

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65 year old man with elevated PSA undergoes biopsy that shows Gleason's 3+3, low-risk prostate cancer. After counseling of management options, he undergoes open radical retropubic prostatectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 68%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 5% , Overnight stay-more than 24 hours 94%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Pre-service Work- Day before surgery:
- Review medical record, pathology, ultrasound reports, etc.
- Write pre-op orders (to be faxed to hospital)
- Dictate pre-operative H&P

Pre-service work- Day of surgery:
- Change into scrub clothes
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Answer patient and family's questions, be sure informed consent is in medical record
-Appropriately mark surgical site
- Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (teeth, positioning, unusual medical problems)
- Verify that all necessary instruments are available

Pre-service work - Day of surgery-Positioning
After general anesthesia is induced, padding is placed around both wrists, elbows, shoulders, and legs, sequential compression devices are placed and tested. Both arms are tucked under sheets; The patient is then placed in slightly hyperextended supine position, and all pressure points are padded. Padding is adjusted as needed.

Description of Intra-Service Work:

Intraservice Work
- The abdomen and genitalia are prepped and draped in the standard fashion
- A foley cather is placed into the bladder and the balloon inflated.
- A lower midline incision is made.
-The retropubic space is developed and a retractor is placed.
-The endopelvic fascia is incised bilaterally.
-The pubo-prostatic ligaments are developed and divided close to the pubis
-Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the dorsal vein complex distal to the prostatic apex.
-Pass a right angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex.
-Suture ligate the bundle at the prostatic apex with 2-0 Vicryl, take care to avoid the neuro-vascular posterior and lateral to the prostate.
-Suture ligate the dorsal vein complex with 2-0 Vicryl on a 5/8th circle taper needle in a figure of eight.
-Divide the dorsal vein complex. Suture ligate it again until hemostasis is obtained.
-Develop the plane between the neurovascular bundles and the apex of the prostate and urethra.
-Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape and withdraw the clamp with the tape to elevate the urethra. Stay out of the rectum.
-Dissect the urethra for up to a centimeter into the prostate.
-Divide the urethra just enough to expose the foley catheter, which is about half way across the urethra.
-Lubricate the foley catheter at the urethral meatus and pass a right angled clamp under the foley at the level of the incised urethra and draw the foley into the field.
-Clamp the foley with a Kocher clamp and cut the foley so the clamp is on the bladder end of the catheter, keeping the foley balloon inflated within the bladder, taking care not to stretch the neurovascular bundles.
-Divide the rest of the urethra.
-Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate.
-Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles.
-With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered.
-Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles.
-Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate.
-Rotate the prostate inferiorly and identify the bladder neck by palpating the foley balloon within the bladder.
-Dissect the bladder neck into the prostate circumferentially
-Divide the anterior bladder neck, release the water from the foley balloon, pull the catheter and clamp both ends to use it for anterior traction on the prostate.
-Dissect the posterior bladder neck off the prostate if this has not already been done.
-Find and dissect the ampulla of the vas on one side and dissect it proximally till the tip of the seminal vesicle has been reached.
-Clip and divide the vas deferens
-Starting at the junction of the seminal vesicle and the prostate dissect the former off of the latter
-Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure.
-Repeat the process for the other side.
-Remove the specimen
-Assure hemostasis
-Close any rectal laceration if necessary, with 2-0 Vicryl, in a two layered interrupted fashion
-Tailor the bladder neck with interrupted or running 2-0 Vicryl suture, if necessary, in a “tennis racquet” or “fish-mouth” fashion, assure that the ureteral orifices are not incorporated in the closure
-Insert a Greenwald sound into the urethra ‘till it is visualized at the cut urethral edge within the pelvis
-Place six double-armed 3-0 purple monocryl, from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle.
-Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck.
-Remove the Greenwald sound
-Pass a 20 french foley catheter with a 30 ml balloon into the bladder and leave the balloon deflated for now.
-Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa, for a mucosal to mucosal anastomosis
-Inflate the foley balloon to 30 ml
-Place a long Allis clamp just proximal to the bladder neck
-Tie the sutures starting posteriorly, push the bladder with the Allis clamp and pull the bladder with traction on the foley catheter while tying the knots

-Exit a drain through a separate stab wound incision
-Close the incision with a looped 0 PDS for the fascia
-Close the skin with a subcutaneous running 4-0 absorbable suture

Sterile dressings are placed over the incision, around the drain, and the catheter is secured to the thigh with a catheter strap

Description of Post-Service Work:

Description of Post-Service Work:
Post-op Same day work through discharge from recovery
- Apply dressings
- Assist in transfer of patient from operating table to post-op stretcher
- Accompany anesthesiologist with patient to recovery area
- Assist in transfer of patient to recovery area bed
- Write post-op orders
- Review recovery area care and medications with staff
- Meet with family and discuss the procedure, expected outcome, planned post operative care in hospital and out of hospital
- Discuss procedure with patient as necessary in recovery area when awake
- Call referring physician regarding outcome of procedure and any unusual aspects of post operative care (cardiac disease, diabetic management)
- Dictate detailed operative narrative

Post-op Same day work after discharge from recovery
- Examine patient, check wound and patient progress
- Review patient hospital medical record notes (nursing, pharmacy, dietary, discharge planner)
- Answer patient and family questions
- Answer nursing and other staff questions
- Write any further necessary orders
- Write note in progress note section of medical record

Post-op Other Hospital Work - Beginning on post op-day 1, until discharge day
- Check labs and vital signs
-Examine and talk to patient
- Check urine output and output from drain, then remove drain if appropriate
-Check wounds and dressings
- Discuss patient progress with patient and family
- Review all patient hospital medical record notes
- Discuss post operative care of wound at home
- Answer nursing and other staff questions
- Answer patient and family questions
- Write orders in medical record, or enter orders in the computerized medical record
- Write progress notes

Discharge day work-Day 2:
- Examine and talk with patient and family
- Check wounds and patient progress
- Review all patient hospital medical records
- Answer patient and family questions
- Write orders for post-discharge care
- Write prescriptions for post-op medications
- Discuss post-op care of wound with patient and family
- Dictate detailed hospital discharge summary

Post-op Office work- After discharge from hospital:
- Examine patient, check vital signs, inspect all surgical incisions
- Talk with patient and family. Review in detail final pathology report, implications, follow-up plan, possible need for additional therapy.

- Review expectations for return of bladder control following removal of catheter, proper performance of Kegel exercises, then remove foley catheter.
- Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, vacuum pump, and give samples and prescriptions of chosen medication.
- Review bladder control exercises after catheter removed
- Answer questions from patient and family
- Write necessary prescriptions
- Remove sutures
- Schedule next office visit
- Mark appropriate diagnosis and CPT code on Superbill
- Dictate patient progress notes for office medical record
- Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Norm Smith, MD, Tom Turk, MD, Martin Dineen, MD, Phil Wise, MD				
Specialty(s):	Urology				
CPT Code:	55840				
Sample Size:	224	**Resp N:**	38	**Response:** 16.9 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		3.00	**10.00**	25.00	200.00
Survey RVW:	18.00	24.13	**25.33**	28.83	40.00
Pre-Service Evaluation Time:			**57.50**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	100.00	138.75	**180.00**	180.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**115.00**	99231x **1.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55840	**Recommended Physician Work RVU: 21.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50240	090	24.21	**RUC Time**

CPT Descriptor Nephrectomy, partial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50220	090	18.68	**RUC Time**	1,590

CPT Descriptor 1 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,958

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 34.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 55840**	**Key Reference CPT Code:** 50240	**Source of Time** **RUC Time**
Median Pre-Service Time	51.00	75.00	

Median Intra-Service Time	180.00	180.00
Median Immediate Post-service Time	33.00	60.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	198.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	86.0	92.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**448.00**	**605.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.54	4.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.23	4.23
Urgency of medical decision making	3.69	3.92
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.92
Physical effort required	4.54	4.46
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.46	4.46
Outcome depends on the skill and judgment of physician	4.77	4.62
Estimated risk of malpractice suit with poor outcome	3.85	3.69

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.69	3.62
Intra-Service intensity/complexity	4.38	4.38
Post-Service intensity/complexity	3.62	3.62

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 227 individuals and of those individuals, 40 responses were received for a response rate of 17.62%. In 2012, 2,095 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results, which confirmed that 180 minutes of intraservice time is necessary to complete this procedure. The current intraservice time is 183 minutes. The current work RVU is 24.63. The median work value from the survey is 25.78. The 25th percentile of the work RVU was 24.18.

The AUA RUC expert panel identified a rank order anomaly if the 25th percentile from the survey data is used, so it is the recommendation of the AUA RUC expert panel that the current RVU of 24.63 be maintained for CPT code 55840.

CPT Code	CPT Descriptor	Current Value	Current IWPUT	Survey Median	Survey25 Percentile	Specialty Recommendation RVU	Specialty Recommendation IWPUT
55840	Prostatectomy, retropubic radical, with or without nerve sparing	24.63	0.0705	25.78	24.18	24.63	0.079
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	26.49	0.0596	26.50	24.16	26.49	0.089
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	30.67	0.0684	29.07	25.18	29.07	0.094

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55840

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty General Surgery How often? Rarely

Specialty Emergency Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data X 125%

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare Data from RUC Database.

Specialty Urology Frequency 2585 Percentage 99.42 %

Specialty General Surgery Frequency 7 Percentage 0.26 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55840

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55842 Tracking Number

Original Specialty Recommended RVU: **26.49**
Presented Recommended RVU: **26.49**
RUC Recommended RVU: **24.16**

Global Period: 090

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65 year old man with elevated PSA undergoes biopsy that shows Gleason's 3+4, intermediate-risk prostate cancer. After counseling of management options, he undergoes open radical retropubic prostatectomy with limited pelvic lymph node dissection.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 200% , Overnight stay-more than 24 hours 97%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Pre-service Work- Day before surgery:
- Review medical record, pathology, ultrasound reports, etc.
- Write pre-op orders (to be faxed to hospital)
- Dictate pre-operative H&P

Pre-service work- Day of surgery:
- Change into scrub clothes
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Answer patient and family's questions, be sure informed consent is in medical record
-Appropriately mark surgical site
- Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (teeth, positioning, unusual medical problems)
- Verify that all necessary instruments are available

Pre-service work - Day of surgery-Positioning
After the placement of appropriate monitoring equipment, ECG, blood pressure, pulse oxymeter, arterial line, then general anesthesia is induced, padding is placed around both wrists, elbows, shoulders, and legs, sequential compression devices are placed and tested. Both arms are tucked under sheets; The patient is then placed in slightly hyperextended supine position, and all pressure points are padded. Padding is adjusted as needed.

Description of Intra-Service Work:

Intraservice Work
- The abdomen and genitalia are prepped and draped in the standard fashion
- A foley cather is placed into the bladder and the balloon inflated.
- A lower midline incision is made.
-The retropubic space is developed and a retractor is placed.
-A space between the bladder and the iliac vessels is developed
-Using a combination of blunt and sharp dissection the peritoneum is dissected from the internal inguinal ring, the iliopsoas region, and the anterior abdominal wall and swept superiorly
-The spermatic cord is isolated to the point where the vas courses medially
-The vas may or may not be ligated and divided
-Retractors are placed to hold the bladder medially and the peritoneum superiorly
-The fibro-fatty tissue surrounding the iliac vein is divided anteriorly from the bifurcation to the node of Cloquet residing near the inguinal canal
-The tissue between the iliac artery and vein is separated exposing the iliac artery along its medial and anterior surfaces
-This tissue is passed behind the iliac vein
-Using a combination blunt and sharp dissection the nodal packet is dissected to the obturator nerve.
-The lymphatics coming from the leg are ligated and the distal edge of the nodal packet is divided.
-The packet is rotated superiorly and then divided at the bifurcation of iliac artery.
- The retractor blades are repositioned from this side and placed on the other side for a bilateral limited pelvic node dissection.

Attention is then turned to the radical retropubic prostatectomy

-The retractor is placed to facilitate the removal of the prostate
-The endopelvic fascia is incised bilaterally.
-The pubo-prostatic ligaments are developed and divided close to the pubis
-Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the dorsal vein complex distal to the prostatic apex.
-Pass a right angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex.
-Suture ligate the bundle at the prostatic apex with 2-0 Vicryl, take care to avoid the neuro-vascular posterior and lateral to the prostate.
-Suture ligate the dorsal vein complex with 2-0 Vicryl on a 5/8th circle taper needle in a figure of eight.
-Divide the dorsal vein complex. Suture ligate it again until hemostasis is obtained.
-Develop the plane between the neurovascular bundles and the apex of the prostate and urethra.
-Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape and withdraw the clamp with the tape to elevate the urethra. Stay out of the rectum.
-Dissect the urethra for up to a centimeter into the prostate.
-Divide the urethra just enough to expose the foley catheter, which is about half way across the urethra.
-Lubricate the foley catheter at the urethral meatus and pass a right angled clamp under the foley at the level of the incised urethra and draw the foley into the field.
-Clamp the foley with a Kocher clamp and cut the foley so the clamp is on the bladder end of the catheter, keeping the foley balloon inflated within the bladder, taking care not to stretch the neurovascular bundles.
-Divide the rest of the urethra.
-Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate.
-Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles.
-With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered.
-Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles.
-Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate.
-Rotate the prostate inferiorly and identify the bladder neck by palpating the foley balloon within the bladder.
-Dissect the bladder neck into the prostate circumferentially
-Divide the anterior bladder neck, release the water from the foley balloon, pull the catheter and clamp both ends to use it for anterior traction on the prostate.
-Dissect the posterior bladder neck off the prostate if this has not already been done.

-Find and dissect the ampulla of the vas on one side and dissect it proximally till the tip of the seminal vesicle has been reached.
-Clip and divide the vas deferens
-Starting at the junction of the seminal vesicle and the prostate dissect the former off of the latter
-Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure.
-Repeat the process for the other side.
-Remove the specimen
-Assure hemostasis
-Close any rectal laceration if necessary, with 2-0 Vicryl, in a two layered interrupted fashion
-Tailor the bladder neck with interrupted or running 2-0 Vicryl suture, if necessary, in a “tennis racquet” or “fish-mouth” fashion, assure that the ureteral orifices are not incorporated in the closure
-Insert a Greenwald sound into the urethra ‘till it is visualized at the cut urethral edge within the pelvis
-Place six double-armed 3-0 purple monocryl, from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle.
-Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck.
-Remove the Greenwald sound
-Pass a 20 french foley catheter with a 30 ml balloon into the bladder and leave the balloon deflated for now.
-Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa, for a mucosal to mucosal anastomosis
-Inflate the foley balloon to 30 ml
-Place a long Allis clamp just proximal to the bladder neck
-Tie the sutures starting posteriorly, push the bladder with the Allis clamp and pull the bladder with traction on the foley catheter while tying the knots
-Exit a drain through a separate stab wound incision
-Close the incision with a looped 0 PDS for the fascia
-Close the skin with a subcutaneous running 4-0 absorbable suture

Sterile dressings are placed over the incision, around the drain, and the catheter is secured to the thigh with a catheter strap

Description of Post-Service Work:

Description of Post-Service Work:
Post-op Same day work through discharge from recovery
- Apply dressings
- Assist in transfer of patient from operating table to post-op stretcher
- Accompany anesthesiologist with patient to recovery area
- Assist in transfer of patient to recovery area bed
- Write post-op orders
- Review recovery area care and medications with staff
- Meet with family and discuss the procedure, expected outcome, planned post operative care in hospital and out of hospital
- Discuss procedure with patient as necessary in recovery area when awake
- Call referring physician regarding outcome of procedure and any unusual aspects of post operative care (cardiac disease, diabetic management)
- Dictate detailed operative narrative

Post-op Same day work after discharge from recovery
- Examine patient, check wound and patient progress
- Review patient hospital medical record notes (nursing, pharmacy, dietary, discharge planner)
- Answer patient and family questions
- Answer nursing and other staff questions
- Write any further necessary orders
- Write note in progress note section of medical record

Post-op Other Hospital Work - Beginning on post op-day 1, until discharge day
- Check labs and vital signs
-Examine and talk to patient
- Check urine output and output from drain, then remove drain if appropriate
-Check wounds and dressings

- Discuss patient progress with patient and family
- Review all patient hospital medical record notes
- Discuss post operative care of wound at home
- Answer nursing and other staff questions
- Answer patient and family questions
- Write orders in medical record, or enter orders in the computerized medical record
- Write progress notes

Discharge day work-Day 2:
- Examine and talk with patient and family
- Check wounds and patient progress
- Review all patient hospital medical records
- Answer patient and family questions
- Write orders for post-discharge care
- Write prescriptions for post-op medications
- Discuss post-op care of wound with patient and family
- Dictate detailed hospital discharge summary

Post-op Office work- After discharge from hospital:
- Examine patient, check vital signs, inspect all surgical incisions
- Talk with patient and family. Review in detail final pathology report, implications, follow-up plan, possible need for additional therapy.
- Review expectations for return of bladder control following removal of catheter, proper performance of Kegel exercises, then remove foley catheter.
- Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, vacuum pump, and give samples and prescriptions of chosen medication.
- Review bladder control exercises after catheter removed
- Answer questions from patient and family
- Write necessary prescriptions
- Remove sutures
- Schedule next office visit
- Mark appropriate diagnosis and CPT code on Superbill
- Dictate patient progress notes for office medical record
- Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Norm Smith, MD, Tom Turk, MD, Phil Wise, MD, Martin Dineen, MD				
Specialty(s):	Urology				
CPT Code:	55842				
Sample Size:	226	**Resp N:**	36	**Response:** 15.9 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		2.00	**5.00**	12.75	190.00
Survey RVW:	18.68	24.16	**27.00**	30.03	41.50
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	135.00	150.00	**180.00**	202.50	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**115.00**	99231x **1.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55842	**Recommended Physician Work RVU: 24.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50240	090	24.21	**RUC Time**

CPT Descriptor Nephrectomy, partial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50220	090	18.68	**RUC Time**	1,590

CPT Descriptor 1 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,958

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 30.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 55842**	**Key Reference CPT Code:** 50240	**Source of Time** **RUC Time**
Median Pre-Service Time	51.00	75.00	

Median Intra-Service Time	180.00	180.00
Median Immediate Post-service Time	33.00	60.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	198.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	86.0	92.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**448.00**	**605.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.27	4.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.27	4.36
Urgency of medical decision making	3.45	3.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.82	4.73
Physical effort required	4.55	4.45
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.36	4.45
Outcome depends on the skill and judgment of physician	4.82	4.73
Estimated risk of malpractice suit with poor outcome	3.82	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.82	3.91
Intra-Service intensity/complexity	4.36	4.36
Post-Service intensity/complexity	3.73	3.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 229 individuals and of those individuals, 39 responses were received for a response rate of 17.03%. In 2012, 308 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results, which confirmed that 180 minutes of intraservice time is necessary to complete this procedure. The current intraservice time is 226 minutes. The current work RVU is 24.69. The median work value from the survey is 26.50. The 25th percentile of the work RVU was 24.13.

The AUA RUC expert panel identified a rank order anomaly if the 25th percentile from the survey data is used, it is the recommendation of the AUA RUC expert panel that the current RVU of 26.49 be maintained for CPT code 55842.

CPT Code	CPT Descriptor	Current Value	Current IWPUT	Survey Median	Survey25 Percentile	Specialty Recommendation RVU	Specialty Recommendation IWPUT
55840	Prostatectomy, retropubic radical, with or without nerve sparing	24.63	0.0705	25.78	24.18	24.63	0.079
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	26.49	0.0596	26.50	24.16	26.49	0.089
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	30.67	0.0684	29.07	25.18	29.07	0.094

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55842

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty General Surgery How often? Rarely

Specialty Surgical Oncology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 385
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare Data X 125%

Specialty Urology Frequency 384 Percentage 99.74 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 308
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data from RUC Database

Specialty Urology Frequency 307 Percentage 99.67 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55842

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55845 Tracking Number

Original Specialty Recommended RVU: **29.07**
Presented Recommended RVU: **29.07**
RUC Recommended RVU: **29.07**

Global Period: 090

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65 year old man with elevated PSA undergoes biopsy that shows Gleason's 4+4, high-risk prostate cancer. After negative staging evaluation and counseling of management options, he undergoes open radical retropubic prostatectomy with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 93%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Pre-service Work- Day before surgery:
- Review medical record, pathology, ultrasound reports, etc.
- Write pre-op orders (to be faxed to hospital)
- Dictate pre-operative H&P

Pre-service work- Day of surgery:
- Change into scrub clothes
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Answer patient and family's questions, be sure informed consent is in medical record
-Appropriately mark surgical site
- Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (teeth, positioning, unusual medical problems)
- Verify that all necessary instruments are available

Pre-service work - Day of surgery-Positioning
After the placement of appropriate monitoring equipment, ECG, blood pressure, pulse oxymeter, arterial line, then general anesthesia is induced, padding is placed around both wrists, elbows, shoulders, and legs, sequential compression devices are placed and tested. Both arms are tucked under sheets; The patient is then placed in slightly hyperextended supine position, and all pressure points are padded. Padding is adjusted as needed.

Description of Intra-Service Work:

Intraservice Work
- The abdomen and genitalia are prepped and draped in the standard fashion
- A foley cather is placed into the bladder and the balloon inflated.
- A lower midline incision is made.
-The retropubic space is developed and a retractor is placed.
-A space between the bladder and the iliac vessels is developed
-Using a combination of blunt and sharp dissection the peritoneum is dissected from the internal inguinal ring, the iliopsoas region, and the anterior abdominal wall and swept superiorly
-The spermatic cord is isolated to the point where the vas courses medially
-The vas may or may not be ligated and divided
-Retractors are placed to hold the bladder medially and the peritoneum superiorly
-The fibro-fatty tissue surrounding the iliac vein is divided anteriorly from the bifurcation to the node of Cloquet residing near the inguinal canal
-The tissue between the iliac artery and vein is separated exposing the iliac artery along its medial and anterior surfaces
-This tissue is passed behind the iliac vein
-Using a combination blunt and sharp dissection the nodal packet is dissected to the obturator nerve.
-The lymphatics coming from the leg are ligated and the distal edge of the nodal packet is divided.
-The packet is rotated superiorly and then divided at the bifurcation of the iliac artery.

-For an extended dissection

-The incision may need to be extended cephalad
-After a limited pelvic lymph node dissection has been performed and the decision to perform an extended lymph node dissection has been made, the tissue over the common iliac artery is divided up to the bifurcation of the aorta.
-The ureter on this side is located and freed of its attachments and gently retracted medially or laterally depending on the stage of the dissection
-The lateral limits of dissection are the gonadal veins and the nodal tissue medial to these structures is dissected off of the psoas muscle taking care not to injure the genito-femoral nerve.
-The packet is passed under the common iliac artery
-The dissection is carried out to the midline over the sacrum and up to the bifurcation of the aorta.
-If a limited pelvic node dissection has already been carried out, the inferior limit of this dissection ends at the superior limit of that dissection.

-In the event that the decision to perform an extended pelvic lymph node dissection is made primarily, the dissection starts at the bifurcation of the aorta, then is carried laterally to the gonadal vessels.
-The tissue is split over the common iliac artery and passed underneath it from lateral to medial
-The dissection proceeds from superiorly to inferiorly and from the midline at the level of the sacrum to the common iliac, and from the gonadal vessels laterally to the common iliac.
-The fibro fatty tissue is split over the external iliac artery and passed under the artery
-The dissection is carried further inferiorly down the internal and external iliac vessels in the same fashion as the limited pelvic node dissection

Attention is then turned to the radical retropubic prostatectomy

-The retractor is placed to facilitate the removal of the prostate
-The endopelvic fascia is incised bilaterally.
-The pubo-prostatic ligaments are developed and divided close to the pubis
-Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the dorsal vein complex distal to the prostatic apex.
-Pass a right angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex.
-Suture ligate the bundle at the prostatic apex with 2-0 Vicryl, take care to avoid the neuro-vascular posterior and lateral to the prostate.
-Suture ligate the dorsal vein complex with 2-0 Vicryl on a 5/8th circle taper needle in a figure of eight.

-Divide the dorsal vein complex. Suture ligate it again until hemostasis is obtained.
-Develop the plane between the neurovascular bundles and the apex of the prostate and urethra.
-Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape and withdraw the clamp with the tape to elevate the urethra. Stay out of the rectum.
-Dissect the urethra for up to a centimeter into the prostate.
-Divide the urethra just enough to expose the foley catheter, which is about half way across the urethra.
-Lubricate the foley catheter at the urethral meatus and pass a right angled clamp under the foley at the level of the incised urethra and draw the foley into the field.
-Clamp the foley with a Kocher clamp and cut the foley so the clamp is on the bladder end of the catheter, keeping the foley balloon inflated within the bladder, taking care not to stretch the neurovascular bundles.
-Divide the rest of the urethra.
-Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate.
-Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles.
-With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered.
-Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles.
-Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate.
-Rotate the prostate inferiorly and identify the bladder neck by palpating the foley balloon within the bladder.
-Dissect the bladder neck into the prostate circumferentially
-Divide the anterior bladder neck, release the water from the foley balloon, pull the catheter and clamp both ends to use it for anterior traction on the prostate.
-Dissect the posterior bladder neck off the prostate if this has not already been done.
-Find and dissect the ampulla of the vas on one side and dissect it proximally till the tip of the seminal vesicle has been reached.
-Clip and divide the vas deferens
-Starting at the junction of the seminal vesicle and the prostate dissect the former off of the latter
-Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure.
-Repeat the process for the other side.
-Remove the specimen
-Assure hemostasis
-Close any rectal laceration if necessary, with 2-0 Vicryl, in a two layered interrupted fashion
-Tailor the bladder neck with interrupted or running 2-0 Vicryl suture, if necessary, in a “tennis racquet” or “fish-mouth” fashion, assure that the ureteral orifices are not incorporated in the closure
-Insert a Greenwald sound into the urethra ‘till it is visualized at the cut urethral edge within the pelvis
-Place six double-armed 3-0 purple monocryl, from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle.
-Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck.
-Remove the Greenwald sound
-Pass a 20 french foley catheter with a 30 ml balloon into the bladder and leave the balloon deflated for now.
-Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa, for a mucosal to mucosal anastomosis
-Inflate the foley balloon to 30 ml
-Place a long Allis clamp just proximal to the bladder neck
-Tie the sutures starting posteriorly, push the bladder with the Allis clamp and pull the bladder with traction on the foley catheter while tying the knots
-Exit a drain through a separate stab wound incision
-Close the incision with a looped 0 PDS for the fascia
-Close the skin with a subcutaneous running 4-0 absorbable suture

Sterile dressings are placed over the incision, around the drain, and the catheter is secured to the thigh with a catheter strap

Description of Post-Service Work:
Description of Post-Service Work:
Post-op Same day work through discharge from recovery
- Apply dressings
- Assist in transfer of patient from operating table to post-op stretcher
- Accompany anesthesiologist with patient to recovery area
- Assist in transfer of patient to recovery area bed

- Write post-op orders
- Review recovery area care and medications with staff
- Meet with family and discuss the procedure, expected outcome, planned post operative care in hospital and out of hospital
- Discuss procedure with patient as necessary in recovery area when awake
- Call referring physician regarding outcome of procedure and any unusual aspects of post operative care (cardiac disease, diabetic management)
- Dictate detailed operative narrative

Post-op Same day work after discharge from recovery
- Examine patient, check wound and patient progress
- Review patient hospital medical record notes (nursing, pharmacy, dietary, discharge planner)
- Answer patient and family questions
- Answer nursing and other staff questions
- Write any further necessary orders
- Write note in progress note section of medical record

Post-op Other Hospital Work - Beginning on post op-day 1, until discharge day
- Check labs and vital signs
-Examine and talk to patient
- Check urine output and output from drain, then remove drain if appropriate
-Check wounds and dressings
- Discuss patient progress with patient and family
- Review all patient hospital medical record notes
- Discuss post operative care of wound at home
- Answer nursing and other staff questions
- Answer patient and family questions
- Write orders in medical record, or enter orders in the computerized medical record
- Write progress notes

Discharge day work-Day 2:
- Examine and talk with patient and family
- Check wounds and patient progress
- Review all patient hospital medical records
- Answer patient and family questions
- Write orders for post-discharge care
- Write prescriptions for post-op medications
- Discuss post-op care of wound with patient and family
- Dictate detailed hospital discharge summary

Post-op Office work- After discharge from hospital:
- Examine patient, check vital signs, inspect all surgical incisions
- Talk with patient and family. Review in detail final pathology report, implications, follow-up plan, possible need for additional therapy.
- Review expectations for return of bladder control following removal of catheter, proper performance of Kegel exercises, then remove foley catheter.
- Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, vacuum pump, and give samples and prescriptions of chosen medication.
- Review bladder control exercises after catheter removed
- Answer questions from patient and family
- Write necessary prescriptions
- Remove sutures
- Schedule next office visit
- Mark appropriate diagnosis and CPT code on Superbill
- Dictate patient progress notes for office medical record
- Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Norm Smith, MD, Tom Turk, MD, Phil Wise, MD, Martin Dineen, MD				
Specialty(s):	Urology				
CPT Code:	55845				
Sample Size:	228	**Resp N:**	32	**Response:** 14.0 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		5.75	**10.00**	25.25	100.00
Survey RVW:	18.68	25.18	**29.07**	35.00	42.50
Pre-Service Evaluation Time:			**57.50**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	140.00	158.00	**198.00**	220.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**115.00**	99231x **1.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55845	**Recommended Physician Work RVU: 29.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**198.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50230	090	23.81	**RUC Time**

CPT Descriptor Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50220	090	18.68	**RUC Time**	1,590

CPT Descriptor 1 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,958

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 55845**	**Key Reference CPT Code:** 50230	**Source of Time RUC Time**
Median Pre-Service Time	51.00	66.00	

Median Intra-Service Time	198.00	222.00
Median Immediate Post-service Time	33.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	198.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	86.0	57.50
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**466.00**	**573.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.50	4.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.50
Urgency of medical decision making	3.17	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.67
Physical effort required	4.67	4.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.83
Outcome depends on the skill and judgment of physician	4.67	4.83
Estimated risk of malpractice suit with poor outcome	4.00	4.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.50	4.33
Intra-Service intensity/complexity	4.33	4.33
Post-Service intensity/complexity	3.50	3.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 229 individuals and of those individuals, 32 responses were received for a response rate of 14.04%. In 2012, 2,296 of these procedures were performed in the Medicare population so the number of responses to this survey meets the new RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results, which confirmed that 198 minutes of intraservice time is necessary to complete this procedure. The current intraservice time is 247 minutes. The current work RVU is 30.67. The median work value from the survey is 29.07.

The AUA RUC expert panel identified a rank order anomaly if the 25th percentile from the survey data is used, so it is the recommendation of the AUA RUC expert panel that the median RVU of 29.07 be granted for CPT code 55845.

CPT Code	CPT Descriptor	Current Value	Current IWPUT	Survey Median	Survey25 Percentile	Specialty Recommendation RVU	Specialty Recommendation IWPUT
55840	Prostatectomy, retropubic radical, with or without nerve sparing	24.63	0.0705	25.78	24.18	24.63	0.079
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	26.49	0.0596	26.50	24.16	26.49	0.089
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	30.67	0.0684	29.07	25.18	29.07	0.094

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55845

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty General Surgery How often? Rarely

Specialty General Practice How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2870
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data X 125%

Specialty Urology Frequency 2862 Percentage 99.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,296
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare Data from RUC Database

Specialty Urology Frequency 2290 Percentage 99.73 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55845

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: 55840 Prostatectomy, retropubic radical, with or without nerve sparing;

TAB: 31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	50240	Nephrectomy, partial		0.055			24.21			605	75					180			60					8	1.0					4								
CURRENT	55840	Prostatectomy, retropubic radical, with or without nerve sparing;		0.071			24.63			535	41		25			183			27					7	1.0					3.5								
SVY	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	224	0.079	18.00	24.13	25.33	28.83	40.00	532	57.5	10	15			180			30			1	1	1	1.0					1	2							
REC	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	224	0.071	21.36					448	33	3	15			180			33				1	1	1.0					1	2							

SS Rec Summary

ISSUE: 55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

TAB: 31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	50240	Nephrectomy, partial		0.043			24.21			673	75					180			60					8	1.0					4								
CURRENT	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		0.060			26.49			615	44		25			226			31					8.5	1.0					3.5								
SVY		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		0.089	18.68	24.16	27.00	30.03	41.50	519	45	10	15	135	150	180	203	300	30			1	1	1	1.0					1	2							
REC		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		0.087			24.16			448	33	3	15			180			33				1	1	1.0					1	2							

SS Rec Summary

ISSUE: 55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

TAB: 31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy		0.055			23.81			574	41		25			222			30				8	1.0							2.5							
CURRENT	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		0.068			30.67			659	46		25			247			34				10	1.0							3							
SVY	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	32	0.090	18.68	25.18	29.07	35.00	42.00	555	57.5	15	15	140	158	198	220	360	30			1	1	1	1.0					1	2							
REC	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		0.104			29.07			466	33	3	15			198			33				1	1	1.0					1	2							

CPT Code: 55840
Specialty Society('s) American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global Period: 090 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 55840 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

CPT Code: 55842
Specialty Society('s) American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global Period: 090 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 55842 is the current code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

CPT Code: 55845
Specialty Society('s) American Urological Association

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global Period: 090 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 55845 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 55840**		**CPT Code # 55840**	
3	**Meeting Date: April 2014 Tab: 31 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing;		CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing;	
4	**LOCATION**	**D037**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**198.0**	**0.0**	**197.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**126.0**	**0.0**	**125.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms				**5**		**5**
13	Coordinate pre-surgery services				**20**		**20**
14	Schedule space and equipment in facility				**8**		**8**
15	Provide pre-service education/obtain consent				**20**		**20**
16	Follow-up phone calls & prescriptions				**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**3.5**		**2**
53	99214 53 minutes		53				**1**
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**126.0**	**0.0**	**125.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**4**		**3**
60	pack, post-op incision care (staple)	SA052	pack		**1**		**1**
61	syringe 10-2 ml	SC051	item		**1**		**1**
62	sanitizing cloth-wipe (patient)	SM021	item		**30**		**3**
63	pad, urinary incontinence (Depends)	SK054	item		**1**		**1**
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			**126**		**125**
66	light, exam	EQ168					**125**
67							
68							
69							

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 55842**		**CPT Code # 55842**	
3	**Meeting Date: April 2014 Tab: 31 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	
4	**LOCATION**	**D037**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**198.0**	**0.0**	**197.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**126.0**	**0.0**	**125.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms				**5**		**5**
13	Coordinate pre-surgery services				**20**		**20**
14	Schedule space and equipment in facility				**8**		**8**
15	Provide pre-service education/obtain consent				**20**		**20**
16	Follow-up phone calls & prescriptions				**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**3.5**		**2**
53	99214 53 minutes		53				**1**
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**126.0**	**0.0**	**125.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**4**		**3**
60	pack, post-op incision care (staple)	SA052	pack		**1**		**1**
61	syringe 10-2 ml	SC051	item		**1**		**1**
62	sanitizing cloth-wipe (patient)	SM021	item		**30**		**3**
63	pad, urinary incontinence (Depends)	SK054	item		**1**		**1**
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			**126**		**125**
66	light, exam	EQ168					**125**

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 55845**		**CPT Code # 55845**	
3	**Meeting Date: April 2014 Tab: 31 Specialty: American Urological Association**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		CPT CODE DESCRIPTOR: Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	
4	**LOCATION**	**D037**	**RN/LPN/MTA**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**180.0**	**0.0**	**197.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**108.0**	**0.0**	**125.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms				**5**		**5**
13	Coordinate pre-surgery services				**20**		**20**
14	Schedule space and equipment in facility				**8**		**8**
15	Provide pre-service education/obtain consent				**20**		**20**
16	Follow-up phone calls & prescriptions				**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
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39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
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51	99212 27 minutes		27				
52	99213 36 minutes		36		**3**		**2**
53	99214 53 minutes		53				**1**
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**108.0**	**0.0**	**125.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**4**		**3**
60	pack, post-op incision care (staple)	SA052	pack		**1**		**1**
61	syringe 10-2 ml	SC051	item		**1**		**1**
62	sanitizing cloth-wipe (patient)	SM021	item		**30**		**3**
63	pad, urinary incontinence (Depends)	SK054	item		**1**		**1**
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			**108**		**125**
66	light, exam	EQ168					**125**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rule for 2014

April 2014

Laminectomy

In 2011, CMS identified CPT code 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* as potentially misvalued through the CMS High Expenditure Procedural Codes screen. The specialty societies added CPT code 63048 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)* to be reviewed as part of this family of services. The RUC submitted recommendations for codes 63047 and 63048 for CY 2014. In the Final Rule for 2014, CMS requested that CPT codes 63045 and 63046 be reviewed in concert with 63047 and 63048 and valued these services as interim until 63045 and 63046 are reviewed.

No specialty societies indicated an interest to survey these services. The specialty societies who typically perform these services and the RUC commented that CMS should have requested that these services be reviewed when the Agency initially identified CPT code 63047. Nevertheless, the specialty societies indicated that these two sets of services are not the same family. The specialty societies noted that 63045 and 63046 represent very different physician work; the spinal cord is present at these levels, and the techniques for bone removal as well as physician stress and risk of complications are very different as a result. In addition, 63045 and 63046 represent a small proportion (<15%) of the aggregate volume of what CMS has now declared to be the "family" of codes.

The RUC agreed that it would have been less burdensome on the specialty societies if all of these services were identified and surveyed at the same time. However, the RUC noted CPT codes 63045 and 63046 are Harvard valued, the Medicare utilization is slowly increasing and these services should be surveyed. **The RUC recommends that CPT codes 63045 and 63046 be surveyed for September 2014.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	090	Survey for September 2014
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	090	Survey for September 2014

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

in a new base work RVU of 39.80. Adding the changes in work RVU resulting from the changes in the preservice and postservice times recommended by the AMA RUC results in an interim final work RVU of 39.88 for CPT code 50360.

(10) Spinal Injections (CPT Codes 62310, 62311, 62318, and 62319)

For CY 2014, we received AMA RUC recommendations for CPT codes 62310, 62311, 62318, and 62319. Although the AMA RUC recommendations show a significant reduction in intraservice and total times for the family, the recommended work RVUs do not reflect a similar decrease.

For CPT code 62310, we disagree with the work RVU of 1.68 recommended by the AMA RUC because the reduction from the current work is not comparable to the 63 percent reduction in time being recommended by the AMA RUC. We, however, agree that the methodology used by the AMA RUC to develop a recommendation was appropriate. Using this methodology, we calculated the difference in the AMA RUC recommendations for CPT 62310 and 62318 and subtracted this from our CY 2014 interim work RVU for CPT 62318, which results in a work RVU of 1.18, which we are establishing as the CY 2014 interim final work RVU for CPT code 62310.

The AMA RUC recommended maintaining the current work RVU for CPT code 62311 of 1.54 even though its recommended intraservice time decreased 50 percent. We disagreed with this approach.To determine the CY 2014 interim final work RVU we subtracted the difference between the AMA RUC-recommended work RVUs of 62311 and 62319 from our CY 2014 interim final work RVU for CPT code 62319. We believe that the resultant work RVU of 1.17 is a better approximation of the work involved in CPT code 62311.

CPT code 62318 currently has an intraservice time of 20 minutes and a work RVU of 2.04. The intraservice time reduced by 25 percent but the AMA RUC recommended no change in the work RVU. The low value of the survey is 1.54, which is consistent with the reduction in intraservice time. Therefore, we are establishing an interim final RVU for CPT code 62318 of 1.54.

The AMA RUC recommended a 50 percent decrease in intraservice time for CPT 62319 but no change in the work RVU. Similar to the CPT code 62318, we believe the low value of 1.50 more accurately represents the work involved in the code and the significant reduction in intraservice time.

(11) Laminectomy (CPT Codes 63047 and 63048)

We identified CPT code 63047 through the high expenditure procedure code screen. For CY 2014, we received AMA RUC recommendations on CPT codes 63047 and 63048.

In reviewing the AMA RUC recommendations for these codes, we determined that to appropriately value these codes, we need to consider the other two codes in this family: CPT codes 63045 (Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical*)* and 63046 (Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic). Since the AMA RUC did not submit recommendations for these codes, we are valuing CPT codes 63047 and 63048 on an interim final basis for CY 2014 at work RVUs of 15.37 and 3.47, respectively, based upon the AMA RUC recommendations. We note that expect to review these values in concert with the AMA RUC recommendations for CPT codes 63045 and 63046.

(12) Chemodenervation of Neck Muscles (CPT Codes 64616 and 64617)

For CY 2014, we received AMA RUC recommendations for two new chemodenervation codes, CPT codes 64616 and 64617, which replace CPT code 64613 (chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)). We disagree with the AMA RUC-recommended work RVUs of 1.79 for CPT code 64616 and 2.06 for CPT code 64617. We do not think that these recommended values account for the absence of the outpatient visit that was included in the predecessor code, CPT 64613. To adjust for this, we subtracted the 0.48 work RVUs associated with the outpatient visit from the 2.01 work RVU of the predecessor code, CPT code 64613; resulting in a work RVU of 1.53, which we are assigning as an interim final value for CPT 64616.

CPT code 64617 is chemodenervation of the larynx and includes EMG guidance when furnished. The EMG guidance CPT code 95874 (Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)) has a work RVU of 0.37. To calculate the work RVU for CPT 64617 we added the work RVU for CPT 95874, EMG guidance, to the 1.53 work RVU for CPT 64616, which results in a work RVU of 1.90.

Therefore, on an interim final basis for CY 2014, we are assigning a work RVU of 1.53 to CPT code 64616 and 1.90 to CPT code 64617.

(13) Chemodenervation of Extremity or Trunk Muscles (CPT Codes 64642, 64643, 64644, 64645, and 64647)

For CY 2014, the CPT Editorial Panel created six new codes to more precisely describe chemodenervation of extremity and trunk muscles. We assigned CY 2014 interim final work RVUs for four of these CPT codes (64642, 64644, 64646 and 64647), based upon the AMA RUC recommendations.

CPT Codes 64643 and 64645 are add-on codes to CPT codes 64642 and 64644, respectively. We disagree with the AMA RUC-recommended work RVUs of 1.32 for CPT code 64643 and 1.52 for CPT code 64645. We agree with the AMA RUC that the intraservice times for each base code and its add-on code should be the same. However, the AMA RUC-recommendations for the add-on codes contain 19 minutes less time than the base codes because of decreased preservice and post-times in the add-on codes. Therefore, we are adjusting the add-on codes by subtracting the RVUs equal to 19 minutes of preservice and postservice from the AMA RUC recommended work RVU for each base code to account for the decrease in time for performing the add-on service. Using the methodology outlined above, we are assigning a CY 2014 interim final work RVU for CPT code 64643 of 1.22 and a work RVU for CPT code 64645 of 1.39.

We are basing the global period for these codes on their predecessor code, CPT code 64614 (chemodenervation of muscle(s); extremity and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)), which is being deleted for CY 2014. Therefore, we are assigning these codes a 010-day global period.

(14) Cerumen Removal (CPT Code 69210)

This code was reviewed as a potentially misvalued code pursuant to the CMS high expenditure screen. The CPT Editorial Panel changed the code descriptor for removal of impacted cerumen from ''1 or both ears'' to ''unilateral,'' effective January 1, 2014. The AMA RUC recommended a work RVU for this code of 0.58. In its recommendation to the AMA RUC, the specialty society stated that there was

April 1, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the North American Spine Society (NASS), and the American Academy of Orthopaedic Surgeons (AAOS) would like to provide comments for Tab 32 Laminectomy.

In 2011, CMS identified CPT code 63047 as potentially misvalued through the CMS High Expenditure Procedural Codes screen. We added CPT code 63048 to be reviewed as part of this family of services and conducted a RUC survey which was presented in January 2013. The RUC submitted recommendations for codes 63047 and 63048 for CY 2014 and CMS accepted those recommendations.

In the Final Rule for 2014, CMS valued the services as interim and stated that they could not fully accept the RUC-passed values without also reviewing CPT codes 63045 and 63046 along with them as part of a family. In comments submitted to CMS in January 2014, the RUC and the societies responded by questioning why CMS chose to declare the four codes as a "family" of codes. The codes suggested for addition by CMS (63045 and 63046) represent very different physician work: the spinal cord is present at these levels, the techniques for bone removal are different, physician stress and risk of complications are considerably higher. In addition, 63045 and 63046 represent a small proportion (<15%) of the aggregate volume of what CMS has now declared to be a "family" of codes. Given the fact that the January 2013 survey of 63047 and 63048 did not reveal any significant change in the value of these codes (and indeed potentially supported an increase in the value of these codes, as noted by a number of members of the RUC), undertaking the burden of another survey is unlikely to result in a significant difference for any of these codes.

We ask that the RUC reaffirm that it appropriately reviewed CPT Codes 63047 and 63048 in January 2013 and that further review at this time is not necessary.

Sincerely,



Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons



John Ratliff, RUC Advisor
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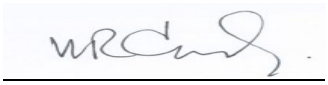

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rule for 2014

April 2014

Duplex Scans

In 2011, CMS identified CPT code 93880 as potentially misvalued through the CMS High Expenditure Procedural Codes screen. The specialty societies added CPT code 93882 to be reviewed as part of this family of services. The RUC submitted recommendations for codes 93880 and 93882 for CY 2014. In the 2013 PFS Final Rule with comment period, CMS reviewed 93925 and 93926, which were identified through the CMS-Other - Utilization over 500,000 screen. CMS disagreed with the respective AMA RUC recommended work RVUs of 0.90 and 0.70 and established interim final values of 0.80 and 0.50 instead. CMS believes the AMA RUC recommended values for these two sets of codes do not maintain the appropriate relative values within the family of duplex scans. In addition to these four codes, there are several other duplex scan codes that may fit within this family, including CPT codes: 93930, 93970, 93971, 93975, 93976 and 93979. CMS is concerned that the AMA RUC recommended values for 93880 and 93882, as well as the interim final values for 93925 and 93926, do not maintain the appropriate relativity within this family and CMS requested that the AMA RUC assess relativity among the entire family of codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. Therefore, CMS will maintain the CY 2013 RVUs for CPT codes 93880 and 93882 on an interim final basis until they receive further recommendations from the AMA RUC.

DUPLEX SCANS

Compelling Evidence

The specialty societies presented compelling evidence that these codes are currently misvalued. First, there has been a change in the physician work, technique and provider since the last valuation as part of the First Five-Year Review in 1995. There are much more complex, detailed practice guidelines established for these procedures that were not in existence when the first Medicare Physician Payment Schedule was created in 1992 or during the first Five-Year Review. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) has published an extensive list of B-mode, color Doppler and Doppler waveform analysis and the exams must evaluate sites of endovascular interventions that were essentially never performed in any significant volume 25 years ago, but are common now. In addition, previously colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. Finally, the dominant specialty has changed. In 1995, Radiology presented this code to the RUC. At that time the dominant provider was radiology, accounting for 40% of the total Medicare

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claims for this service (global + -26), and neither Cardiology nor Vascular Surgery were involved in presenting this code during the first Five-Year Review. In 2013, Cardiology and Vascular Surgery are the dominant providers of these services, with Radiology representing a substantially smaller percentage of the claims.

Additionally, there are rank order anomalies within the family of vascular duplex codes. Surveying all codes together has highlighted several anomalies within the current database. Specifically, 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). **The RUC agreed that there is compelling evidence that codes 93880, 93882, 93925, 93926, 93930, 93931, 93978 and 93979 are potentially misvalued.**

93880 *Duplex scan of extracranial arteries; complete bilateral study*
The RUC reviewed the survey results from79 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.80 for CPT code 93880 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that the intra-service time was slightly higher than the 2012 survey. The specialties noted that the current survey is from a larger sample and the 15 minutes of intra-service time is consistent and appropriate in relation to the family of services. The RUC compared 93880 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab codes, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93880 is an arterial examination which is more intense and complex than a venous examination. Additionally, 93880 is a study of a complete carotid duplex which is more intense, there are more images to review and interpret and complications are more severe than a study of the extremities as in 93970, therefore 93880 is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93925 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93880.**

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93882 ***Duplex scan of extracranial arteries; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93882 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time of 10 minutes, with analogous physician work. Therefore, the recommended work value of 0.50 accurately values 93882 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93882 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93882.**

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.80 for CPT code 93925 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93925 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93925 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient* (work RVU= 0.76) and noted that 93925 requires more physician work and physician time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93925.**

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.60 for CPT code 93926 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, however 93926 is an arterial examination which is more intense and complex than a venous examination. Therefore, the recommended work value of 0.60 accurately values 93926 in comparison

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to this reference code. Additionally, the RUC compared the surveyed code to MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93926 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform and 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and noted that 76817 requires more physician work and time to perform and is appropriately valued higher. The RUC noted that this service is appropriately valued higher than the extracranial and upper extremity arteries duplex scans services and it requires more work to perform on a larger and more complex area. **The RUC recommends a work RVU of 0.60 for CPT code 93926.**

93930 ***Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.80 for CPT code 93930 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93930 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities. However, there is a difference in the body area and type of blood vessels imaged. CPT code 93930 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and more physician time have similar and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both codes have similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93925 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93930.**

93931 ***Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93931 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, with analogous physician work. However, 93931 is a limited scan on the upper extremities and the key reference service is a venous study. Therefore, the recommended work value of 0.50 accurately values 93931 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code

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should be valued slightly lower than 93931 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93931.**

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***
The specialty societies did not survey CPT code 93970, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2013. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.70 for CPT code 93970.**

93971 ***Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study***
The specialty societies did not resurvey CPT code 93971, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2012. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.45 for CPT code 93971.**

93975 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study***
The RUC reviewed the survey results from 54 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.30 for CPT code 93975, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 20 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93975 to the key reference service 93306 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography* (work RVU= 1.30) and agreed that both services have analogous physician work and time and should be valued the same. The RUC also referenced MPC codes 99238 *Hospital discharge day management; 30 minutes or less* (work RVU= 1.28) and 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40) and determined that the recommended work RVU of 1.30 places this service relative to other similar services. **The RUC recommends a work RVU of 1.30 for CPT code 93975.**

93976 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study***
The RUC reviewed the survey results from 53 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.00 for CPT code 93976, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93976 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies. However, there is a difference in

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the body area and type of blood vessels imaged. CPT code 93976 is a limited study that involves both arterial inflow and venous outflow examination of an organ and is therefore more intense. Likewise, 93976 is more intense than 93880, 93925 and 93930 because it includes both a study of arterial inflow and venous outflow of organ systems and is appropriately valued higher. CPT code 93976 relies more on the interpretation of Doppler wave forms which are non-numerical and use deep Doppler which is more complex; therefore there is an increased complexity to interpret the Doppler spectrum. The RUC also referenced MPC codes 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. **The RUC recommends a work RVU of 1.00 for CPT code 93976.**

93978 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.97 for CPT code 93978 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93978 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93978 is an abdominal duplex evaluation that is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult, intense and complex to perform compared to the key reference service. The RUC also referenced MPC codes 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.97 places this service relative to other similar services. **The RUC recommends a work RVU of 0.97 for CPT code 93978.**

93979 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.70 for CPT code 93979 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that 93979 requires slightly less work than the complete studies (93880, 93925 and 93930) and is appropriately valued lower. The RUC compared 93979 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are analogous and should be valued the same. The RUC also referenced MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. **The RUC recommends a work RVU of 0.70 for CPT code 93979.**

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TRANSCRANIAL DOPPLER STUDIES

The specialty societies indicated that the valuation source for these services is CMS/Other and these services were never previously surveyed, therefore it is not apparent how a valuation was developed. Additionally, the dominant providers are neurology and radiology, different than the duplex scan codes. However, CMS requested that these services be surveyed and reviewed with the duplex scan codes. The RUC agreed that there is compelling evidence that codes 93886 and 93888 are potentially misvalued.

93886 ***Transcranial Doppler study of the intracranial arteries; complete study***
The RUC reviewed the survey results from 44 neurologists and radiologists and determined that the survey median work RVU of 1.00 for CPT code 93886 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 17 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93886 to the key reference service 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU= 1.08) and agreed that both services are analogous and should be valued similarly. The RUC also referenced MPC codes 94004 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day* (work RVU= 1.00) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 1.00 for CPT code 93886.**

93888 ***Transcranial Doppler study of the intracranial arteries; limited study***
The RUC reviewed the survey results from 32 neurologists and radiologists and determined that the survey median work RVU of 0.70 for CPT code 93888 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93888 to the key reference service 76821 *Doppler velocimetry, fetal; middle cerebral artery* (work RVU= 0.70) and agreed that both services require the same physician work and time should be valued the same. The RUC also referenced MPC codes76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 0.70 for CPT code 93888.**

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Practice Expense
The Practice Expense Subcommittee made minor modifications to the direct practice expense inputs. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	0.80
93882	Duplex scan of extracranial arteries; unilateral or limited study	XXX	0.50
93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX	1.00
93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX	0.70
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.60

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93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.50
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	XXX	0.70 (No Change)
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	XXX	0.45 (No Change)
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	XXX	1.30
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	XXX	1.00
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	XXX	0.97
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	XXX	0.70

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April 1, 2014

Barbara Levy, MD
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Re: Tabs 33 and 40 Duplex Scans and Doppler Flow Testing

Dear Dr. Levy:

Tabs 33 (and 40) represent a complete review of the vascular lab duplex family. This review was requested as a result of the survey and recommendations for 93880 and 93882. CPT Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.80 RVW for 93880, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

In the Medicare Fee Schedule final rule, CMS defined the family of "Duplex Scans" as CPT Codes 93880, 93882, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978 and 93979. They also request that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. CPT code 93990 (Tab 40) was on the agenda for the April RUC meeting and we included it in our duplex family. CPT Codes 93886 and 93888 are being presented by the dominant specialty, neurology.

Methodology

Of the 13 codes in the family, 6 have been surveyed and presented to the RUC within the past three years. CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was presented at the April 2011 RUC meeting. The survey data confirmed the existing value in the database as correct as it was almost identical to the median survey values. A recommendation was made to maintain the current value of 0.45 RVW that has been constant since 1996. This recommendation was accepted by CMS. CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was presented at the April 2012 RUC meeting. The survey data showed a slight increase in work from the previous value.

Compelling evidence was presented and accepted by the RUC. The median survey value of 0.70 RVW was recommended and agreed upon by the RUC. This recommendation was accepted by CMS. The fact that this pair of codes have been recently surveyed, vetted by the RUC, and approved by CMS in combination with the fact that the RVWs have remained essentially stable for over 20 years led us to the conclusion that the values for these codes are correct, that they did not warrant repeat survey, and that they could serve appropriately as anchor references for the family.

Compelling Evidence

Compelling evidence has been previously presented and accepted by the RUC for CPT Codes 93880, 93882, 93925, and 93926. This was based on change in physician work and flawed methodology. The change in physician work is due to advances in technology and technique, as well as increased rigor in reporting standards. The flawed methodology is from lack of RUC survey inputs in the database and change in dominant provider. These arguments also apply to CPT Codes 93930, 93931, 93978, 93979, and 93990. CMS raised concerns about relativity within the family. Upon closer examination, we have found that they were indeed correct. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 (Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study) is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 (Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study) is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). We believe that all of these reasons combine to provide compelling evidence for the family as a whole to be revalued.

We look forward to presenting Tabs 33 and 40 at the upcoming April RUC meeting. If you have any questions please contact trishacrishock@gmail.com.

Regards,



Matthew Sideman, MD
SVS RUC Advisor

cc: Zeke Silva, MD
Richard Wright, MD
Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93880 Tracking Number

Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
RUC Recommended RVU: **0.80**

Global Period: XXX

CPT Descriptor: Duplex scan of extracranial arteries; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking has a carotid bruit. A complete bilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The noninvasive diagnostic test requisition form is reviewed, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression are reviewed..

Description of Intra-Service Work: The technologist's identification of the arterial structures of both sides of the neck is supervised, including the common carotid, internal carotid, external carotid, and vertebral arteries. The recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations is examined, per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from prestenotic, intrastenotic, and poststenotic regions of the affected arteries. It is ensured that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis is estimated based on angiographically determined grading scales. The final interpretation is synthesized, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. An interpretation is rendered indicating the severity, location, hemodynamic significance, and length of the arterial disease. Comparison to previous studies is provided, when prior results are available.

Description of Post-Service Work: A report of findings is dictated. The report is reviewed and signed. A copy of the report is sent to the referring physician and/or primary care provider. The images are archived. A verbal report of critical results is provided directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93880		
Sample Size:	5848	**Resp N:** 79	**Response:** 1.3 %
Description of Sample:	SVS - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	63.00	**120.00**	300.00	1250.00
Survey RVW:	0.25	0.80	**0.85**	1.25	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93880	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone imaging whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 37 **% of respondents:** 46.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93880**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.00	2.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.86	2.65
Urgency of medical decision making	3.14	3.00
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.35	3.08
Physical effort required	2.54	2.51
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.86	2.65
Outcome depends on the skill and judgment of physician	3.38	3.08
Estimated risk of malpractice suit with poor outcome	2.95	2.81

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.22	2.14
Intra-Service intensity/complexity	3.41	3.14

Post-Service intensity/complexity	2.51	2.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.80 RVW for 93880, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

Compelling Evidence (approved at October 2012 RUC)

We believe 93880 meets compelling evidence thresholds in three separate ways. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when the first fee schedule was created in 1992 and the value for this code was established nor during the First Five-Year Review. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for extracranial cerebrovascular duplex exams in 1995, there was only minimal information regarding required documentation. Currently, ICAVL mandates an extensive list of B-mode, color Doppler and Doppler waveform analysis. An excerpt from the 2011 ICAVL guidelines states:

"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:
Gray scale images
Color Doppler images
Doppler waveforms
Velocity measurements
Other images and waveforms as required by the protocol
Other measurements as required by the protocol

For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal to the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.

Extracranial Cerebrovascular Documentation
Long axis gray scale images must be documented as required by the protocol and must include as a minimum:
Common carotid artery
Carotid artery bifurcation
Internal carotid artery
Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:
Proximal common carotid artery
Mid/distal common carotid artery

Proximal internal carotid artery
Distal internal carotid artery as distal as possible
One site in the external carotid artery
One site in the vertebral carotid artery
Abnormalities require additional images, waveforms and velocity measurements"

While some of this work may have been performed for 93880 in 1995 when the RUC was considering compelling evidence, there were no minimum standards. The 93880 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago, but are common now. Surgeons ordering these exams require accurate anatomic delineation of the carotid bifurcation vessels because carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected in 1995 when 93880 was performed, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, that the physician work of this procedure has changed since 1995 when 93880 was last (and superficially) evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service which is claimed over 3,000,000 times per year in Medicare has never undergone a RUC survey, and during the 1995 First Five-Year Review, no typical patient vignette was established. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 1995 Radiology presented this code to the RUC (SCVIR now SIR). At that time the dominant provider was radiology, accounting for 40% of the total Medicare claims for this service (global + -26), and neither Cardiology or Vascular Surgery were involved in presenting this code during the First Five-Year Review. In 2012, Radiology represents a substantially smaller percentage of the global claims, and the combination of all non-radiological specialties accounted for more than 85% of these services. Cardiology is the dominant provider in the office setting, having provided 45% of office-based global 93880 services in 2012, while Vascular Surgery performed 15% of both office-based and facility based 93880 procedures.

In conclusion, we believe 93880 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Methodology
A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation
We are recommending the 25th percentile survey value of 0.80 RVW for 93880.

Comparison with Key Reference Service
CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 53% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93880 and 93970 are similar in that they are both vascular lab codes; however, they differ in the body area and type of blood vessels imaged.

An arterial examination is more intense than a venous examination justifying the slightly higher RVW of 0.80 for 93880 compared to 93970.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93970	0.70	0.035	23	3	15	5
93880	0.80	0.038	25	5	15	5

Comparison to MPC codes

Comparison with E&M service code 99231

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

CPT 99231 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.76. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 differs by five minutes. Code 99231 has identical pre and post-service time compared to 93880; however, 93880 has an additional 5 minutes of intra-service time. Given the comparison of similar times, the median survey value of 0.80 for 93880 is appropriate.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93880 have identical pre- and post-service times. Importantly, 93880 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.80 for 93880 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.80 for code 93880.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99231	0.76	0.054	20	5	10	5
93880	0.80	0.038	25	5	15	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison with Kidney Duplex Ultrasound 76776

Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

The RVW of 76776 is 0.76 with a total RUC survey time of 20 minutes. CPT code 76776 was presented at the RUC in September 2005 and represents another form of diagnostic imaging using duplex Doppler. The physician intra-service time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 is 5 minutes more than the time allocated in 76776.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
76776	0.76	0.054	20	5	10	5

93880	0.80	0.038	25	5	15	5

Comparison of 93880 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified potentially misvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	**Duplex scan of extracranial arteries; complete bilateral study**	**0.80**	**0.038**	**25**	**5**	**15**	**5**
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93880 was surveyed for the October 2012 RUC meeting with a median survey RVW of 0.80. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later of all vascular lab codes reaffirms the previous recommendation of 0.80 RVW for 93880. We have provided multiple points of comparison to support this recommendation. The first relates 93880 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93880. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93880. An additional comparison relates 93880 to a duplex study of a transplant kidney. In this comparison, Code 93880 has five minutes more intra-time but a lower intensity making the RVWs similar. In each case, the time and intensity relationships support the 25th percentile survey work RVU of 0.80 for this complete bilateral extracranial arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.80 appropriately places 93880 with other complete studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93880

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,813,755 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 1266190 Percentage 45.00 %

Specialty cardiology Frequency 422065 Percentage 15.00 %

Specialty radiology Frequency 253240 Percentage 9.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93880

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93882 Tracking Number

Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
RUC Recommended RVU: **0.50**

Global Period: XXX

CPT Descriptor: Duplex scan of extracranial arteries; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking has a known total occlusion of her right internal carotid artery and a 70% stenosis in her left internal carotid artery based on a diagnostic study performed several months ago. She suffers a left hemispheric transient ischemic attack (TIA). A unilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The noninvasive diagnostic test requisition form is reviewed, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression are reviewed.

Description of Intra-Service Work: The technologist's identification of the arterial structures of one side of the neck or a limited examination of both sides is supervised. A complete examination of one side would include the common carotid, internal carotid, external carotid, and vertebral arteries. The recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined, per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are examined, including data from prestenotic, intrastenotic, and poststenotic regions of the affected arteries. It is ensured that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis is estimated based on angiographically determined grading scales. The final interpretation is synthesized, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. An interpretation is rendered indicating the severity, location, hemodynamic significance, and length of the arterial disease. Comparison to previous studies is provided, when prior results are available.

Description of Post-Service Work: A report of findings is dictated. The report is reviewed and signed. A copy of the report is sent to the referring physician and/or primary care provider. The images are archived. A verbal report of critical results is provided directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Micheal Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93882		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVS - All SVS Membership - 3898 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	500.00
Survey RVW:	0.20	0.50	**0.60**	0.85	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93882	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	71,030

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 93882**	**Key Reference CPT Code:** 93971	**Source of Time** RUC Time

Median Pre-Service Time	5.00	3.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.76	2.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.43
Urgency of medical decision making	2.90	2.76
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	2.76
Physical effort required	2.43	2.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.90	2.62
Outcome depends on the skill and judgment of physician	3.43	3.05
Estimated risk of malpractice suit with poor outcome	2.95	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.81	1.71
Intra-Service intensity/complexity	3.05	2.67
Post-Service intensity/complexity	2.24	2.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93882 was submitted as a family member with CPT 93880 to the RUC in October 2012. Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.50 RVW for 93882, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

Compelling Evidence (approved at October 2012 RUC)

We believe 93882 meets compelling evidence thresholds by three separate lines of evidence. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when 93882 was evaluated during the First Five-Year Review. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for 93882 in 1995, an extensive list of mandatory images and Doppler spectra has been added. There was nothing like this in 1995. The 2011 ICAVL guidelines state:

"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:
Gray scale images
Color Doppler images
Doppler waveforms
Velocity measurements
Other images and waveforms as required by the protocol
Other measurements as required by the protocol

For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.

Extracranial Cerebrovascular Documentation
Long axis gray scale images must be documented as required by the protocol and must include as a minimum:
Common carotid artery
Carotid artery bifurcation
Internal carotid artery
Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:
Proximal common carotid artery
Mid/distal common carotid artery
Proximal internal carotid artery
Distal internal carotid artery as distal as possible
One site in the external carotid artery
One site in the vertebral carotid artery
Abnormalities require additional images, waveforms and velocity measurements"

While some of this work would have been performed for 93882 in 1995, there were no minimum standards. The 93882 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago but are common now. Surgeons ordering these exams demand accurate anatomic delineation of the carotid bifurcation vessels because the carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected when 93882 was performed in 1995, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, namely that the physician work of this procedure has changed since 1995 when it was last evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service has never undergone a RUC survey, and during the 1995 First Five-Year Review, no typical patient vignette was established. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 2012, vascular surgery is the plurality provider of this service with 35% of global claims and 43% of -26 claims. Cardiology provided 10% of the globals and 9% of the -26 claims in 2012. However, Radiology provided only 3% of global claims and 28% of -26 claims. In 1995 Radiology presented this code to the RUC (SCVIR now SIR) and neither vascular surgery nor cardiology participated. We believe this information is sufficient for 93882 to meet compelling evidence requirements based on the dominant specialty criterion.

In conclusion, we believe 93882 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.50 RVW for 93882.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen by 38% of the survey respondents as the key reference service. This code was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93882 uses much of the same technology as 93971, but 93882 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93882 compared to 3 pre-service time minutes for 93971. 93971 and 93882 both have 10 minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.50 for 93882.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93882	0.50	0.028	20	5	10	5

Comparison to MPC codes

Comparison with E&M service code 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.48. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93882 is 4 minutes longer than the 16-minute physician time of 99212, while intra-service times are identical at 10 minutes. Based on this comparison, the median survey value of 0.50 for 93882 is appropriate.

Comparison with Ultrasound code 76536

Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

CPT 76536 is an MPC code that was reviewed at the RUC in April 2009 where a work RVU of 0.56 was reaffirmed. Survey respondents assigned 5 pre-time minutes to 93882 compared to 4 pre-service minutes for 76536. Code 93882 has 1 additional minute of immediate post-service time, compared to 76536. Importantly, 93882 has identical intra-service time, and the recommended 25th percentile survey RVW of 0.50 for 93882 is very similar to the 0.56 RVUs for MPC code 76536. Thus, the comparison with MPC code 76536 fully supports the 25th percentile survey value of 0.50 for code 93882.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93882	0.50	0.028	20	5	10	5
76536	0.56	0.038	18	4	10	4

Additional Rationale

Comparison of 93882 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial	0.80	0.038	25	5	15	5

	bypass grafts; complete bilateral study						
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	**Duplex scan of extracranial arteries; unilateral or limited study**	**0.50**	**0.028**	**20**	**5**	**10**	**5**
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93882 was surveyed for the October 2012 RUC meeting with a median survey RVW of 0.50. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab reaffirms the previous recommendation of 0.50 RVW for 93882. We have provided multiple points of comparison to support this recommendation. The first relates 93882 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93882. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93882. In each case, the time and intensity relationships support the 25th percentile survey work RVU of 0.50 for this unilateral or limited extracranial arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.50 appropriately places 93882 with other unilateral or limited duplex codes. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93882

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
46,394 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 16240 Percentage 35.00 %

Specialty cardiology Frequency 4640 Percentage 10.00 %

Specialty radiology Frequency 1400 Percentage 3.01 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93882

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93925 Tracking Number

Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
RUC Recommended RVU: **0.80**

Global Period: XXX

CPT Descriptor: Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old diabetic smoker has bilateral lifestyle-limiting lower extremity intermittent claudication unresponsive to maximal medical therapy. A duplex scan is ordered to determine if percutaneous intervention is possible. A complete bilateral duplex scan of the femoral, popliteal, and tibial arteries is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of both lower extremities, including the common femoral, profunda femoris, superficial femoral, popliteal, tibial-peroneal trunk, anterior tibial, posterior tibial, and peroneal arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93925		
Sample Size:	5148	**Resp N:** 57	**Response:** 1.1 %
Description of Sample:	SVS - All US MD Membership (3898) ACR - 750 US MD members ACC - 500 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**50.00**	100.00	500.00
Survey RVW:	0.25	0.80	**1.00**	1.25	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93925	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	1,043,298

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 54.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93925**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.10	2.71
Urgency of medical decision making	2.87	2.77
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.16	2.90
Physical effort required	2.71	2.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.71	2.52
Outcome depends on the skill and judgment of physician	3.23	3.00
Estimated risk of malpractice suit with poor outcome	3.06	2.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.10	2.10
Intra-Service intensity/complexity	3.39	3.06

Post-Service intensity/complexity	2.55	2.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93925 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs. A multispecialty survey was performed and the results presented to the RUC in April 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.90 RVW for 93925, an increase in value. CMS did not accept the RUC recommendation and instead assigned the 25th percentile value of 0.80 RVW. This decision was appealed through the refinement panel process but upheld by CMS. After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93925 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence (approved at April 2012 RUC)

There is compelling evidence that the work of 93925 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of below-knee popliteal, tibioperoneal trunk, and tibial arteries searching for angioplasty, atherectomy and endovascular stent sites. These are interventions that were essentially never done in any significant volume 25 years ago but are very common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate tibial arteries when 93925 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

The previously RUC approved median survey value of 0.90 RVW for 92925 falls between the 25th percentile and the median survey values of the current survey. We are therefore recommending a direct crosswalk to CPT code 78227 for a recommended value of 0.90 RVW for 93925.

Comparison to Crosswalk Reference Service

CPT code 78227 *(Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed)* was recently reviewed at the February 2011 RUC and value of 0.90 RVW was assigned. Both 93925 and 78227 are imaging services but of different body areas and with different modalities. They have identical intra- and post-service times and nearly identical pre-service times and intensities. We therefore believe that 78227 is an appropriate crosswalk for 93925 to re-affirm the previously RUC recommended value of 0.90 RVW.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
78227	0.90	0.044	26	6	15	5
93925	0.90	0.045	25	5	15	5

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 54% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93925 and 93970 are similar in that they are both vascular lab studies performed on the lower extremities; however, they differ in the type of blood vessels imaged. An arterial examination is more intense than a venous examination justifying the higher RVW of 0.90 for 93925 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93925	0.90	0.045	25	5	15	5

Comparison to MPC codes

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. Code 93925 has the same pre-and post-service time as 78306. Importantly, 93925 has seven more minutes of intra time, justifying the recommended crosswalk RVW of 0.90 for 93925. Thus, the comparison with MPC code 78306 fully supports 0.90 RVW for code 93925.

Comparison with E&M service code 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93925 differ only by two minutes of pre time compared to the time involved in 99213. Both codes have identical intra-times of 15 minutes. Based on this comparison, the crosswalk value of 0.90 for 93925 is appropriate.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
78306	0.86	0.080	18	5	8	5
93925	0.90	0.045	25	5	15	5
99213	0.97	0.053	23	3	15	5

Additional Rationale

Comparison with Extremity CT scan 73700
Computed tomography, lower extremity; without contrast material

73700 was presented at the RUC in October 2009 and has a work RVU of 1.00. Comparison of the clinical services indicates that 73700 represents an examination of one lower extremity while 93925 is a complete bilateral exam. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93925 are exactly the same as the time involved in the CT code 73700. Both codes have identical physician work intra times of 15 minutes. Based on this comparison, the crosswalk value of 0.90 for 93925 is justified.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
73700	1.00	0.052	25	5	15	5
93925	0.90	0.045	25	5	15	5

Comparison of 93925 to Family of Vascular Lab Duplex Codes
Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	**Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**	**0.90**	**0.045**	**25**	**5**	**15**	**5**
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93925 was surveyed for the April 2012 RUC meeting with a median survey RVW of 0.90. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab more than reaffirms the previous recommendation of 0.90 RVW for 93925 as this value falls between our 25th percentile and median survey values. We have provided multiple points of comparison to support this recommendation. The first crosswalks 93925 to a very similar imaging service, 78227. The second relates 93925 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93925. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93925. An additional comparison relates 93925 to a CT scan of the extremity. In this comparison, Code 93925 has the same intra-time but a lower intensity making the RVWs similar. In each case, the time and intensity relationships support our recommended work for this complete bilateral lower extremity arterial duplex exam

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93925

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 583,943 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 192750 Percentage 33.00 %

Specialty cardiology Frequency 192705 Percentage 33.00 %

Specialty radiology Frequency 52560 Percentage 9.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93925

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93926 Tracking Number

Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
RUC Recommended RVU: **0.60**

Global Period: XXX

CPT Descriptor: Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old diabetic smoker has left lower extremity intermittent claudication unresponsive to maximal medical therapy. A duplex scan is ordered to determine if percutaneous intervention is possible. A unilateral duplex scan of the femoral, popliteal, and tibial arteries is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of either one lower extremity or a limited study of both lower extremities. These could include the common femoral, profunda femoris, superficial femoral, popliteal, tibial-peroneal trunk, anterior tibial, posterior tibial, and/or peroneal arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD, and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93926		
Sample Size:	5148	**Resp N:** 57	**Response:** 1.1 %
Description of Sample:	SVS - All US MD mebership (3898) ACR - 750 random US MD members ACC - 599 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**50.00**	100.00	400.00
Survey RVW:	0.20	0.60	**0.70**	1.00	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93926	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,503

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 40.3 **%**

TIME ESTIMATES (Median)	CPT Code: 93926	Key Reference CPT Code: 93971	Source of Time RUC Time
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**20.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.74	2.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.43
Urgency of medical decision making	2.70	2.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.22	2.78
Physical effort required	2.48	2.39
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.65	2.39
Outcome depends on the skill and judgment of physician	3.30	3.00
Estimated risk of malpractice suit with poor outcome	3.00	2.78

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	1.87	1.87
Intra-Service intensity/complexity	3.13	2.65

Post-Service intensity/complexity	2.26	2.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93926 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs. A multispecialty survey was performed and the results presented to the RUC in April 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.70 RVW for 93926, an increase in value. CMS did not accept the RUC recommendation and instead assigned the 25th percentile value of 0.50 RVW. This decision was appealed through the refinement panel process but upheld by CMS. After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93926 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence (approved at April 2012 RUC)

There is compelling evidence that the work of 93926 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of below-knee popliteal, tibioperoneal trunk, and tibial arteries searching for angioplasty, atherectomy and endovascular stent sites. These are interventions that were essentially never done in any significant volume 25 years ago but are very common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate tibial arteries when 93926 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

The previously RUC approved median survey value of 0.70 RVW for 92926 falls between the 25th percentile and the median survey values of the current survey. We are recommending the 25th percentile value of 0.60 RVW for 93926 as this value and intensity fit the family more appropriately than the previously RUC approved value.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen as the key reference service by 40% of the survey respondents. was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93926 uses much of the same technology as 93971, but 93926 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93926 compared to 3 pre-service time minutes for 93971. 93971 and 93926 both have 10

minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.60 for 93926.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93926	0.60	0.038	20	5	10	5

Comparison to MPC codes

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February of 2006 and has a work RVU of 0.48. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93926 is exactly the same as that involved in E&M code 99212. Both codes have a physician intra time of 10 minutes. Based on this comparison, the 25th percentile survey value of 0.60 for 93926 is justified.

Comparison with Blood flow ultrasound code 76817

Ultrasound, pregnant uterus, real time with image documentation, transvaginal

CPT 76817 is an MPC code that was presented at the RUC in April 2002 and has a work RVU of 0.75. 76817 employs the same technology as 93926, albeit with a different ultrasound transducer than 93926. 76817 and 93926 have the same pre-service time of 5 minutes, and exactly the same intra-service time of 10 minutes. 76817 has three more minutes of immediate post-service time (8 minutes vs. 5 minutes). Overall, this comprises an excellent relativity comparison and serves to justify the 25th percentile survey value of 0.60 for 93926.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93926	0.60	0.038	20	5	10	5
76817	0.75	0.046	23	5	10	8

Additional Rationale

Comparison of 93926 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of	1.30	0.054	30	5	20	5

	abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study						
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	**Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**	**0.60**	**0.038**	**20**	**5**	**10**	**5**
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93926 was surveyed for the April 2012 RUC meeting with a median survey RVW of 0.70. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab more than reaffirms the previous recommendation of 0.70 RVW for 93926 as this value falls between our 25th percentile and median survey values. We are recommending the 25th percentile RVW of 0.60 for 93926 and have provided multiple points of comparison to support this recommendation. The first relates 93926 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93926. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93926. In each case, the time and intensity relationships support the 25th percentile survey value of 0.60 for this unilateral or limited lower extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.60 appropriately places 93926 with other unilateral or limited studies and consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93926

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
219,610 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 123000 Percentage 56.00 %

Specialty cardiology Frequency 30800 Percentage 14.02 %

Specialty radiology Frequency 11000 Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93926

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93930 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking complains of cold, painful fingers on both hands. She has no radial pulses. A complete bilateral upper arterial duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of both upper extremities, including the distal innominate, subclavian, axillary, brachial, radial and ulnar arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93930		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**25.00**	50.00	240.00
Survey RVW:	0.25	0.70	**0.80**	1.26	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	17.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93930	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone imaging whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 55.3 **%**

TIME ESTIMATES (Median)	CPT Code: 93930	Key Reference CPT Code: 93970	Source of Time RUC Time
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.97	2.68
Urgency of medical decision making	2.87	2.84
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.26	3.00
Physical effort required	2.58	2.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.81	2.65
Outcome depends on the skill and judgment of physician	3.35	3.13
Estimated risk of malpractice suit with poor outcome	3.06	2.87

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.06	2.00
Intra-Service intensity/complexity	3.39	3.10

Post-Service intensity/complexity	2.65	2.48

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93930 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence

There is compelling evidence that the work of 93930 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of distal innominate, subclavian, axillary, brachial, radial, and ulnar arteries searching for angioplasty and endovascular stent sites. These are interventions that were essentially never done in any significant volume 20 years ago but are common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate radial and ulnar arteries when 93930 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 0.80 RVW for 93930.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 55% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the

median survey value of 0.70 RVW. This value has been accepted by CMS. 93930 and 93970 are similar in that they are both vascular lab studies performed; however, they differ in the type of blood vessels imaged on in the extremities examined. An arterial examination is more intense than a venous examination justifying the higher RVW of 0.80 for 93930 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93930	0.80	0.038	25	5	15	5

Comparison to MPC codes

Comparison with E&M service code 99213

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

CPT Code 99231 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.76. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93930 differs by five minutes. Code 99231 has identical pre and post-service time compared to 93930; however, 93930 has an additional 5 minutes of intra-service time. Given the comparison of similar times, the median survey value of 0.80 for 93930 is appropriate.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93930 have identical pre- and post-service times. Importantly, 93930 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.80 for 93930 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.80 for code 93930.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99231	0.76	0.054	20	5	10	5
93930	0.80	0.038	25	5	15	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison of 93930 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5

93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	**Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**	**0.80**	**0.038**	**25**	**5**	**15**	**5**
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support this recommendation. The first relates 93930 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93930. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93930. In each case, the time and intensity relationships support our median survey work RVU of 0.80 for this complete bilateral upper extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.80 appropriately places 93930 with other complete studies and with an appropriate intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93930

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
22,144 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 3545 Percentage 16.00 %

Specialty cardiology Frequency 4210 Percentage 19.01 %

Specialty radiology Frequency 2215 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93930

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93931 Tracking Number

Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
RUC Recommended RVU: **0.50**

Global Period: XXX

CPT Descriptor: Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking complains of cold, painful fingers on her left hand. She has no left radial pulse. A unilateral arterial duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of either one lower extremity or a limited study of both upper extremities. These could include the distal innominate, subclavian, axillary, brachial, radial and/or ulnar arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93931		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	200.00
Survey RVW:	0.20	0.50	**0.70**	0.89	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	6.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93931	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 46.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93931**	**Key Reference CPT Code:** 93971	**Source of Time** RUC Time

Median Pre-Service Time	5.00	3.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.81	2.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.81	2.50
Urgency of medical decision making	2.77	2.73
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.19	2.77
Physical effort required	2.42	2.42
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	2.54
Outcome depends on the skill and judgment of physician	3.27	3.00
Estimated risk of malpractice suit with poor outcome	3.04	2.81

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.00	2.00
Intra-Service intensity/complexity	2.90	2.65
Post-Service intensity/complexity	2.38	2.35

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93931 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence

There is compelling evidence that the work of 93931 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of distal innominate, subclavian, axillary, brachial, radial, and ulnar arteries searching for angioplasty and endovascular stent sites. These are interventions that were essentially never done in any significant volume 20 years ago but are common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate radial and ulnar arteries when 93931 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.50 RVW for 93931.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen by 46% of the survey respondents as the key reference service. This code was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93931 uses much of the same technology as 93971, but 93931 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93931 compared to 3 pre-service time minutes for 93971. 93971 and 93931 both have 10 minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.50 for 93931.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93931	0.50	0.028	20	5	10	5

Comparison to MPC codes

Comparison with E&M service code 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.48. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93931 is 4 minutes longer than the 16-minute physician time of 99212, while intra-service times are identical at 10 minutes. Based on this comparison, the median survey value of 0.50 for 93931 is appropriate.

Comparison with Ultrasound code 76536

Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

CPT 76536 is an MPC code that was reviewed at the RUC in April 2009 where a work RVU of 0.56 was reaffirmed. Survey respondents assigned 5 pre-time minutes to 93931 compared to 4 pre-service minutes for 76536. Code 93931 has 1 additional minute of immediate post-service time, compared to 76536. Importantly, 93931 has identical intra-service time, and the recommended median survey RVW of 0.50 for 93931 is very similar to the 0.56 RVUs for MPC code 76536. Thus, the comparison with MPC code 76536 fully supports the median survey value of 0.50 for code 93931.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93931	0.50	0.028	20	5	10	5
76536	0.56	0.038	18	4	10	4

Additional Rationale

Comparison of 93931 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5

93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	**Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**	**0.50**	**0.028**	**20**	**5**	**10**	**5**
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support this recommendation. The first relates 93931 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93931. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93931. In each case, the time and intensity relationships support our median survey work RVU of 0.50 for this unilateral or limited upper extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.50 appropriately places 93931 with other unilateral or limited studies and with an appropriate intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93931

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
40,490 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 11750 Percentage 29.01 %

Specialty cardiology Frequency 10950 Percentage 27.04 %

Specialty radiology Frequency 2025 Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93931

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93975 Tracking Number

Original Specialty Recommended RVU: **1.30**
Presented Recommended RVU: **1.30**
RUC Recommended RVU: **1.30**

Global Period: XXX

CPT Descriptor: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male smoker presents with poorly controlled diastolic hypertension, despite medical management. A complete bilateral renal duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the vascular structures of the abdominal, pelvic, scrotal, and/or retroperitoneal organs to be examined. A complete exam is performed. This includes both the arterial inflow and venous outflow of the organ(s) of interest including the aorta, inflow artery (renal, mesenteric, gonadal, etc), parenchymal flow, venous drainage (renal, mesenteric, gonadal) and vena cava or portal vein. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated..

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93975		
Sample Size:	5148	**Resp N:** 54	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.25	1.16	**1.30**	1.88	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93975	**Recommended Physician Work RVU: 1.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93306	XXX	1.30	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99308	XXX	1.16	**RUC Time**	9,919,789

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73721	XXX	1.35	**RUC Time**	614,800

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 44.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93975**	**Key Reference CPT Code: 93306**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	5.00	6.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**31.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	3.25 / 2.96
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08 / 2.71
Urgency of medical decision making	2.88 / 2.75
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.75 / 3.38
Physical effort required	3.04 / 2.88
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.42 / 2.25
Outcome depends on the skill and judgment of physician	3.50 / 3.29
Estimated risk of malpractice suit with poor outcome	2.83 / 2.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.33	2.38
Intra-Service intensity/complexity	3.75	3.33

Post-Service intensity/complexity	2.50	2.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93975 was specifically named by CMS in the federal registry to be part of this review.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 1.30 RVW for 93975, a ***decrease*** from current value of 1.80 RVW.

Comparison with Key Reference Service

CPT Code 93306 *(Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography)* was chosen as the key reference service by 44% of the survey respondents. This code was surveyed and presented to the RUC in September 2007 and a value of 1.30 RVW was recommended and approved by CMS. 93975 and 93306 are similar in that they are both duplex codes; however, they differ in the body area and organ systems imaged. They have identical intra-service times and very similar intensities justifying the median survey value of 1.30 RVW for 93975.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93306	1.30	0.052	31.5	5	20	6.5
93975	1.30	0.054	30	5	20	5

Comparison to MPC codes

Comparison with E&M service 99238

Hospital discharge day management; 30 minutes or less

CPT 99238 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 1.28. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93975 differs by eight minutes. Code 99238 has identical intra-service time compared to 93975 but more pre- and post-service time. Given the comparison of similar times, the median survey value of 1.30 for 93975 is appropriate.

Comparison with CT scan abdomen code 74170

Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

CPT 74170 is an MPC code was presented to the RUC in April 2012 where a work RVU of 1.40 was reaffirmed. Code 93975 has 2 additional minutes of intra-service time compared to 74170 and identical pre- and post-service times. The intensity for 93975 is less than 74170 accounting for the difference in RVW. Thus, the comparison with MPC code 74170 fully supports the median survey value of 1.30 for code 93975.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99238	1.28	0.044	38	8	20	10
93975	1.30	0.054	30	5	20	5
74170	1.40	0.065	28	5	18	5

Additional Rationale

Comparison of 93975 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	**Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**	**1.30**	**0.054**	**30**	**5**	**20**	**5**
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93975 has never been presented to the RUC. Current database inputs are "CMS/other". We present multispecialty survey data in the broad picture of the entire vascular lab family and are recommending

a decrease in value. We have provided multiple points of comparison to support this recommendation. The first relates 93975 to the key reference service of 93306, another organ ultrasound study. They have similar times and intensities justifying the RVW for 93975. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93975. In each case, the time and intensity relationships support the median survey work RVU of 1.30 for this complete organ duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 1.30 appropriately places 93975 with other complete studies and at the top consistent with its complexity and intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93975

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 195,738 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery	Frequency 29375	Percentage 15.00 %
Specialty cardiology	Frequency 50900	Percentage 26.00 %
Specialty radiology	Frequency 36000	Percentage 18.39 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93975

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93976 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
RUC Recommended RVU: **1.00**

Global Period: XXX

CPT Descriptor: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male smoker with a known mild right renal artery stenosis has increasingly severe hypertension. A unilateral renal duplex study is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the vascular structures of the abdominal, pelvic, scrotal, and/or retroperitoneal organs to be examined. A limited exam is performed. This can include both the arterial inflow and venous outflow of the organ of interest including the aorta, inflow artery (renal, mesenteric, gonadal, etc), parenchymal flow, venous drainage (renal, mesenteric, gonadal) and vena cava or portal vein. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93976		
Sample Size:	5148	**Resp N:** 53	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	80.00	300.00
Survey RVW:	0.25	0.80	**1.00**	1.30	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93976	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99308	XXX	1.16	**RUC Time**	9,919,789

CPT Descriptor 2 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 93976**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.82	2.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.71
Urgency of medical decision making	2.76	2.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	3.07
Physical effort required	2.71	2.65
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.60
Outcome depends on the skill and judgment of physician	2.94	2.76
Estimated risk of malpractice suit with poor outcome	2.71	2.65

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.41	2.35
Intra-Service intensity/complexity	3.12	2.88
Post-Service intensity/complexity	2.47	2.41

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93976 was specifically named by CMS in the federal registry to be part of this review.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 1.00 RVW for 93976, a ***decrease*** from current value of 1.21 RVW.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 32% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93976 and 93970 are similar in that they are both vascular lab codes; however, they differ in the body area and type of blood vessels imaged. Even though 93976 is a limited study, it involves both arterial inflow and venous outflow evaluation of an organ justifying the increase intensity. An estimated RVW for 93976 can be made by accounting for this difference in intensity (15 minutes x (0.052-0.035) = 0.26) or 0.70 + 0.26 = 0.96. This comparison supports our median survey recommendation of 1.00 RVW for 93976.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93970	0.70	0.035	23	3	15	5
93976	1.00	0.052	25	5	15	5

Comparison to MPC codes

Comparison with E&M service 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93976 is identical to the intra-service time for 99213. Pre-and post-service times are similar between the two codes and they have identical intensities. Given this comparison, the median survey value of 1.00 for 93976 is appropriate.

Comparison with Sleep study code 95805

Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

CPT 95805 is an MPC code that was presented to the RUC in April 2010 where a work RVU of 1.20 was recommended. This value was approved by CMS. Code 93976 has 5 less minutes of intra-service time compared to 95805 and 20 minutes less of pre-and post-service times. The intensity for 93976 is twice that of 95805 accounting for the difference in times and RVW. Thus, comparison with MPC code 95805 supports the median survey value of 1.00 for code 93976.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99213	0.97	0.052	23	3	15	5
93976	1.00	0.052	25	5	15	5
95805	1.20	0.026	50	15	20	15

Additional Rationale

Comparison of 93976 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	**Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**	**1.00**	**0.052**	**25**	**5**	**15**	**5**
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac	0.70	0.048	20	5	10	5

	vasculature, or bypass grafts; unilateral or limited study						
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93976 has never been presented to the RUC. Current database inputs are "CMS/other". It was identified by CMS as "Fastest growing." We present multispecialty survey data in the broad picture of the entire vascular lab family and are recommending a decrease in value. We have provided multiple points of comparison to support this recommendation. The first relates 93976 to the key reference service of 93970, another vascular lab duplex study. They have similar times and intensity adjustment justifies the RVW of 1.00 for 93976. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93976. In each case, the time and intensity relationships support the median survey work RVU of 1.00 for this limited organ duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 1.00 appropriately places 93976 with other limit studies and but at the top consistent with its complexity and intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93976

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
128,787 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 12900 Percentage 10.01 %

Specialty cardiology Frequency 12900 Percentage 10.01 %

Specialty radiology Frequency 49000 Percentage 38.04 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93976

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93978 Tracking Number

Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.97**
RUC Recommended RVU: **0.97**

Global Period: XXX

CPT Descriptor: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old male smoker has a known aortic aneurysm extending into both iliac arteries. A complete aorta-iliac duplex study is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the abdominal vascular structures to be examined. This can include the complete abdominal aorta, the inferior vena cava, the bilateral iliac vasculature, and/or intra-abdominal bypass grafts. A complete study of the desired vascular structures is performed. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93978		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**70.00**	113.00	400.00
Survey RVW:	0.20	0.80	**0.97**	1.25	2.75
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93978	**Recommended Physician Work RVU: 0.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	3,114,690

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 46.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93978**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.15	2.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.12	2.88
Urgency of medical decision making	3.00	2.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.42	3.08
Physical effort required	2.76	2.72
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	2.62
Outcome depends on the skill and judgment of physician	3.42	3.15
Estimated risk of malpractice suit with poor outcome	3.08	3.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.38	2.77
Intra-Service intensity/complexity	3.46	3.12
Post-Service intensity/complexity	2.69	2.58

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93978 was identified by the RAW in the "CMS-Other, Utilization over 250,00" screen in April 2013 as potentially misvalued. A multispecialty survey along with the limited code, CPT 93979 was planned. After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Codes 93978 and 93979 were surveyed as part of the entire vascular lab family.

Compelling Evidence

There is compelling evidence that the work of 93978 has changed since this code was initially valued in 1992. The code has never been surveyed and no data exists for the code in the database. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. The most common diagnosis from utilization data is aortic aneurysm or dissection and our typical patient in the vignette is evaluation after an endovascular aneurysm repair. These procedures did not exist in 1992 when the code was created. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate iliac arteries at that time. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation
We are recommending median survey value of 0.97 RVW for 93978.

Comparison with Key Reference Service
CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 46% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93978 and 93970 are similar in that they are both vascular lab studies; however, they differ in the type of blood vessels and area of the body imaged. Abdominal duplex evaluation is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult justifying the higher RVW of 0.97 for 93978 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93978	0.97	0.050	25	5	15	5

Comparison to MPC codes

Comparison with Bone scan code 78306
Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93978 have identical pre- and post-service times. Importantly, 93978 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.97 for 93978 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.97 for code 938978.

Comparison with E&M service code 99213
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93978 differ only by two minutes of pre time compared to the time involved in 99213. Both codes have identical intra-times of 15 minutes. Based on this comparison, the median survey value of 0.97 for 93978 is appropriate.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
78306	0.86	0.080	18	5	8	5
93978	0.97	0.050	25	5	15	5
99213	0.97	0.053	23	3	15	5

Additional Rationale

Comparison of 93978 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	**Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**	**0.97**	**0.050**	**25**	**5**	**15**	**5**
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support our recommendation of the median survey value of 0.97 RVW for 93978. The first relates 93978 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an abdominal vascular examination justifies the higher RVW for 93978. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93978. In each case, the time and intensity relationships support our recommended work RVU of 0.97 for this complete abdominal vascular duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.97 appropriately places 93978 with other complete studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93978

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
295,429 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 85675 Percentage 29.00 %

Specialty cardiology Frequency 100500 Percentage 34.01 %

Specialty radiology Frequency 14800 Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93978

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93979 Tracking Number

Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
RUC Recommended RVU: **0.70**

Global Period: XXX

CPT Descriptor: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old male smoker has a known aneurysm limited to the infrarenal aorta. A limited aortic duplex study is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the abdominal vascular structures to be examined. This can include the complete abdominal aorta, the inferior vena cava, the bilateral iliac vasculature, and/or intra-abdominal bypass grafts. A limited study of the desired vascular structures is performed. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93979		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	14.00	**50.00**	100.00	300.00
Survey RVW:	0.20	0.70	**0.80**	1.00	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	8.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93979	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	17,770,987

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 35.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 93979**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	

Median Intra-Service Time	10.00	15.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**23.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.80	2.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.75	2.65
Urgency of medical decision making	2.65	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.05	2.95
Physical effort required	2.60	2.45
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.55	2.55
Outcome depends on the skill and judgment of physician	2.95	2.75
Estimated risk of malpractice suit with poor outcome	2.70	2.60

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.25	2.20
Intra-Service intensity/complexity	2.85	2.85
Post-Service intensity/complexity	2.40	2.35

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93978 was identified by the RAW in the "CMS-Other, Utilization over 250,000" screen in April 2013 as potentially misvalued. A multispecialty survey along with the limited code, CPT 93979 was planned. After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Codes 93978 and 93979 were surveyed as part of the entire vascular lab family.

Compelling Evidence

There is compelling evidence that the work of 93979 has changed since this code was initially valued in 1992. The code has never been surveyed and no data exists for the code in the database. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. The most common diagnosis from utilization data is aortic aneurysm or dissection. The management of this disease process has dramatically changed since 1992 when the code was created changing the needed information from this exam. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate iliac arteries at that time. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending 25th percentile survey value of 0.70 RVW for 93979.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 36% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93979 and 93970 are similar in that they are both vascular lab studies; however, they differ in the type of blood vessels and area of the body imaged. Abdominal duplex evaluation is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult justifying the same RVW of 0.70 for 93979 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93979	0.70	0.048	20	5	10	5

Comparison to MPC codes

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February of 2006 and has a work RVU of 0.48. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93979 is exactly the same as that involved in E&M code 99212. Both codes have a physician intra time of 10 minutes but 93979 has a higher intensity supporting the higher RVW. Based on this comparison, the 25th percentile survey value of 0.70 for 93979 is justified.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93979 have identical pre- and post-service times. Importantly, 93979 has two more minutes of intra time, and despite this **additional** intra time difference, the recommended 25th percentile survey RVW of 0.7097 for 93978 is less than the 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the 25th percentile survey value of 0.70 for code 938979.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93979	0.70	0.048	20	5	10	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison of 93979 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

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93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5

93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	**Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**	**0.70**	**0.048**	**20**	**5**	**10**	**5**
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support our recommendation of the 25th percentile survey value of 0.70 RVW for 93979. The first relates 93979 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an abdominal vascular examination justifies the higher RVW for 93979. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93979. In each case, the time and intensity relationships support our recommended work RVU of 0.70 for this limited abdominal vascular duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.70 appropriately places 93979 with other limited studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93979

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
63,082 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 22750 Percentage 36.06 %

Specialty cardiology Frequency 21500 Percentage 34.08 %

Specialty radiology Frequency 3800 Percentage 6.02 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93979

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

REVISED 4-22-14

ISSUE: Duplex Scans and Dopper Flow Testing

TAB: 33 & 40

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	93970	Duplex scan of extremity veins including responses	37	0.035			0.70			23	3			15			5					
2012	93880	Duplex scan of extracranial arteries; complete bilat		0.031			0.60			22	5			12			5					
SVY	93880	Extracranial complete bilateral	79	0.042	0.25	0.80	0.85	1.25	2.00	25	5	2	10	15	20	60	5	0	63	120	300	1250
REC	93880			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	21	0.027			0.45			18	3			10			5					
2012	93882	Duplex scan of extracranial arteries; unilateral or lir		0.018			0.40			20	5			10			5					
SVY	93882	Extracranial unilateral / limited	56	0.038	0.20	0.50	0.60	0.85	2.00	20	5	1	7	10	15	60	5	0	10	25	50	500
REC	93882			0.028			0.50			20	5			10			5					
REF	93970	Duplex scan of extremity veins including responses	31	0.035			0.70			23	3			15			5					
2012	93925	Duplex scan of lower extremity arteries or arterial b		0.044			0.80			21	3			15			3					
SVY	93925	Lower extremity complete bilateral	57	0.052	0.25	0.80	1.00	1.25	2.50	25	5	3	10	15	20	60	5	0	25	50	100	500
REC	93925			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	23	0.027			0.45			18	3			10			5					
2012	93926	Duplex scan of lower extremity arteries or arterial b		0.037			0.50			16	3			10			3					
SVY	93926	Lower extremity unilateral / limited	57	0.048	0.20	0.60	0.70	1.00	2.25	20	5	2	8	10	15	60	5	0	30	50	100	400
REC	93926			0.038			0.60			20	5			10			5					
REF	93970	Duplex scan of extremity veins including responses	31	0.035			0.70			23	3			15			5					
1995	93930	Duplex scan of upper extremity arteries or arterial b		n/a			0.46			16												
SVY	93930	Upper extremity complete bilateral	56	0.038	0.25	0.70	0.80	1.26	2.50	25	5	3	10	15	17	60	5	0	12	25	50	240
REC	93930			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	26	0.027			0.45			18	3			10			5					
1995	93931	Duplex scan of upper extremity arteries or arterial b		n/a			0.31			13												
SVY	93931	Upper extremity unilateral / limited	56	0.048	0.20	0.50	0.70	0.89	2.25	20	5	2	6	10	15	60	5	0	10	20	50	200
REC	93931			0.028			0.50			20	5			10			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
6						RVW					Total	PRE-	INTRA-TIME						SURVEY EXPERIENCE				
7	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
38	REF	93306	Echocardiography, transthoracic, real-time with ima	24	0.052			1.30			31.5	5			20			7					
39	CMS/oth	93975	Duplex scan of arterial inflow and venous outflow o		n/a			1.80			41												
40	SVY	93975	Organ inflow/outflow complete	54	0.054	0.25	1.16	1.30	1.88	2.50	30	5	5	15	20	30	60	5	0	20	50	100	600
41	REC	93975			0.054			1.30			30	5			20			5					
42																							
43	REF	93970	Duplex scan of extremity veins including responses	17	0.035			0.70			23	3			15			5					
44	CMS/oth	93976	Duplex scan of arterial inflow and venous outflow o		n/a			1.21			30												
45	SVY	93976	Organ inflow/outflow limited	53	0.052	0.25	0.80	1.00	1.30	2.25	25	5	4	10	15	20	60	5	0	10	25	80	300
46	REC	93976			0.052			1.00			25	5			15			5					
47																							
48	REF	93970	Duplex scan of extremity veins including responses	26	0.035			0.70			23	3			15			5					
49	CMS/oth	93978	Duplex scan of aorta, inferior vena cava, iliac vascu		n/a			0.65			19												
50	SVY	93978	Aorta / iliac complete	56	0.050	0.20	0.80	0.97	1.25	2.75	25	5	4	10	15	20	60	5	0	20	70	113	400
51	REC	93978			0.050			0.97			25	5			15			5					
52																							
53	REF	93970	Duplex scan of extremity veins including responses	20	0.035			0.70			23	3			15			5					
54	CMS/oth	93979	Duplex scan of aorta, inferior vena cava, iliac vascu		n/a			0.44			15												
55	SVY	93979	Aorta limited	56	0.058	0.20	0.70	0.80	1.00	2.25	20	5	3	8	10	15	60	5	0	14	50	100	300
56	REC	93979			0.048			0.70			20	5			10			5					

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93886 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
RUC Recommended RVU: **1.00**

Global Period: XXX

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient with recent subarachnoid hemorrhage develops worsening encephalopathy and mild right-sided weakness. Vasospasm is suspected and a complete transcranial ultrasound study is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable examinations including prior transcranial Doppler examinations, brain MR and brain CT examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist. Review the recorded data, including demographics, vital signs, blood gases. Scan the right and left anterior circulation territories and the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document the normal and abnormal findings. Interpret the findings, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Dictate report for the medical record including recommendations for further testing. Review and sign the report. Communicate and discuss the findings with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marianna Spanaki MD, PhD, MBA; Charles Tegeler, MD; Kurt Schoppe, MD; Zeke Silva MD				
Specialty(s):	American Academy of Neurology, American College of Radiology				
CPT Code:	93886				
Sample Size:	1250	**Resp N:**	44	**Response:** 3.5 %	
Description of Sample:	A random sample of 500 members from the stroke section of the AAN and a random sample of 750 from the American College of Radiology (ACR).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**23.00**	100.00	1500.00
Survey RVW:	0.35	0.75	**1.00**	1.20	3.09
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**17.00**	30.00	40.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93886	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95819	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleep

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,219

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefullness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 31.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93886**	**Key Reference CPT Code:** 95819	**Source of Time** RUC Time

Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	17.00	15.00
Median Immediate Post-service Time	5.00	6.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**27.00**	**26.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.14	4.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.07	3.64
Urgency of medical decision making	4.57	3.93
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.21
Physical effort required	3.50	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.29	3.79
Outcome depends on the skill and judgment of physician	4.64	4.29
Estimated risk of malpractice suit with poor outcome	4.14	3.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.71	3.21
Intra-Service intensity/complexity	4.43	4.29
Post-Service intensity/complexity	3.57	3.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 2013 Final Rule CMS requested the AMA RUC assess relativity among the entire family of Duplex codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT code 93886 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes.
The Research Subcommittee approved the survey sample with the understanding that data from both surveying societies and aggregate data be available. An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and recommends the median work RVU of 1.00 with 5 minutes pre service time, 17 minutes intra time and 5 minutes post service time. The panel agreed a reduction of 2 minutes from the survey post time was appropriate to maintain consistency within the duplex code family.
Compelling evidence:
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates a time source for 93886 as "CMS/Other", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 93886 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 93886 is for interrogating the intracranial cerebral circulation. 93880 code is for complete carotid duplex, an exam interrogating the extracranial cerebral circulation. The two tests are intended to interrogate different circulations, different parts of the body and vascular system, and are looking for different abnormalities. The separate tests are often performed on the same patient on the same date of service to investigate those with stroke or transient ischemic attack (TIA). Lesions resulting in stroke or TIA can occur in the extracranial cerebral circulation, or in the intracranial circulation, and disease in one location actually increases the chances of finding disease in the other.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93886

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Sometimes

Specialty Diagnostic Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 204720
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2012 medicare claims reporting data for 93886, which we feel accurately represents the national reporting of this code for one year.

Specialty Neurology Frequency 118740 Percentage 58.00 %

Specialty Diagnostic Radiology Frequency 22520 Percentage 11.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 68,240 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2012 Medicare claims data for 93886 to develop the following estimates, taking into consideration the global and professional utilization of the code.

Specialty Neurology Frequency 39580 Percentage 58.00 %

Specialty Diagnostic Radiology Frequency 7510 Percentage 11.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93886

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93888 Tracking Number Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient with recent subarachnoid hemorrhage develops worsening encephalopathy and mild right-sided weakness due to left middle cerebral artery (MCA) vasospasm. Intra-arterial infusion of a vasodilatory agent results in improvement of the vasospasm during the procedure. A limited transcranial ultrasound study of the left MCA and adjacent vessels is ordered to evaluate for recurrent vasospasm.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 3%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable examinations including prior transcranial Doppler examinations, brain MR and brain CT examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist. Review the recorded data, including demographics, vital signs, blood gases. Scan two or fewer of the following territories: the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document the normal and abnormal findings. Interpret the findings, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Dictate report for the medical record including recommendations for further testing. Review and sign the report. Communicate and discuss the findings with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marianna Spanaki, MD, PhD, MBA; Charles Tegeler, MD; Kurt Schoppe MD; Zeke Silva, MD				
Specialty(s):	American Academy of Neurology, American College of Radiology				
CPT Code:	93888				
Sample Size:	1250	**Resp N:**	32	**Response:** 2.5 %	
Description of Sample:	A random sample of 500 members from the stroke section of the AAN and a random sample of 750 from the American College of Radiology (ACR).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**20.00**	63.00	500.00
Survey RVW:	0.49	0.62	**0.70**	0.86	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	7.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93888	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76821	XXX	0.70	**RUC Time**

CPT Descriptor Doppler velocimetry, fetal; middle cerebral artery

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

CPT Code: 93888	Key Reference CPT Code: 76821	Source of Time RUC Time

Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**20.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.57	2.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.14
Urgency of medical decision making	4.14	3.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.29	2.86
Physical effort required	3.00	2.71
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.57	2.43
Outcome depends on the skill and judgment of physician	3.57	3.29
Estimated risk of malpractice suit with poor outcome	3.00	2.86

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.14	2.57
Intra-Service intensity/complexity	3.71	3.14
Post-Service intensity/complexity	2.86	2.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 2013 Final Rule CMS requested the AMA RUC assess relativity among the entire family of Duplex codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT codes 93888 in conjunction with the Duplex scan codes in order to assess the relativity between and among these codes.
The Research Subcommittee approved the survey sample with the understanding that data from both surveying societies and aggregate data be available. An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and recommends the median RVU of 0.70 with 5 minutes of pre service time, 10 minutes intra time and 5 minutes post service time.
Compelling evidence:
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates a time source for 93888 as "CMS/Other", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 93888 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 93888 is for interrogating the intracranial cerebral circulation. 93880 code is for complete carotid duplex, an exam interrogating the extracranial cerebral circulation. The two tests are intended to interrogate different circulations, different parts of the body and vascular system, and are looking for different abnormalities. The separate tests are often performed on the same patient on the same date of service to investigate those with stroke or transient ischemic attack (TIA). Lesions resulting in stroke or TIA can occur in the extracranial cerebral circulation, or in the intracranial circulation, and disease in one location actually increases the chances of finding disease in the other.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93888

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 54933
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2012 medicare claims reporting data for 93888, which we feel accurately represents the national reporting of this code for one year

Specialty Neurology Frequency 12090 Percentage 22.00 %

Specialty Diagnostic Radiology Frequency 8241 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 18,311 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2012 Medicare claims data for 93888 to develop the following estimates, taking into consideration the global and professional utilization of the code..

Specialty Neurology Frequency 4030 Percentage 22.00 %

Specialty Diagnostic Radiology Frequency 2747 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93888

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Duplex Scans (Transcranial Doppler 93886, 93888 only)

TAB: 33

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	95819	EEG awake and asleep	14	0.056			1.08			26	5					15			6
CURRENT	93886	Intracranial complete study		#DIV/0!			0.94			25									
SVY	93886	Intracranial complete study	44	0.043	0.35	0.75	1.00	1.20	3.09	29	5			0	10	17	30	40	7
REC	93886			0.046			1.00			27	5					17			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	76821	Middle Cerebral artery echo	7	0.048			0.70			20	5					10			5
CURRENT	93888	Intracranial limited study		#DIV/0!			0.62			19									
SVY	93888	Intracranial limited study	32	0.048	0.49	0.62	0.70	0.86	2.00	20	5			0	7	10	15	30	5
REC	93888			0.048			0.70			20	5					10			5

CPT Code: 93970, 93971, 93880, 93882, 93925, 93926, 93930, 93931, 93975, 93976, 93978, 93979

Specialty Society('s): SVS, ACR and ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 Duplex scan of extracranial arteries; unilateral or limited study

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Global Period: **XXX** Meeting Date: **April 2014**

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

   The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

   We are making recommendations for existing CPT codes. The current direct PE inputs are included on the spreadsheet.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

   N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

There are 13 CPT Codes included in these recommendations. We are recommending minimal shifts in clinical time. The shifts are the result of 'normalizing' times between all the codes per line item (i.e. vital signs, education, image analysis). Six of the 13 codes are decreasing in overall time, six of the codes are increasing in time and one code remains the same.

5. Please describe in detail the clinical activities of your staff:

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of potential source(s) for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration, hypercoaguable state, pallor, positive D-dimer test, and varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurementss.

The patient is positioned for optimal comfort and access in a supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral , great saphenous, popliteal vein, and posterior tibial veins. Prone or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A complete bilateral lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous vein,

proximal deep femoral vein, mid-femoral vein, distal femoral vein, popliteal vein (behind knee using posterior approach) tibial-peroneal confluence, posterior tibial veins, peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and gray scale imaging. When necessary, additional documentation of inferior vena cava, common and external iliac veins patency can be performed Anatomic variants must be documented. Incidental findings, such as Baker's Cyst, seroma, hematoma, enlarged lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of incompressible vein is fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partial incompressibility is present, color flow must be documented blood flow around the echogenic material in the vein; when a total occlusion is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair is often occluded, it is important that all veins are individually documented. Echogenic descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to occlusion or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of a source for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration), hypercoaguable state, pallor, positive D-dimer test, varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurements.

The patient is positioned for optimal comfort in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral, great saphenous, popliteal, and posterior tibial veinsProne or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A unilateral/limited lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous veins, proximal deep femoral, mid-femoral, distal femoral, popliteal (behind knee using posterior approach), tibioperoneal confluence, posterior tibial, and peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and

gray scale imaging. Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow. Anatomic variants must be documented. A contralateral Doppler spectral waveform from the common femoral vein just above the saphenofemoral junction must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of thrombus are fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partially occlusive thrombus is present, color flow must be documented flowing around the echogenic material in the vein; when a totally occlusive thrombus is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair can be thrombosed, it is important that all veins are individually documented. Thrombus descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to thrombosis or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93880 Duplex scan of extracranial arteries; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke, follow-up of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc.), trauma in the distribution of the carotid artery. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosity, radiation injury. Auscultation of bruits and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a bilateral extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral) arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak

systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93882 Duplex scan of extracranial arteries; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke. Additionally, any history of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc), and trauma in the distribution of the carotid artery are noted. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosigy, and radiation injury. Auscultation of bruits and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral/limited extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45 degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with assessment of following vessels as necessary: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral). Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, suspected or known acute lower extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post lower extremity interventional procedure, i.e. stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a bilateral lower extremity arterial exam is performed. To completely assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: , common femoral, deep femoral, superficial femoral, popliteal, and tibioperoneal arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, incompressible vessels, patients who are immediate post lower extremity interventional procedure, i.e. arterial bypass graft. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a unilateral lower extremity arterial exam is performed. To assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with unilateral assessment of following vessels in their entirety: common femoral, deep femoral, superficial femoral, popliteal and tibioperoneal arteries. Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93930 - Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral upper extremity arterial duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a complete bilateral upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with complete bilateral assessment of following vessels in their entirety: innominate (optional), subclavian, axillary, brachial, radial, and ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations

may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93931 - Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited upper extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral or limited upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with unilateral or limited assessment of following vessels in their entirety: innominate, subclavian, axillary, brachial, radial, and/or ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic

variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs - complete

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete renal artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of renal artery disease including: essential or malignant hypertension, elevated BUN levels, aortoiliac atherosclerosis, unilateral, atrophic kidney, cystic kidney disease, aneurysm, evaluation of surgical or interventional procedure. Contraindications and limitations of the renal artery duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a complete renal artery (RA) duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the renal arteries. Acoustic windows used to image the renal artery include: transverse plane accessing the lateral aspect of the abdominal aorta. The right RA arises from the lateral abdominal aorta with right renal vein anterior to the RA. The left RA arises from the aorta and is left renal vein, making visualization more difficult. In some instances, the patient may be positioned in a right-side-up decubitus position, using the liver as a window to visualize the right RA. Alternatively, with the patient in a left lateral decubital position, the spleen and left kidney are used as acoustic windows to visualize the left renal artery. The typical patient requires a low frequency transducer to image the renal arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93976- Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs- limited

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the limited celiac and mesenteric artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of celiac or mesenteric disease including: abdominal pain, cramping associated with eating, significant and unexplained weight loss, abdominal bruit, suspected visceral artery aneurysm, unexplained gastrointestinal symptoms, post-mesenteric reconstruction evaluation. Contraindications and limitations of the celiac and mesenteric artery duplex include: obesity resulting in poor visualization, abdominal gas, recent abdominal surgery/fresh sutures/staples. respiratory difficulties that may impact a complete study. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited celiac and mesenteric artery duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the celiac and mesenteric arteries, first imaging the anterior wall of the suprarenal abdominal aorta and then identifying the celiac artery (CA) and the superior mesenteric artery (SMA). Both transverse and longitudinal views are taken. The typical patient requires a low frequency transducer to image the celiac and mesenteric arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex

machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93978- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass grafts- complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete abdominal aortoiliac duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease (i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction). Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned in a supine position for optimal comfort and a complete aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93979- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass graft- limited or unilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the aortoiliac arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient should be fasting for 6-12 hours prior to the exam. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction. Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where a flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE		Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			CPT Code #		93970				93925				93880			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**Non Fac**	**Facility**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**67**	**0**	**70**	**0**	**91**	**0**	**94**	**0**	**75**	**0**	**67**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**64**	**0**	**67**	**0**	**88**	**0**	**91**	**0**	**68**	**0**	**64**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**
10	**PRE-SERVICE**																
11	**Start: Following visit when decision for surgery or procedure made**																
17	Availability of prior images confirmed	L054A	VasTech					**1**				**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech					**2**				**2**				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech			**3**				**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech			**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	VasTech									**3**				**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech			**2**		**3**		**2**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech			**2**		**2**		**2**		**2**		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech					**2**				**2**				**2**	
28	Setup scope (non facility setting only)																
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech			**2**		**2**		**2**		**2**		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech											**1**			
32	**Intra-service**																
33	Acquire images	L054A	VasTech			**45**		**45**		**69**		**69**		**42**		**42**	
34	**Post-Service**																
37	Clean room/equipment by physician staff	L054A	VasTech			**3**		**3**		**3**		**3**		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech					**5**				**2**				**2**	
44	Review examination with interpreting MD	L054A	VasTech					**1**				**1**				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech					**1**				**1**				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech			**7**				**7**				**10**			
51	**End: Patient leaves office**																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE		Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			CPT Code #		93970				93925				93880			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**Non Fac**	**Facility**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**																
53	**Start: Patient leaves office/facility**																
54	Conduct phone calls/call in prescriptions	L054A	VasTech														
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech					0				0		4		0	
63	**End: with last office visit before end of global period**																
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**														
65	pack, minimum multi-specialty visit	SA048	pack			1		1		1		1		1		1	
66	drape, non-sterile, sheet 40in x 60in	SB006	item			1		1		1		1		1		1	
67	cover-condom, transducer or ultrasound probe	SB005	item			1		1		1							
68	ultrasound transmission gel	SJ062	ml			60		60		50		60		60		40	
69	film, 8inx10in (ultrasound, MRI)	SK022	item			3		0		3		3		3		0	
70	film, x-ray 14in x 17in	SK034	item			2		0		2		2		2		0	
71	patient education booklet	SK062	item			1		1		1		1		1		1	
72	video tape, VHS	SK086	item			1		0				1		1		0	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz			0.34		0.34		0.34		0.34		0.34		0.34	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item			2		2		2		2		2		2	
75	**EQUIPMENT**	**CODE**															
76	room, ultrasound, vascular	EL016				52		59		76		80		51		59	
77	computer, desktop, w-monitor	ED021				7		0		7		0		51		0	
78	stretcher	EF018															
79	video SVHS VCR (medical grade)	ED034															
80	film processor, wet	ED025				7		0		7		7		10		0	
81	video printer, color (Sony medical grade)	ED036				10		0		10		0				0	
82	x-ray view box, 4 panel	ER067				7		0		7		7		10		0	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	86	0	76	0	108	0	92	0	82	0	71	0	42	0	45
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	75	0	73	0	97	0	89	0	71	0	68	0	39	0	42
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	8	0	0	0	8	0	0	0	8	0	0	0	0	0	0
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech	3		3		3		3		3		3				
25	Provide pre-service education/obtain consent	L054A	VasTech	4		3		5		3		5		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	3		2		3		2		3		2		2		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	3		2		3		2		3		2		2		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	1				1				1						
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	45		45		67		67		40		40		23		23
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			8				2				8				2
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	10				9				10				4		
51	**End: Patient leaves office**																	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech	4				4				4						
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	4		0		4		0		4		0				0
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1
67	cover-condom, transducer or ultrasound probe	SB005	item	1				1				1				1		1
68	ultrasound transmission gel	SJ062	ml	40		50		60		60		60		60		40		40
69	film, 8inx10in (ultrasound, MRI)	SK022	item	3		0		3		0		3		0		2		0
70	film, x-ray 14in x 17in	SK034	item	2		0		2		0		2		0		1		0
71	patient education booklet	SK062	item	1		1		1		1		1		1		1		1
72	video tape, VHS	SK086	item	1		0		1		0		1		0				
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34		0.34		0.34		0.34		0.34		0.34		0.34
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2		2		2		2		2		2		2
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		75		62		97		84		71		57		30		34
77	computer, desktop, w-monitor	ED021		75		0		97		0		71		0		4		
78	stretcher	EF018		75				97				71						
79	video SVHS VCR (medical grade)	ED034		75				97				71						
80	film processor, wet	ED025		10		0		10		0		10		0		4		
81	video printer, color (Sony medical grade)	ED036		10		0		10		0		10		0		10		
82	x-ray view box, 4 panel	ER067		10		0		10		0		10		0		4		

	A	B	C	AG
1				**mend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
17	Availability of prior images confirmed	L054A	VasTech	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	
24	Obtain vital signs	L054A	VasTech	
25	Provide pre-service education/obtain consent	L054A	VasTech	
26	Prepare room, equipment, supplies	L054A	VasTech	
27	Other: Set up US Equipment	L054A	VasTech	
28	Setup scope (non facility setting only)			
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	
32	**Intra-service**			
33	Acquire images	L054A	VasTech	
34	**Post-Service**			
37	Clean room/equipment by physician staff	L054A	VasTech	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech	
44	Review examination with interpreting MD	L054A	VasTech	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	
51	**End: Patient leaves office**			

	A	B	C	AG
1				**mend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
52	**POST-SERVICE Period**			
53	**Start: Patient leaves office/facility**			
54	Conduct phone calls/call in prescriptions	L054A	VasTech	
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	
63	**End: with last office visit before end of global period**			
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
65	pack, minimum multi-specialty visit	SA048	pack	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	
67	cover-condom, transducer or ultrasound probe	SB005	item	
68	ultrasound transmission gel	SJ062	ml	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	
70	film, x-ray 14in x 17in	SK034	item	
71	patient education booklet	SK062	item	
72	video tape, VHS	SK086	item	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
75	**EQUIPMENT**	**CODE**		
76	room, ultrasound, vascular	EL016		
77	computer, desktop, w-monitor	ED021		
78	stretcher	EF018		
79	video SVHS VCR (medical grade)	ED034		
80	film processor, wet	ED025		
81	video printer, color (Sony medical grade)	ED036		
82	x-ray view box, 4 panel	ER067		

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	54	0	60	0	51	0	46	0	61	0	51	0	61	0	53
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	51	0	57	0	44	0	43	0	50	0	48	0	51	0	50
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	0	0	0	0	4	0	0	0	8	0	0	0	7	0	0
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech			3				3		3		3		3		3
25	Provide pre-service education/obtain consent	L054A	VasTech	2		3		3		3		4		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	2		2		3		2		3		2		3		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	2		2		2		2		3		2		3		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech					1				1				1		
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	35		35		21		21		23		23		28		28
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			2				2				5				2
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	4				8				7				5		
51	**End: Patient leaves office**																	

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech									**4**				**4**		
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech			**0**		**4**		**0**		**4**		**0**		**3**		**0**
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
67	cover-condom, transducer or ultrasound probe	SB005	item	**1**								**1**				**1**		
68	ultrasound transmission gel	SJ062	ml	**30**		**40**		**40**		**25**		**30**		**30**		**40**		**40**
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**		**0**		**2**		**0**		**2**		**0**		**2**		**0**
70	film, x-ray 14in x 17in	SK034	item	**1**		**0**		**1**		**0**		**1**		**0**		**1**		**0**
71	patient education booklet	SK062	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
72	video tape, VHS	SK086	item			**0**		**1**		**0**		**1**		**0**		**1**		**0**
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		**42**		**46**		**29**		**35**		**50**		**37**		**51**		**42**
77	computer, desktop, w-monitor	ED021		**4**		**0**		**29**		**0**		**50**		**0**		**51**		**0**
78	stretcher	EF018										**50**				**51**		
79	video SVHS VCR (medical grade)	ED034										**50**				**51**		
80	film processor, wet	ED025		**4**		**0**		**10**		**0**		**10**		**0**		**10**		**0**
81	video printer, color (Sony medical grade)	ED036		**10**		**0**				**0**		**10**		**0**		**10**		**0**
82	x-ray view box, 4 panel	ER067		**4**		**0**		**10**		**0**		**10**		**0**		**10**		**0**

	A	B	C	AW	AX	AY	AZ	BA
1				**nmend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**	**59**	**0**	**48**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**	**48**	**0**	**45**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**8**	**0**	**0**	**0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
17	Availability of prior images confirmed	L054A	VasTech				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech		**3**			
20	**End: When patient enters office/facility for surgery/procedure**							
21	**SERVICE PERIOD**							
22	**Start: When patient enters office/facility for surgery/procedure:**							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech		**3**		**3**	
24	Obtain vital signs	L054A	VasTech		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech		**4**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech				**2**	
28	Setup scope (non facility setting only)							
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech		**1**			
32	**Intra-service**							
33	Acquire images	L054A	VasTech		**20**		**20**	
34	**Post-Service**							
37	Clean room/equipment by physician staff	L054A	VasTech		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech				**5**	
44	Review examination with interpreting MD	L054A	VasTech				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech		**8**			
51	**End: Patient leaves office**							

	A	B	C	AW	AX	AY	AZ	BA
1				**mmend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**							
53	**Start: Patient leaves office/facility**							
54	Conduct phone calls/call in prescriptions	L054A	VasTech		**4**			
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech		**4**		**0**	
63	**End: with last office visit before end of global period**							
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
65	pack, minimum multi-specialty visit	SA048	pack		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**		**1**	
67	cover-condom, transducer or ultrasound probe	SB005	item		**1**			
68	ultrasound transmission gel	SJ062	ml		**40**		**40**	
69	film, 8inx10in (ultrasound, MRI)	SK022	item		**2**		**0**	
70	film, x-ray 14in x 17in	SK034	item		**1**		**0**	
71	patient education booklet	SK062	item		**1**		**1**	
72	video tape, VHS	SK086	item		**1**		**0**	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz		**0.34**		**0.34**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item		**2**		**2**	
75	**EQUIPMENT**	**CODE**						
76	room, ultrasound, vascular	EL016			**48**		**34**	
77	computer, desktop, w-monitor	ED021			**48**		**0**	
78	stretcher	EF018			**48**			
79	video SVHS VCR (medical grade)	ED034			**48**			
80	film processor, wet	ED025			**10**		**0**	
81	video printer, color (Sony medical grade)	ED036			**10**		**0**	
82	x-ray view box, 4 panel	ER067			**10**		**0**	

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q
1				Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			93970				93925				93880			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**67**	**0**	**74**	**0**	**91**	**0**	**104**	**0**	**75**	**0**	**77**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**64**	**0**	**67**	**0**	**88**	**0**	**97**	**0**	**68**	**0**	**70**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**4**	**0**	**0**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
17	Availability of prior images confirmed	L054A	VasTech			**1**				**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**				**2**				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	**3**				**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	VasTech							**3**				**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech	**2**		**3**		**2**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech	**2**		**2**		**2**		**2**		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech			**2**				**2**				**2**	
28	Setup scope (non facility setting only)														
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	**2**		**2**		**2**		**2**		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech									**1**			
32	**Intra-service**														
33	Acquire images	L054A	VasTech	**45**		**45**		**69**		**69**		**42**		**42**	
34	**Post-Service**														
37	Clean room/equipment by physician staff	L054A	VasTech	**3**		**3**		**3**		**3**		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			**5**				**8**				**8**	
44	Review examination with interpreting MD	L054A	VasTech			**1**				**1**				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**				**1**				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	**7**				**7**				**10**			
51	**End: Patient leaves office**														

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q
1				Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			93970				93925				93880			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**														
53	**Start: Patient leaves office/facility**														
54	Conduct phone calls/call in prescriptions	L054A	VasTech												
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech			**4**				**4**		**4**		**4**	
63	**End: with last office visit before end of global period**														
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
65	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**	
67	cover-condom, transducer or ultrasound probe	SB005	item	**1**		**1**		**1**							
68	ultrasound transmission gel	SJ062	ml	**60**		**60**		**50**		**60**		**60**		**40**	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**		**3**		**3**		**3**		**3**		**3**	
70	film, x-ray 14in x 17in	SK034	item	**2**		**2**		**2**		**2**		**2**		**2**	
71	patient education booklet	SK062	item	**1**		**1**		**1**		**1**		**1**		**1**	
72	video tape, VHS	SK086	item	**1**		**1**				**1**		**1**		**1**	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**		**2**		**2**		**2**		**2**	
75	**EQUIPMENT**	**CODE**													
76	room, ultrasound, vascular	EL016		**52**		**59**		**76**		**86**		**51**		**59**	
77	computer, desktop, w-monitor	ED021		**7**		**7**		**7**		**7**		**51**		**7**	
78	stretcher	EF018													
79	video SVHS VCR (medical grade)	ED034													
80	film processor, wet	ED025		**7**		**7**		**7**		**7**		**10**		**7**	
81	video printer, color (Sony medical grade)	ED036		**10**		**10**		**10**		**10**				**10**	
82	x-ray view box, 4 panel	ER067		**7**		**7**		**7**		**7**		**10**		**7**	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	86	0	80	0	108	0	102	0	82	0	75	0	42	0	49
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	75	0	73	0	97	0	95	0	71	0	68	0	39	0	42
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	8	0	4	0	8	0	4	0	8	0	4	0	0	0	4
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech	3		3		3		3		3		3				
25	Provide pre-service education/obtain consent	L054A	VasTech	4		3		5		3		5		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	3		2		3		2		3		2		2		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	3		2		3		2		3		2		2		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	1				1				1						
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	45		45		67		67		40		40		23		23
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			8				8				8				2
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	10				9				10				4		
51	**End: Patient leaves office**																	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech	4				4				4						
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	4		4		4		4		4		4				4
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1
67	cover-condom, transducer or ultrasound probe	SB005	item	1				1				1				1		1
68	ultrasound transmission gel	SJ062	ml	40		50		60		60		60		60		40		40
69	film, 8inx10in (ultrasound, MRI)	SK022	item	3		3		3		3		3		3		2		2
70	film, x-ray 14in x 17in	SK034	item	2		2		2		2		2		2		1		1
71	patient education booklet	SK062	item	1		1		1		1		1		1		1		1
72	video tape, VHS	SK086	item	1		1		1		1		1		1				
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34		0.34		0.34		0.34		0.34		0.34		0.34
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2		2		2		2		2		2		2
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		75		62		97		84		71		57		30		34
77	computer, desktop, w-monitor	ED021		75		7		97		7		71		7		4		4
78	stretcher	EF018		75				97				71						
79	video SVHS VCR (medical grade)	ED034		75				97				71						
80	film processor, wet	ED025		10		7		10		7		10		7		4		4
81	video printer, color (Sony medical grade)	ED036		10		10		10		10		10		10		10		10
82	x-ray view box, 4 panel	ER067		10		7		10		7		10		7		4		4

	A	B	C	AG
1				**mend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
17	Availability of prior images confirmed	L054A	VasTech	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	
24	Obtain vital signs	L054A	VasTech	
25	Provide pre-service education/obtain consent	L054A	VasTech	
26	Prepare room, equipment, supplies	L054A	VasTech	
27	Other: Set up US Equipment	L054A	VasTech	
28	Setup scope (non facility setting only)			
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	
32	**Intra-service**			
33	Acquire images	L054A	VasTech	
34	**Post-Service**			
37	Clean room/equipment by physician staff	L054A	VasTech	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech	
44	Review examination with interpreting MD	L054A	VasTech	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	
51	**End: Patient leaves office**			

	A	B	C	AG
1				**mend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
52	**POST-SERVICE Period**			
53	**Start: Patient leaves office/facility**			
54	Conduct phone calls/call in prescriptions	L054A	VasTech	
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	
63	**End: with last office visit before end of global period**			
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
65	pack, minimum multi-specialty visit	SA048	pack	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	
67	cover-condom, transducer or ultrasound probe	SB005	item	
68	ultrasound transmission gel	SJ062	ml	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	
70	film, x-ray 14in x 17in	SK034	item	
71	patient education booklet	SK062	item	
72	video tape, VHS	SK086	item	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
75	**EQUIPMENT**	**CODE**		
76	room, ultrasound, vascular	EL016		
77	computer, desktop, w-monitor	ED021		
78	stretcher	EF018		
79	video SVHS VCR (medical grade)	ED034		
80	film processor, wet	ED025		
81	video printer, color (Sony medical grade)	ED036		
82	x-ray view box, 4 panel	ER067		

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	54	0	67	0	51	0	53	0	61	0	55	0	61	0	60
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	51	0	60	0	44	0	46	0	50	0	48	0	51	0	53
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	0	0	4	0	4	0	4	0	8	0	4	0	7	0	4
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech			3				3		3		3		3		3
25	Provide pre-service education/obtain consent	L054A	VasTech	2		3		3		3		4		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	2		2		3		2		3		2		3		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	2		2		2		2		3		2		3		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech					1				1				1		
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	35		35		21		21		23		23		28		28
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			5				5				5				5
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	4				8				7				5		
51	**End: Patient leaves office**																	

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech									4				4		
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech			4		4		4		4		4		3		4
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1
67	cover-condom, transducer or ultrasound probe	SB005	item	1								1				1		
68	ultrasound transmission gel	SJ062	ml	30		40		40		25		30		30		40		40
69	film, 8inx10in (ultrasound, MRI)	SK022	item	2		2		2		2		2		2		2		2
70	film, x-ray 14in x 17in	SK034	item	1		1		1		1		1		1		1		1
71	patient education booklet	SK062	item	1		1		1		1		1		1		1		1
72	video tape, VHS	SK086	item			1		1		1		1		1		1		1
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34		0.34		0.34		0.34		0.34		0.34		0.34
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2		2		2		2		2		2		2
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		42		49		29		35		50		37		51		42
77	computer, desktop, w-monitor	ED021		4		4		29		4		50		4		51		4
78	stretcher	EF018										50				51		
79	video SVHS VCR (medical grade)	ED034										50				51		
80	film processor, wet	ED025		4		4		10		4		10		4		10		4
81	video printer, color (Sony medical grade)	ED036		10		10				10		10		10		10		10
82	x-ray view box, 4 panel	ER067		4		4		10		4		10		4		10		4

	A	B	C	AW	AX	AY	AZ	BA
1				**nmend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**	**59**	**0**	**52**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**	**48**	**0**	**45**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**8**	**0**	**4**	**0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
17	Availability of prior images confirmed	L054A	VasTech				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech		**3**			
20	**End: When patient enters office/facility for surgery/procedure**							
21	**SERVICE PERIOD**							
22	**Start: When patient enters office/facility for surgery/procedure:**							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech		**3**		**3**	
24	Obtain vital signs	L054A	VasTech		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech		**4**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech				**2**	
28	Setup scope (non facility setting only)							
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech		**1**			
32	**Intra-service**							
33	Acquire images	L054A	VasTech		**20**		**20**	
34	**Post-Service**							
37	Clean room/equipment by physician staff	L054A	VasTech		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech				**5**	
44	Review examination with interpreting MD	L054A	VasTech				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech		**8**			
51	**End: Patient leaves office**							

	A	B	C	AW	AX	AY	AZ	BA
1				**mmend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**							
53	**Start: Patient leaves office/facility**							
54	Conduct phone calls/call in prescriptions	L054A	VasTech		**4**			
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech		**4**		**4**	
63	**End: with last office visit before end of global period**							
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
65	pack, minimum multi-specialty visit	SA048	pack		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**		**1**	
67	cover-condom, transducer or ultrasound probe	SB005	item		**1**			
68	ultrasound transmission gel	SJ062	ml		**40**		**40**	
69	film, 8inx10in (ultrasound, MRI)	SK022	item		**2**		**2**	
70	film, x-ray 14in x 17in	SK034	item		**1**		**1**	
71	patient education booklet	SK062	item		**1**		**1**	
72	video tape, VHS	SK086	item		**1**		**1**	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz		**0.34**		**0.34**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item		**2**		**2**	
75	**EQUIPMENT**	**CODE**						
76	room, ultrasound, vascular	EL016			**48**		**34**	
77	computer, desktop, w-monitor	ED021			**48**		**4**	
78	stretcher	EF018			**48**			
79	video SVHS VCR (medical grade)	ED034			**48**			
80	film processor, wet	ED025			**10**		**4**	
81	video printer, color (Sony medical grade)	ED036			**10**		**10**	
82	x-ray view box, 4 panel	ER067			**10**		**4**	

CPT Code:__93886___

Specialty Society(‘s)__American Academy of Neurology, American College of Radiology__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Transcranial Doppler study of the intracranial arteries; complete study

Global Period:_XXX____ Meeting Date: April, 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
Advisors and subject matter experts from AAN and ACR met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 93886 is an existing code, we used the January 2002 PEAC-approved inputs as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Verify correct procedure ordered. Review the history in the patient chart and schedule patient appointment. Communicate to patient preparation instructions. Verify instruments and supplies are available.

Intra-Service Clinical Labor Activities:

Verify patient identification and correct test ordered. Confirm reason for exam and obtain brief history. Take Vitals and listen for Carotid Bruits. Assist patient in a position appropriate for the study. Proceed in assisting physician performing the TCD exam accessing bilateral Temporal, sub-occipital windows on the patient. Freeze, label, measure and store all samples of the intracranial circulation and posterior circulation. Communicate with the patient and adjust power settings to insonate via the Orbit bilaterally. Remove all visible ultrasound gel and provide a dry cloth to the patient. Release patient.

Post-Service Clinical Labor Activities:

Access reporting software. Review all recorded images and information. Record vital signs and presence of carotid bruits. Enter pertinent patient information. Transfer data to reading station and archive data Sign preliminary report and submit to reading physician**.**

CPT Code:__93888___

Specialty Society(‘s)__American Academy of Neurology, American College of Radiology __

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Transcranial Doppler study of the intracranial arteries; limited study

Global Period:_XXX____ Meeting Date: April, 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
Advisors and subject matter experts from AAN and ACR met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 93888 is an existing code, we used the January 2002 PEAC-approved inputs as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Verify correct procedure ordered. Review the history in the patient chart and schedule patient appointment. Communicate to patient preparation instructions. Verify instruments and supplies are available.

Intra-Service Clinical Labor Activities:

Confirm reason for exam and obtain brief history. Take Vitals and listen for Carotid Bruits. Assist patient in a position appropriate for the study. Proceed in performing the TCD Limited exam accessing either/or/both the sub-occipital and Orbital windows on the patient. Freeze, label, measure and store all samples of the intracranial circulation and posterior circulation. Communicate with the patient any special positioning required if related to their onset of symptom. Adjust power settings to insonate via the Orbit bilaterally, if required. Remove all visible ultrasound gel and provide a dry cloth to the patient. Release patient.

Post-Service Clinical Labor Activities:

Access reporting software. Review all recorded images and information. Record vital signs and presence of carotid bruits. Enter pertinent patient information. Transfer data to reading station and archive data. Sign preliminary report and submit to reading physician

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Techr	**92.0**	**0.0**	**73.0**	**0.0**	**64.0**	**0.0**	**49**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Techr	**81.0**	**0.0**	**70.0**	**0.0**	**53.0**	**0.0**	**46**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**8.0**	**0.0**	**0.0**	**0.0**	**8.0**	**0.0**	**0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed	L054A	Vascular Tech			**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	Vascular Tech			**2**				**2**	
19	*Other Clinical Activity - *specify: review / read prior vascular lab studies, x-ray, lab and pathology*	L054A	Vascular Techr	**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	Vascular Techr	**5**		**3**		**5**		**3**	
26	Prepare room, equipment, supplies	L054A	Vascular Techr	**4**		**2**		**4**		**2**	
27	Other: Set up US Equipment	L054A	Vascular Tech			**2**				**2**	
28	Setup scope (non facility setting only)										
29	Prepare and position patient/ monitor patient/ set up IV	L054A	Vascular Techr	**3**		**2**		**3**		**2**	
30	Sedate/apply anesthesia										
31	*Other Clinical Activity - specify: patient history	L054A	Vascular Techr	**2**				**2**			
32	**Intra-service**										
33	Acquire images	L054A	Vascular Techr	**48**		**48**		**24**		**24**	
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
37	Clean room/equipment by physician staff	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports	L054A	Vascular Techr	**10**				**6**			
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Tech			**2.0**				**2**	
44	Review examination with interpreting MD	L054A	Vascular Tech			**1.0**				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	Vascular Tech			**1.0**				**1**	
46	*Other Clinical Activity - *specify:*										
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions	L054A	Vascular Tech	**4**				**4**			
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	99211 16 minutes		16								
56	99212 27 minutes		27								
57	99213 36 minutes		36								
58	99214 53 minutes		53								
59	99215 63 minutes		63								
60	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
61	*Other Clinical Activity - *specify: QA Documentation*	L054A	Vascular Techr	**4**		**0**		**4**		**0**	
62	**End: with last office visit before end of global period**										
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
64	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
65	cover-condom, transducer or ultrasound probe	SB005	item	**1**		**1**		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
67	ultrasound transmission gel	SJ062	ml	**60**		**60**		**40**		**40**	
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**		**0**		**2**		**0**	
69	film, x-ray 14in x 17in	SK034	item	**2**		**0**		**1**		**0**	
70	patient education booklet	SK062	item	**1**		**1**		**1**		**1**	
71	video tape, VHS	SK086	item	**1**		**0**		**1**		**0**	
72	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**	
73	sanitizing cloth-wipe (surface, instruments, equipment) transducer wipe	SM022	item	**2**		**2**		**2**		**2**	
74											
75	**EQUIPMENT**	**CODE**									
76	PACS Workstation Proxy	ED050				**48**				**24**	
77	x-ray view box, 4 panel	ER067		**10**		**0**		**10**		**0**	
78	video printer, color (Sony medical grade)	ED036		**10**		**0**		**10**		**0**	
79	film processor, wet	ED025		**10**		**0**		**10**		**0**	
80	video SVHS VCR (medical grade)	ED034		**81**				**53**			
81	stretcher	EF018		**81**				**53**			
82	computer, desktop, w-monitor	ED021		**81**		**0**		**53**		**0**	
83	room, ultrasound, vascular	EL016		**81**		**65**		**53**		**37.0**	

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Techr	**92.0**	**0.0**	**83.0**	**0.0**	**64.0**	**0.0**	**55.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Techr	**81.0**	**0.0**	**76.0**	**0.0**	**53.0**	**0.0**	**48.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**8.0**	**0.0**	**4.0**	**0.0**	**8.0**	**0.0**	**4.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed	L054A	Vascular Tech			**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	Vascular Tech			**2**				**2**	
19	*Other Clinical Activity - *specify: review / read prior vascular lab studies, x-ray, lab and pathology*	L054A	Vascular Techr	**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	Vascular Techr	**5**		**3**		**5**		**3**	
26	Prepare room, equipment, supplies	L054A	Vascular Techr	**4**		**2**		**4**		**2**	
27	Other: Set up US Equipment	L054A	Vascular Tech			**2**				**2**	
28	Setup scope (non facility setting only)										
29	Prepare and position patient/ monitor patient/ set up IV	L054A	Vascular Techr	**3**		**2**		**3**		**2**	
30	Sedate/apply anesthesia										
31	*Other Clinical Activity - specify: patient history	L054A	Vascular Techr	**2**				**2**			
32	**Intra-service**										
33	Acquire images	L054A	Vascular Techr	**48**		**48**		**24**		**24**	
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
37	Clean room/equipment by physician staff	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports	L054A	Vascular Techr	**10**				**6**			
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Tech			**8.0**				**4.0**	
44	Review examination with interpreting MD	L054A	Vascular Tech			**1.0**				**1.0**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	Vascular Tech			**1.0**				**1.0**	
46	*Other Clinical Activity - *specify:*										
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions	L054A	Vascular Tech	**4**				**4**			
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	99211 16 minutes		16								
56	99212 27 minutes		27								
57	99213 36 minutes		36								
58	99214 53 minutes		53								
59	99215 63 minutes		63								
60	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
61	*Other Clinical Activity - *specify: QA Documentation*	L054A	Vascular Techr	**4**		**4**		**4**		**4**	
62	**End: with last office visit before end of global period**										
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
64	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
65	cover-condom, transducer or ultrasound probe	SB005	item	**1**		**1**		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
67	ultrasound transmission gel	SJ062	ml	**60**		**60**		**40**		**40**	
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**		**3**		**2**		**2**	
69	film, x-ray 14in x 17in	SK034	item	**2**		**2**		**1**		**1**	
70	patient education booklet	SK062	item	**1**		**1**		**1**		**1**	
71	video tape, VHS	SK086	item	**1**		**1**		**1**		**1**	
72	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**	
73	sanitizing cloth-wipe (surface, instruments, equipment) transducer wipe	SM022	item	**2**		**2**		**2**		**2**	
74											
75	**EQUIPMENT**	**CODE**									
76											
77	x-ray view box, 4 panel	ER067		**10**		**7**		**10**		**4**	
78	video printer, color (Sony medical grade)	ED036		**10**		**10**		**10**		**10**	
79	film processor, wet	ED025		**10**		**7**		**10**		**4**	
80	video SVHS VCR (medical grade)	ED034		**81**				**53**			
81	stretcher	EF018		**81**				**53**			
82	computer, desktop, w-monitor	ED021		**81**		**7**		**53**		**4**	
83	room, ultrasound, vascular	EL016		**81**		**65.0**		**53**		**37.0**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other - Utilization over 500,000 screen

April 2012

Extremity Studies

In April 2011, CPT codes 93925, 93926, 93970 were identified review by the RUC through the CMS/Other - utilization over 500,000 screen. At the February 2011 RUC meeting, a survey was requested by the Relativity Assessment Workgroup since the codes had "CMS/Other" inputs.

The RUC discussed the compelling evidence that the technology and patient population has changed significantly since the last review of these services. The fundamental physician work for these services has increased due to new technology that was not available in 1995, at the last review. All the arteries below the knee can now be reviewed. In addition, this has led to an increase in the amount of images to be reviewed by the physician. The typical interventions were essentially never performed almost 20 years ago, but are now essential to the procedure. The increased work is also detailed in practice guidelines from accrediting agencies that now show clinical necessity for the additional work of reviewing the tibial arteries. Finally, there has been a change in patient population. The percentage of diabetics has increased in the U.S. since the last review. The typical patient is now a diabetic with heavily calcified vessels which are more complex and take more time to review. The RUC agreed that there is compelling evidence that the physician work has significantly changed since the last valuation.

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 63 physicians and recommends the median survey physician time components: pre-service time= 5 minutes, intra-service time= 15 minutes, and post-service time= 5 minutes. The RUC agreed that 5 minutes of pre-service time is appropriate to evaluate the patient because an Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.90 work RVU, the survey median, accurately values this service. To justify this value, the RUC reviewed the key reference service 93306 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography* (work RVU= 1.30) and agreed that while the physician work is similar, the reference code should be valued higher due to greater intra-service time, 20 minutes compared to 15 minutes. In addition, the RUC reviewed CPT code 92012 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient* (work RVU= 0.92) and noted that the two service have analogous physician work and identical time components. Given this, the two services should be valued similarly. Finally the RUC reviewed CPT code 73700 *Computed tomography, lower extremity; without contrast material* (work RVU= 1.00) and agreed that the two services should be valued similarly, given the analogous physician work and time components. **The RUC recommends a work RVU of 0.90 for CPT code 93925.**

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93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 59 physicians and recommends the median survey physician time components: pre-service time= 5 minutes, intra-service time= 10 minutes, and post-service time= 5 minutes. The RUC agreed that 5 minutes of pre-service time is appropriate to evaluate the patient because a Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.70 work RVU, the survey median, accurately values this service. To justify this value, the RUC reviewed the key reference code 76776 *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation* (work RVU= 0.76) and agreed that the two services have identical physician time components and both describe the same spectrum of work. Given this, the surveyed code is correctly valued similar to 76776. In addition, the RUC compared 93926 to reference code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU= 0.75) and agree that because the two services employ the same technology and have almost identical physician time components, the two service should be valued similarly. **The RUC recommends a work RVU of 0.70 for CPT code 93926.**

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***
The RUC reviewed the survey results from 53 physicians and recommends the median survey physician time components: pre-service time= 3 minutes, intra-service time= 15 minutes, and post-service time= 5 minutes. The RUC agreed that 3 minutes of pre-service time is appropriate to evaluate the patient because a Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.70 work RVU, the survey median, accurately values this service. To justify this value, the RUC compared 93970 to key reference code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that while the physician work is comparable, the surveyed code should be valued higher due to greater intra-service time compared to the reference code, 15 minutes and 10 minutes, respectively. In addition, the RUC reviewed CPT code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and noted that while the surveyed code has five more minutes of intra-service time, 76700 is a more intense procedure and should be valued higher than 93970. **The RUC recommends a work RVU of 0.70 for CPT code 93970.**

Practice Expense: The RUC reviewed and accepted the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
93925		Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.90
93926		unilateral or limited study	XXX	0.70
93970		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	XXX	0.70

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93970 Tracking Number Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old woman with lung cancer and a prior history of lower extremity deep venous thrombosis presents with new onset bilateral lower extremity pain and swelling. A bilateral venous duplex ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise technologist identification of the venous structures of both lower extremities; including the common femoral, superficial femoral, popliteal, tibial-peroneal trunk(s), paired peroneal veins, paired posterior tibial veins, greater saphenous, and lesser saphenous. Document presence and direction of flow within each of these veins as well as compressibility, respiratory variation and response to augmentation. When thrombus is present, describe echogenicity vs. echolucency. Describe whether thrombus is fully occlusive or non-occlusive. Evaluate and characterize incidental perivascular anatomic structures including adjacent lymphadenopathy, soft tissue edema, or soft tissue collections such as hematoma or abscess, or synovial cysts such as popliteal (Baker's) cysts. Render interpretation indicating the severity and chronicity of the venous occlusive disease in the involved venous segments. Provide comparison to previous studies when prior results are available. Comment on etiology of the patient's venous disease. Dictate report.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive the study. Provide a verbal report of critical results, such as acute deep venous thrombosis, to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2012		
Presenter(s):	Gary Seabrook, MD, Robert Zwolak, MD, Mathew Sideman, MD, Michael Sutherland, MD, Sean Roddy, MD, Geraldine McGinty, MD, Zeke Silva, MD and Richard Wright, MD		
Specialty(s):	Vascular Surgery, Radiology and Cardiology		
CPT Code:	93970		
Sample Size:	3231	**Resp N:** 53	**Response:** 1.6 %
Description of Sample:	SVS - 1953, All US, MD members ACR - 942, randomly selected ACC - 336, randomly selected		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	75.00	**200.00**	500.00	3000.00
Survey RVW:	0.45	0.60	**0.70**	0.97	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	15.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	93970	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77300	XXX	0.62	**RUC Time**	1,706,082

CPT Descriptor 1 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	1,040,905

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 28.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93970**	**Key Reference CPT Code:** 93971	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**23.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.57
Urgency of medical decision making	3.20	2.93
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.93	3.07
Physical effort required	2.07	2.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.50
Outcome depends on the skill and judgment of physician	3.20	3.14
Estimated risk of malpractice suit with poor outcome	3.07	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.53	2.47
Intra-Service intensity/complexity	2.80	2.60
Post-Service intensity/complexity	2.60	2.53

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 93970 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs.

Compelling Evidence

There is compelling evidence that the work of 93970 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies (eg ICAVL, ACR) have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes colorflow ultrasound assessment and compression ultrasonography of tibial-peroneal trunk veins, posterior tibial veins and peroneal veins. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate calf veins when 93970 was initially created, so this is all new. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms with precise time assessments, and the post-processing of the acquired data.

Comparison with Key Reference Service 93971

Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

93971 was presented at the RUC in April 2011 and has a work RVU of 0.45. 93971, providing interpretation of a *single* limb lower extremity venous duplex exam, describes the same spectrum of physician work as 93970, but twice as many images, color-flows and Doppler spectra are reviewed in the bilateral study. The two services have the identical pre-service and immediate post-service times. 93970, the complete bilateral study, has five additional minutes of intra time and the 33% intra time difference correlates with the recommended median survey RVW of 0.70 compared to the RVW of 0.45 for the key reference service.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93971	0.45	0.027	18	3	10	5
93970	0.70	0.033	23	3	15	5

Comparison with E&M Service 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99213 was presented at the Third Five-Year Review in April of 2006. It has a work RVU of 0.97. The physician pre-, intra-, and post-service times required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93970 are identical to the time involved in E&M code 99213. 99213 has a work RVU of 0.97, and we are recommending the median survey RVU of 0.70 for 92970, or 0.27 lower RVU than the E&M service. Since the times are exactly the same, this 0.27 RVU difference must reflect a slightly lower intensity of diagnostic exam compared to that of the face-to-face E&M, and we believe that to be the case. Nevertheless, a reduction below the median survey value of 0.70 for 93970 would overtly disrupt the relativity between 93970 and 99213.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
99213	0.97	0.053	23	3	15	5

93970	0.70	0.033	23	3	15	5

Comparison with MPC CPT Code 76700
Ultrasound, abdominal, real time with image documentation; complete

76700, an MPC CPT Code, was presented to the RUC at the Third Five-Year Review in August 2005. It has a work RVU of 0.81. The intra-time for 76700 is 10 minutes compared to 15 minutes for 93970. Pre times are equal at 5 minutes, and the physician post-service times differ by one minute (table). Both tests involve interpretation of ultrasound diagnostic information. Comparing the relativity of physician work for this high volume MPC code, the median survey value of 0.70 for 93970 is justified.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
76700	0.81	0.065	17	3	10	4
93970	0.70	0.033	23	3	15	5

Conclusion: In this rationale, we compared the recommended work RVU of bilateral complete venous duplex ultrasound, 93970, to that of a clinically similar, RUC-reviewed ultrasound blood flow study (93971). We also compared 93970 to a cognitive service (99213), and we compared it to a similar diagnostic ultrasound exam on the MPC list (76700). When considered independently, each of these comparisons provides a strong justification for the median survey RVW of 0.70, but when one considers that these three comparisons include one same-modality service, one purely cognitive service and one complimentary modality service, it is difficult to think that the work RVU for this code could be anything other than 0.70.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93970

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. An estimate for the number of times this service is performed nationally in a one-year period is unknown.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,599,899 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2010 Medicare Data

Specialty Vascular Surgery Frequency 287982 Percentage 18.00 %

Specialty Cardiology Frequency 271983 Percentage 17.00 %

Specialty Radiology Frequency 239985 Percentage 15.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93970

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Extremity Studies
TAB: 36

SOURCE	CPT	DESC	N	Resp	%	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	SURVEY EXPERIENCE MIN	SURVEY 25th	SURVEY MED	SURVEY 75th	SURVEY MAX	TYP
REF	93306	Echocardiography, transthoracic, real-time with im	63	17	27%	0.052			1.30			32	5			20			7						
CMS/OTH	93925	Duplex scan of lower extremity arteries or arter							0.58			18													
SVY	93925	Duplex scan of lower extremity arteries or arter	3231	63	2%	0.045	0.45	0.80	0.90	1.20	3.00	25	5	0	10	15	17	75	5	2	40	100	200	1500	87%
REC						0.045			0.90			25	5			15			5						
REF	76776	Ultrasound, transplanted kidney, real time and dup	59	10	17%	0.054			0.76			20	5			10			5						
CMS/OTH	93926	Duplex scan of lower extremity arteries or arter							0.39			14													
SVY	93926	Duplex scan of lower extremity arteries or arter	3231	59	1%	0.048	0.39	0.50	0.70	0.81	2.00	20	5	0	5	10	15	65	5	2	30	75	145	2000	85%
REC						0.048			0.70			20	5			10			5						
REF	93971	Duplex scan of extremity veins including response	53	15	28%	0.027			0.45			18	3			10			5						
CMS/OTH	93970	Duplex scan of extremity veins including respo							0.68			20													
SVY	93970	Duplex scan of extremity veins including respo	3231	53	1%	0.032	0.45	0.60	0.70	0.97	2.00	25	5	2	10	15	15	75	5	0	75	200	500	3000	92%
REC						0.035			0.70			23	3			15			5						
Apr-2011	93971	unilateral / limited study (veins)				0.027			0.45			18	3			10			5						

CPT Code: 93925, 93926, 93970 and 93971
Specialty Society('s) SVS, ACR and ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

- 93925 *Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study*
- 93926 *Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study*
- 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study*
- 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study*

Global Period: XXX **Meeting Date:** 04/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

A reference code was not included in these recommendations because they are existing codes. We included the current direct PE inputs for reference.

Please describe in detail the clinical activities of your staff:

CPT Codes 93925, 93926, 93970 and 93971

Pre-Service Clinical Labor Activities:
Retrieve prior imaging exams, labs and pathology reports. Hang for MD review, verify orders, review chart to incorporate relevant clinical information.

Post-Service Clinical Labor Activities:
Documentation

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***

Intra-Service Clinical Labor Activities:
The technologist/sonographer/examiner should introduce him/herself and explain why the complete bilateral lower extremity arterial duplex examination is being performed and explain the procedure to the patient. In addition, respond to questions and concerns about any aspect of the examination. Patient assessment must be performed before the duplex exam is started. This includes assessment of the patient's ability to tolerate the procedure and an evaluation of any contra-indications to the procedure. The technologist/sonographer/examiner should **o**btain a pertinent history and review the patient's medical record.

Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The standard exam includes multiple acoustic windows and patient positioning techniques with complete bilateral assessment of the following vessels in their entirety: common femoral, profunda femoris, superficial femoral, popliteal, anterior tibial, posterior tibial, and peroneal arteries. Evidence of plaque formation within the vessel lumen, wall calcification or dilatation should be documented. Doppler spectral analysis is used to quantify disease severity and should include assessment for presence or absence of flow. When flow is present, evaluation will include peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls.

Anatomic variants should be documented. Areas of stenosis will be assessed with attention to pre-stenotic, stenotic and post-stenotic Doppler waveform analysis. Data are reviewed to ensure that a complete and comprehensive evaluation has been performed and documented. All technical findings required to complete the final interpretation are recorded on a worksheet, logbook or within a PACS data collection system so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data.

Documentation includes date, clinical indication(s), technologist performing the exam, and the exam summary in a vascular laboratory log book or other appropriate method, i.e., computer software. The technologist/sonographer assembles preliminary results as provided by internal guidelines.

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***

Intra-Service Clinical Labor Activities:
The technologist/sonographer/examiner should introduce him/herself and explain why the complete bilateral lower extremity arterial duplex examination is being performed and explain the procedure to the patient. In addition, respond to questions and concerns about any aspect of the examination. Patient assessment must be performed before the duplex exam is started. This includes assessment of the patient's ability to tolerate the procedure and an evaluation of any contra-indications to the procedure. The technologist/sonographer/examiner should **o**btain a pertinent history and review the patient's medical record.

Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The standard exam includes multiple acoustic windows and patient positioning techniques with unilateral or limited assessment of the following vessels in their entirety: common femoral, profunda femoris, superficial femoral, popliteal, anterior tibial, posterior tibial, and peroneal arteries. Evidence of plaque formation within the vessel lumen, wall calcification or dilatation should be documented. Doppler spectral analysis is used to quantify disease severity and should include assessment for presence or absence of flow. When flow is present, evaluation will include peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls.

Anatomic variants should be documented. Areas of stenosis will be assessed with attention to pre-stenotic, stenotic and post-stenotic Doppler waveform analysis. Data are reviewed to ensure that a complete and comprehensive evaluation has been performed and documented. All technical findings required to complete the final interpretation are recorded on a worksheet, logbook or within a PACS data collection system so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data.

Documentation includes date, clinical indication(s), technologist performing the exam, and the exam summary in a vascular laboratory log book or other appropriate method, i.e., computer software. The technologist/sonographer assembles preliminary results as provided by internal guidelines.

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***

Intra-Service Clinical Labor Activities:
Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow are continually observed. The patient's physical and mental status are assessed and monitored during the examination. Modifications may be made to the procedure plan according to changes in the patient's clinical status. Also, sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to render a final diagnosis.

The examination is performed with the patient in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral vein (CFV), femoral vein (FV), deep femoral vein, (DFV), great saphenous vein (GSV), popliteal vein, and posterior tibial veins, (PTV). Reverse Trendelenburg may be used as an alternate position. The patient may be turned prone or to the lateral decubitus position to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. Positioning the patient slightly to the opposite side which is being evaluated, when pregnant or if abnormal CFV signals are present may normalize the side in question.

Use appropriate duplex instrumentation with appropriate frequencies for the vessels being examined. This includes display of both two-dimensional structure and motion in real-time and Doppler ultrasonic signal documentation with spectral analysis with or without color Doppler imaging, videotape, film or digital storage of static images and/or cineloop.

A complete bilateral venous duplex evaluation performs the following on both lower extremities. The study incorporates both B-mode and color Doppler imaging along with Doppler spectral analysis. The common femoral, deep femoral (origin), femoral, popliteal, posterior tibial, peroneal, and great saphenous veins should be interrogated in their entirety. In select cases, and when indicated, the small saphenous, gastrocnemius branches, soleal, anterior tibial and perforating veins are examined. Transverse transducer compressions must be performed every 2 cms or less and representative images are obtained per lab protocol. Typically samples are taken at the proximal CFV, saphenofemoral junction, proximal femoral vein, mid or distal femoral vein, popliteal and at the mid/distal PTV. Compression of the peroneal veins should be documented at the mid/distal calf as well.

When pathology (thrombus or intraluminal echoes) is present, compressibility, appearance, location, and extent should be documented. The B-Mode image should demonstrate the degree of compressibility, presence of intraluminal echoes, and dilation to assist in describing characteristic of aging the thrombus. The technologist should differentiate between brightly echogenic or hypoechoic thrombi, partially or totally non-compressible segments, and between unattached proximal tips and attached thrombi. Spectral and/or color Doppler are used to further support the diagnosis and to document spectral waveform profiles. A representative Doppler spectral waveform should be obtained from the same levels as noted above for documentation of compression: i.e. common femoral, femoral, popliteal segments. The posterior tibial and peroneal veins are evaluated for flow using color Doppler, preferable on a transverse view. .Doppler spectral analysis is performed in the sagittal plane, with an appropriate vessel

angle. It is not required to angle correct, however, if angle correction is utilized, it must be at 60 degrees or less and aligned with the vessel wall. To accurately assess venous waveform profiles, flow is characterized according to its spontaneity, phasicity, and the presence of brisk augmented venous flow with proximal or distal augmentation. To ensure complete interrogation, spectral waveforms are performed while utilizing proximal or distal compression of the limb to demonstrate augmentation.

Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.
All information collected during the study is organized and archived. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. Preliminary technical findings are synthesized for assessment by the interpreting physician.

93971 ***Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study***

Intra-Service Clinical Labor Activities:
Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow are continually observed. The patient's physical and mental status are assessed and monitored during the examination. Modifications may be made to the procedure plan according to changes in the patient's clinical status. Also, sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to render a final diagnosis.

The examination is performed with the patient in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral vein (CFV), femoral vein (FV), deep femoral vein, (DFV), great saphenous vein (GSV), popliteal vein, and posterior tibial veins, (PTV). Reverse Trendelenburg may be used as an alternate position. The patient may be turned prone or to the lateral decubitus position to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. Positioning the patient slightly to the opposite side which is being evaluated, when pregnant or if abnormal CFV signals are present may normalize the side in question.

Use appropriate duplex instrumentation with appropriate frequencies for the vessels being examined. This includes display of both two-dimensional structure and motion in real-time and Doppler ultrasonic signal documentation with spectral analysis with or without color Doppler imaging, videotape, film or digital storage of static images and/or cineloop.

A complete unilateral venous duplex evaluation incorporates both B-mode and color Doppler imaging along with Doppler spectral analysis. The common femoral, deep femoral (origin), femoral, popliteal, posterior tibial, peroneal, and great saphenous veins should be interrogated in their entirety. In select cases, and when indicated, the small saphenous, gastrocnemius branches, soleal, anterior tibial and perforating veins are examined. Transverse transducer compressions must be performed every 2 cms or less and representative images are obtained per lab protocol. Typically samples are taken at the proximal CFV, saphenofemoral junction, proximal femoral

vein, mid or distal femoral vein, popliteal and at the mid/distal PTV. Compression of the peroneal veins should be documented at the mid/distal calf as well.

When pathology (thrombus or intraluminal echoes) is present, compressibility, appearance, location, and extent should be documented. The B-Mode image should demonstrate the degree of compressibility, presence of intraluminal echoes, and dilation to assist in describing characteristic of aging the thrombus. The technologist should differentiate between brightly echogenic or hypoechoic thrombi, partially or totally non-compressible segments, and between unattached proximal tips and attached thrombi. Spectral and/or color Doppler are used to further support the diagnosis and to document spectral waveform profiles. A representative Doppler spectral waveform should be obtained from the same levels as noted above for documentation of compression: i.e. common femoral, femoral, popliteal segments. The posterior tibial and peroneal veins are evaluated for flow using color Doppler, preferable on a transverse view. .Doppler spectral analysis is performed in the sagittal plane, with an appropriate vessel angle. It is not required to angle correct, however, if angle correction is utilized, it must be at 60 degrees or less and aligned with the vessel wall. To accurately assess venous waveform profiles, flow is characterized according to its spontaneity, phasicity, and the presence of brisk augmented venous flow with proximal or distal augmentation. To ensure complete interrogation, spectral waveforms are performed while utilizing proximal or distal compression of the limb to demonstrate augmentation.

Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.
All information collected during the study is organized and archived. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. Preliminary technical findings are synthesized for assessment by the interpreting physician.

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED			CURRENT	CURRENT			CURRENT	CURRENT		
2				93926TC PEAC 2002	93971TC PEAC 2002	93926TC	93971TC	93925TC PEAC 2002	93970TC PEAC 2002	93925TC	93970TC
3	**Meeting Date: April 2012 Tab: 35 Specialty: SVS, ACR and ACC**	**CMS Code**	**Staff Type**	**Unilateral or limited** - Duplex scan of lower extremity arteries or	**Unilateral or limited** - Duplex scan of extremity veins including	**Unilateral or limited** - Duplex scan of lower extremity arteries or arterial bypass	**Unilateral or limited** - Duplex scan of extremity veins including responses to	**Complete bilateral** - Duplex scan of lower extremity arteries or	**Complete bilateral** - Duplex scan of extremity veins including	**Complete bilateral** - Duplex scan of lower extremity arteries or arterial bypass	**Complete bilateral** - Duplex scan of extremity veins including responses to
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Tech	**74**	**57**	**54**	**42**	**110**	**86**	**88**	**64**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Tech	**63**	**48**	**51**	**39**	**99**	**75**	**85**	**61**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**8**	**6**	**0**	**0**	**8**	**8**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
17	**Other Clinical Activity:** *Review/read prior vascular lab studies, x-ray, lab, and pathology reports*			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Tech	**4**	**3**	**3**	**3**	**4**	**3**	**3**	**3**
22	Obtain vital signs	L054A	Vascular Tech	**3**	**3**			**3**	**3**		
23	Provide pre-service education/obtain consent	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**4**	**2**	**2**
24	Prepare room, equipment, supplies	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**3**	**2**	**2**
25	Prepare and position patient	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**3**	**2**	**2**
26	**Intra-service**										
27	Aquire images	L054A	Vascular Tech	**35**	**23**	**35**	**23**	**69**	**45**	**66**	**42**
28	**Post-Service**										
29	Clean room/equipment by physician staff	L054A	Vascular Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
30	**Other Clinical Activity:** *Collate preliminary data, arrange images, archive*	L054A	Vascular Tech	**8**	**6**	**4**	**4**	**10**	**10**	**7**	**7**
31	**Other Clinical Activity:** *Record patient history*	L054A	Vascular Tech	**1**	**1**	**0**	**0**	**1**	**1**	**0**	**0**
35	**End: Patient leaves office**										
36	**POST-SERVICE Period**										
37	**Start: Patient leaves office/facility**										
38	Phone calls, faxes, emails between visits with ordering physician, patient, family	L054A	Vascular Tech	**4**	**3**			**4**	**4**		
46	**Other Clinical Activity:** *QA documentation*	L054A	Vascular Tech	**4**	**3**	**0**	**0**	**4**	**4**	**0**	**0**
47	**End: with last office visit before end of global period**										
48	**MEDICAL SUPPLIES**	**CODE**	**UNIT**								
49	pack, minimum multi-specialty visit	SA048	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
50	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**1**
51	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
52	ultrasound transmission gel	SJ062	ml	**30**	**40**	**30**	**40**	**50**	**60**	**50**	**60**
53	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**	**2**	**2**	**3**	**3**	**3**	**3**
54	film, x-ray 14in x 17in	SK034	item	**1**	**1**	**1**	**1**	**2**	**2**	**2**	**2**
55	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
56	video tape, VHS	SK086	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
57	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**
58	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
59	**EQUIPMENT**	**CODE**									
60	room, ultrasound, vascular	EL016		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
61	computer, desktop, w-monitor	ED021		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
62	stretcher	EF018		**63**	**38**			**99**	**75**		
63	video SVHS VCR (medical grade)	ED034		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
64	film processor, wet	ED025		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
65	video printer, color (Sony medical grade)	ED036		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
66	x-ray view box, 4 panel	ER067		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
67	computer system, record and verify	ED011				**10**	**10**			**10**	**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Identified as part of the Low Value-High Volume Screen

April 2011

Extremity Study

In October 2010, the RUC identified CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* as part of the Low Value-High Volume screen and requested that it be surveyed.

The RUC reviewed the survey results from 67 radiologists and vascular surgeons and recommends that the current work RVU of 0.45 be maintained as it appropriately accounts for the work required to perform this service. The RUC compared 93971 to key reference code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels* (work RVU = 0.45) and determined these services required the same intra-service time of 10 minutes and similar intensity and complexity to perform. The RUC noted that the current value is supported by the survey median work RVU of 0.47. **The RUC recommends a work RVU of 0.45 for CPT code 93971.**

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	XXX	0.45 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93971 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old woman who is post-operative day six after a total left knee arthroplasty complains of sudden increase in the pain and swelling of her left calf. A unilateral venous duplex ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work:

- Review of the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination.
- Review of previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work:

- Supervise technologist to identify the venous structures of the extremity. In the lower extremity, this will include the common femoral, superficial femoral, popliteal, greater saphenous, lesser saphenous and proximal tibial veins.
- Document presence and direction of flow within these veins as well as appropriate compressibility, respiratory variation and response to augmentation.
- Evaluate for superficial venous reflux. If reflux is present, evaluate the competency of the valves at the sapheno-femoral and sapheno-popliteal junctions and measure the diameter of the affected veins.
- Evaluate and characterize surrounding anatomic structures to assess for possible adjacent lymphadenopathy, soft tissue edema or soft tissue collections such as hematoma or abscess, or synovial cysts such as popliteal (Baker's) cysts.
- Interpretation is rendered indicating the severity and chronicity of the venous occlusive disease and/or venous insufficiency in the involved venous segments. Comparison to previous studies is included when prior results are available. An etiology of the patient's venous disease may be identified.

- A report is dictated.

Description of Post-Service Work:

- The report is reviewed and signed.
- Directing copies to the referring physician and/or primary care provider, completing an encounter form for billing purposes and sending the study to an archive.
- Discuss significant findings such as progression or improvement of venous disease.
- A verbal report may be directed to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2011					
Presenter(s):	Geraldine McGinty,M.D., Zeke Silva, M.D., Gary Seabrook, M.D., Robert Zwolak, M.D., David Han, M.D., Michael Sutherland, M.D., Mathew Sideman, M.D.					
Specialty(s):	American College of Radiology and Society for Vascular Surgery					
CPT Code:	93971					
Sample Size:	486	**Resp N:**	67	**Response:** 13.7 %		
Sample Type:	Random	**Additional Sample Information:**				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	88.00	**200.00**	400.00	2500.00
Survey RVW:	0.21	0.33	**0.47**	0.75	1.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	93971	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93923	XXX	0.45	**RUC Time**

CPT Descriptor Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97110	XXX	0.45	**RUC Time**	40,440,714

CPT Descriptor 1 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.44	**RUC Time**	2,175,839

CPT Descriptor 2 Fundus photography with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 26.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93971**	**Key Reference CPT Code:** 93923	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	3.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**18.00**	**16.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.56	2.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.78	2.89
Urgency of medical decision making	3.94	3.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.83	2.67
Physical effort required	2.33	2.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.67	2.39
Outcome depends on the skill and judgment of physician	3.28	3.28
Estimated risk of malpractice suit with poor outcome	3.83	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.94	2.00
Intra-Service intensity/complexity	3.00	2.94
Post-Service intensity/complexity	2.44	2.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
Code 93971 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and high utilization. At the February 2011 RUC meeting, survey was requested by the RAW since the code had CMS/Other inputs.

Compelling Evidence
While our societies do not plan to submit compelling evidence arguments, we would point out that accrediting bodies have written practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Examples of this additional work include colorflow ultrasound and calf vein assessment. Colorflow did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate calf veins when 93971 was initially created.

Time and RVW recommendation
ACR and SVS surveyed code 93971 and we received a total of 67 survey responses. The societies convened an expert consensus panel to review the aggregated survey data and determine a recommended work RVU and recommended times.

Our survey median work RVU was 0.47 with a total time of 18 minutes. The median times were 3 minute pre-time for day of evaluation, 10 minutes intra-time, and 5 minutes immediate post-time. We recommend maintaining the current work RVU of 0.45 for 93971 which is between our survey 25% and the median survey work RVU because the value is justified not only by the survey but also by work comparison to other diagnostic and E&M services. The most commonly chosen reference code was CPT code 93923 (Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries). Code 93923 has a work RVU of 0.45 and 16 minutes total time (3 minute pre-service evaluation time, 10 minutes intra-time and 3 minutes immediate post-service time). 93923 was surveyed by the RUC in 2010 and has an IWPUT of 0.0316.

Rank Order with other ultrasound codes
The recommended work RVU of 0.45 places 93971 in an appropriate rank order with another recently RUC valued ultrasound code 76536 (Ultrasound of the soft tissues of the head and neck) which has work RVU of 0.56 and 18 minutes of total time (4 minute pre-service evaluation time, 10 minutes intra-time and 4 minutes immediate post-service time). While 93971 requires ultrasound assessment of a much larger portion of the body, the overall number, complexity and diversity of images is similar.

Comparison to E&M Services
The expert consensus panel of our two societies also points out that the physician work and physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93971 are very similar to the work and time involved in E&M code 99212, a low level office visit which requires at least 2 of 3 key components: a problem focused history; a problem focused examination; and/or straightforward medical decision making. 99212 has a work RVU of 0.48 and a physician time of 16 minutes.

Conclusion
A robust multispecialty survey of physician work has been performed for 93971 with a resultant median survey work RVU of 0.47. While our specialties do not plan to submit compelling evidence arguments, current clinical guidelines recommend analysis of more information than was typically collected when this code was new. The recommended work RVU is the current value of 0.45 which compares appropriately with the key arterial physiologic vascular ultrasound reference (93923), as well as a recently-surveyed nonvascular ultrasound service (76536), and a low level E&M service 99212. Considered in the aggregate, we believe this information provides a strong argument to maintain the current work RVU of 0.45.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93971

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4258731
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services for 93971 in a one year period is estimated to be 4,258,731.

Specialty Diagnostic Radiology Frequency 1277619 Percentage 29.99 %

Specialty Vascular Surgery Frequency 851746 Percentage 19.99 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,419,577 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2009 Medicare data estimates that code 93971 was billed approximately 1,419,577.

Specialty Diagnostic Radiology Frequency 425873 Percentage 29.99 %

Specialty Vascular Surgery Frequency 283915 Percentage 19.99 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93971

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2014

April 2014

Ultrasound Guidance

In the NPRM for 2014, CMS noted that in relation to CPT code 76942, the discrepancy in clinical staff intra-service times and the resulting potentially inaccurate payment raises a fundamental concern regarding the incentive to furnish ultrasound guidance. However, CMS noted that this concern spans more than just an individual code for ultrasound guidance. Accordingly, CMS proposed additional ultrasound guidance codes (76930, 76932, 76940, 76942, 76948, 76950, and 76965) as potentially misvalued.

76930 ***Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation***
The RUC reviewed the survey results from practicing cardiologists and agreed with the specialty society that the following physician time components are accurate for 76930: pre-service time of 7 minutes, intra-service time of 30 minutes and immediate post-service time of 5 minutes. The pre and post times were reduced from the survey median in order to render them compatible with other recently reviewed XXX global image guidance codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device* and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)*.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty society that the values overestimate the work involved in 76930. Therefore, the RUC agreed that the current work RVU of 0.67, lower than the survey's 25th percentile, is appropriate. To justify this value, the RUC compared the surveyed code to CPT code 72275 *Epidurography, radiological supervision and interpretation* (work RVU= 0.76, intra-service time= 30 minutes) and noted that both services have identical intra-service times and should be valued similarly. The RUC also reviewed CPT code 77280 *Therapeutic radiology simulation-aided field setting; simple* (work RVU= 0.70, intra-service time= 25 minutes) and agreed that this comparable service confirms that the recommended value for 76930 is appropriate relative to other similar services. **The RUC recommends a work RVU of 0.67 for CPT code 76930.**

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76932 ***Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation***
The RUC reviewed the survey results from practicing cardiologists and agreed with the specialty society that the following physician time components are accurate for 76932: pre-service time of 7 minutes, intra-service time of 32 minutes and immediate post-service time of 5 minutes. The pre and post times were reduced from the survey median in order to render them compatible with other recently reviewed XXX global image guidance codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device* and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)*.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty society that the values overestimate the work involved in 76932. Therefore, the RUC agreed that the current work RVU of 0.67, lower than the survey's 25th percentile, is appropriate. To justify this value, the RUC compared the surveyed code to CPT code 74251 *Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube* (work RVU= 0.69, intra-service time= 32 minutes) and noted that since both codes have identical intra-service time, they should both be valued similarly. The RUC also compared 76932 to the pericardiocentesis guidance code, 76930, and agreed that since both code have almost identical time components and similar physician work, they are correctly valued the same. **The RUC recommends a work RVU of 0.67 for CPT code 76932.**

76940 ***Ultrasound guidance for, and monitoring of, parenchymal tissue ablation***
76948 ***Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation***
76965 ***Ultrasonic guidance for interstitial radioelement application***
The RUC reviewed the prior review history for CPT code 76940. During the time of the original valuation for this service, the original CPT code for ultrasound guidance for parenchymal tissue ablation, 76490, was renumbered by the CPT Editorial Panel to 76940 for CPT 2004. In February 2002, the RUC reviewed the specialty physician work RVU recommendations and determined that a work RVU of 4.00 was appropriate for this service. CMS accepted this value for 2003. However, when the code was renumbered in 2004, the Final Medicare Physician Payment Schedule listed the new code number, 76940, as 2.00 work RVUs. The error went unnoticed until these services were reviewed under the NPRM for the 2014 CMS screen. The RUC discussed that since this service is low volume, conducting a survey may not yield sufficient results to properly value this service. The Committee agreed with the specialty societies that the interested societies should bring forward an action plan for all three codes (76940, 76948 and 76965) to the Relativity Assessment Workgroup (RAW) at the September RUC meeting which provides a more robust analysis of the utilization and physician usage data. **Until this review, the RUC recommends the current work values as interim for the following codes: a work RVU of 2.00 for CPT Code 76940, a work RVU of 0.38 for CPT code 76948 and a work RVU of 1.34 for CPT code 76965.**

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	XXX	0.67 (No Change)
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	XXX	0.67 (No Change)
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	XXX	2.00 (No Change) Interim
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	XXX	0.38 (No Change) Interim
~~D76950~~	~~Ultrasonic guidance for placement of radiation therapy fields~~	~~XXX~~	N/A
76965	Ultrasonic guidance for interstitial radioelement application	XXX	1.34 (No Change) Interim

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March 31, 2014

Barbara Levy, MD, FACS
Chair, AMA Relative Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 34, CPT code 76940 *Ultrasound guidance for, and monitoring of, parenchymal tissue ablation*.

Dear Dr. Levy,

The American College of Surgeons, Society for Interventional Radiology, and American College of Radiology indicated an LOI of 1 (*Development of primary RVS recommendation*) for CPT code 76940 *Ultrasound guidance for, and monitoring of, parenchymal tissue ablation*. We did not survey code 76940 and instead **we recommend that the RUC re-affirm their 2002 recommendation of 4.00 work RVUs and practice expense details of zero labor, no supplies, and no equipment.** Our rationale for this recommendation is provided below.

It is important to note that this service was assigned CPT code number 76490 in 2002 and then renumbered to 76940 for CPT 2004. In the discussion below, you will find that this resulted in an error in the Physician Fee Schedule that has been perpetuated since 2004.

Why is this code under review?

In the NPRM for 2014, CMS indicated that a discrepancy in guidance time and associated procedure times for code 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* results in potentially inaccurate payment and raises a fundamental concern regarding the incentive to furnish ultrasound guidance. Further, CMS believes this concern spans more than just an individual code for ultrasound guidance. Accordingly, CMS requested review

of codes 76930, 76932, 76940, 76942, 76948, 76950, and 76965 as potentially misvalued.

In October 2013, the RAW determined that there was no evidence of improper incentives to furnish the ultrasound services. However, CMS reiterated its request for review of this family of codes in the Final Rule for 2014.

CPT / RUC Background

Code 76490 (now 76940) was approved by the CPT Editorial Panel in February 2001 and was surveyed in April 2001 with corresponding new open and laparoscopic codes for ablation of hepatic tumors. The RUC was unable to develop work RVU recommendations at the April 2001 meeting and asked for CPT clarification: *Codes 4737X1 – 4737X4 will be reviewed by the RUC at the September 2001 meeting. If HCFA is unable to review recommendations from this meeting in time for the Final Rule, the RUC recommends that these services be carrier priced in 2002. The RUC was unable to evaluate codes 4737X5, 7637X, 7639X, and 7649X at this time due to continued confusion over the appropriateness of reporting ultrasound guidance separately from the primary procedure. The CPT Editorial Panel will provide further clarification of this issue. The RUC will review these codes in September 2001.*

On July 5, 2001, the RUC received a letter from the Chair of the CPT Editorial Panel that provided the Panel's position/policy on the appropriateness of reporting ultrasound guidance separately from the primary procedure when it best reflects the practice patterns of physicians.

In February 2002, the RUC reviewed the specialty physician work RVU recommendations and determined that a work RVU of 4.00 was appropriate for code 76490 (now 76940): *The RUC reviewed radiologic guidance codes 76362, 76394, and 76490, and determined that the relative values as presented by the specialty societies (SCVIR, ACR, and ACS) are appropriate. The RUC agreed that a second physician may perform the radiologic guidance and that the intensity is less that an E/M intensity of 0.31. The RUC also compared an intensity of 0.026 per minute with the time for each of these services.* ***The RUC recommends*** *a relative work value of 4.00 RVUs for CPT code 76362, 4.25 RVUs for CPT code 76394, and* ***4.00 RVUs for CPT code 76490****.*

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Physician Fee Schedule Error

In the Final Rule for 2002, CMS indicated they did not receive recommendations from the RUC for 76490 (now 76940) and they assigned 2.00 work RVUs. They arrived at this value by comparing the time and intensity of 76490 (now 76940) to other radiologic guidance codes and to radiologic supervision and interpretation codes. Further, they believed that the assigned RVUs place 76490 (now 76940) and the other guidance codes under review in correct rank order to other radiologic guidance services and to each other. **The 2002 PFS published value for 76490 (now 76940) was 2.00 work RVUs**.

In the Final Rule for 2003, CMS acknowledged receipt of comments that the CMS assigned work RVU of 2.00 was not appropriate. The CMS PFS 2003 final decision for 76490 (now 76940) states: *We did receive a RUC work RVU recommendation of 4.00 for this service and are in agreement with this recommendation.* **The 2003 PFS published value for 76490 (now 76940) was 4.00 work RVUs.**

As indicated above, the CPT code number was changed for CPT 2004. This resulted in an error in the 2004 PFS published value for 76940 (previously 76490), where code 76490 indicated deletion and new code 76940 apparently backtracked to 2.00 work RVUs. This error has gone unnoticed until now.

Recommendation

Medicare volume for 76940 in 2012 was 1,255 which is significantly lower than the 2003 utilization of 2,810. Code 76940 has an intra-service time of 120 minutes and may be reported with eight ablation codes (32998, 47370-47382, 50592, 50593). Five of the codes have an intra-time greater than 120 minutes and 3 codes have an intra-time less than 120 minutes.

Code 76940 is typically reported for liver tumor ablation which corresponds to the procedure codes with the highest intra-time (47370-47382). As shown below, the average intra-time per procedure based on Medicare utilization is 122 minutes which is similar to the intra-time for 76940 which is 120 minutes.

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CPT	Long Descriptor	Intra minutes	Utilization	total minutes		
32998	Perq rf ablate tx pul tumor	60	647	38,820		
47370	Laparo ablate liver tumor rf	180	412	74,160		
47371	Laparo ablate liver cryosurg	180	7	1,260		
47380	Open ablate liver tumor rf	200	397	79,400		
47381	Open ablate liver tumor cryo	210	9	1,890		
47382	Percut ablate liver rf	180	1,588	285,840		
50592	Perc rf ablate renal tumor	60	874	52,440		
50593	Perc cryo ablate renal tum	90	1,747	157,230		
			5,681	**691,040**	**122**	**avg intra min per procedure**

We are recommending that the RUC re-affirm the work RVU of 4.00 for code 76940. The work associated with this low volume service has not changed since the 2002 RUC recommendation and 2003 CMS final decision.

Thank you for your consideration of our recommendation.

Sincerely,

Christopher Senkowski, MD, FACS
RUC Advisor, American College of Surgeons

Jerry Niedzwiecki, MD
RUC Advisor, Society for Interventional Radiology

Ezequiel Silva, MD
RUC Advisor, American College of Radiology

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April 1, 2014

Barbara Levy, MD
Chair, AMA RUC
AMA Chicago Headquarters
515 N. State Street
Chicago, IL 60654

Re: CPT Code 76965

Dear Dr. Levy,

CPT Code 76965 *Ultrasound guidance for interstitial radioelement application* appeared on the AMA Level of Interest (LOI) for the April 2014 RUC meeting. CPT Code 76965 was identified by CMS in relation to the request for review of other ultrasound guidance codes (ie 76942). CMS believed that the discrepancy in procedure times and the resulting potentially inaccurate payment raised a fundamental concern regarding the incentive to furnish ultrasound guidance. CMS believes this concern spans more than just an individual code for ultrasound guidance. Accordingly, CMS requested review of codes (76930, 76932, 76940, 76942, 76948, 76950, and 76965) as potentially misvalued.

The American Society for Radiation Oncology (ASTRO), the American College of Radiology (ACR) and the American Urological Society (AUA) submitted an action plan to the AMA for the October 2013 RUC meeting. The societies explained that CPT code 76965 is most commonly billed with CPT codes 77787 (71%) and 55875 (62%). The physician time for CPT code 76965 is 62 minutes. The physician time for CPT code 77787 is 90 minutes and CPT code 55875 is 90 minutes. There is no discrepancy in procedure times and therefore, no issue of *'potentially inaccurate payments'*. The RAW agreed and removed the code from the screen. However, shortly after the October 2013 RUC meeting CMS published the MFS Final Rule and did not modify their list of potentially misvalued ultrasound guidance codes.

The AMA revealed that no specialty society indicated a "level 1 interest" to survey CPT code 76965. Since urology and radiation oncology are the dominant providers of this service the AMA asked AUA and ASTRO to this issue. The specialty societies did not see this as a potentially inaccurate payment providing incentive to furnish ultrasound guidance. The RUC agreed. As such, the societies do not believe any further action is warranted at this time.

If you have any questions, please don't hesitate to contact Trisha Crishock at trishacrishock@gmail.com

Respectfully,

Michael Kuettel, MD, PhD
ASTRO RUC Advisor

Norman D. Smith, MD
AUA RUC Advisor

cc: Sherry Smith
Stephanie Stitchcomb

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

April 1, 2014

Barbara Levy, MD
Chair, AMA RUC
AMA Chicago Headquarters
515 N. State Street
Chicago, IL 60654

Re: CPT Code 76948

Dear Dr. Levy:

CPT Code 76948 *Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation* appeared on the AMA Level of Interest (LOI) for the April 2014 RUC meeting. CPT Code 76948 was identified by CMS in relation to the request for review of other ultrasound guidance codes (ie 76942). CMS believes that the discrepancy in procedure times and the resulting potentially inaccurate payment raises a fundamental concern regarding the incentive to furnish ultrasound guidance. CMS believes this concern spans more than just an individual code for ultrasound guidance. Accordingly, CMS requested review of codes (76930, 76932, 76940, 76942, 76948, 76950, and 76965) as potentially misvalued. CPT code 76948 is often coded with CPT code 58970. The total time for 76948 is less than the intra service time for CPT code 58970. Therefore, we do not believe there is an overpayment issue regarding 76948.

The AMA revealed that no specialty society indicated a "level 1 interest" to survey CPT code 76948. Since OBSTETRICS/GYNECOLOGY is the primary performer of this service ACOG was asked to respond to the LOI.

CPT Code 76948 had eleven claims in 2012. OB/GYN performed six of those services. The specialty society did not feel a survey was warranted with such few claims.

If you have any questions, please don't hesitate to contact Trisha Crishock at trishacrishock@gmail.com

Respectfully,

George A Hill, MD
ACOG RUC Advisor

cc: Sherry Smith
Anne Diamond

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76930 Tracking Number

Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.67**
RUC Recommended RVU: **0.67**

Global Period: XXX

CPT Descriptor: Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67 year old woman with metastatic non-small cell lung cancer presents with a large pericardial effusion and tamponade. An echocardiogram is performed in the cardiac catheterization laboratory to assess the best approach for drainage, guide placement of the pericardiocentesis needle, and assess adequacy of drainage.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 68%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The previous echo report and images are reviewed.

Description of Intra-Service Work: An echocardiographic study is performed to assess pericardial effusion size, and the optimal approach for drainage. Based on the echo images, the skin is marked for needle placement. Real-time imaging is performed during pericardiocentesis needle entry. Placement in the pericardial space is verified with an intravenous injection of agitated saline. Adequacy of effusion evacuation is verified at the conclusion of the procedure.

Description of Post-Service Work: The images are reviewed and a report is prepared.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Richard Wright, MD		
Specialty(s):	ACC		
CPT Code:	76930		
Sample Size:	500	**Resp N:** 19	**Response:** 3.8 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	100.00
Survey RVW:	0.50	0.80	**1.10**	1.50	6.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	17.50	**30.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76930	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	479,171

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,503

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 47.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 76930**	**Key Reference CPT Code:** 93970	**Source of Time** **RUC Time**

Median Pre-Service Time	7.00	3.00
Median Intra-Service Time	30.00	15.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**42.00**	**23.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.44	4.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.89	3.89
Urgency of medical decision making	4.56	3.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.00
Physical effort required	3.78	2.78
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	3.33
Outcome depends on the skill and judgment of physician	3.67	3.56
Estimated risk of malpractice suit with poor outcome	4.33	3.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.78	3.11
Intra-Service intensity/complexity	4.56	3.56
Post-Service intensity/complexity	3.11	3.11

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

76930 and related code 76932 were identified by CMS as potentially misvalued. In discussion of CPT ultrasound guidance code 76942, CMS indicated a discrepancy in procedure time with 20610, suggesting the resulting potentially inaccurate payment raises a fundamental concern regarding the incentive to furnish ultrasound guidance. However, CMS believed this concern spanned more than just an individual code for ultrasound guidance. Accordingly, CMS proposed additional ultrasound guidance codes as potentially misvalued.

CMS indicated a single carrier medical director (CMD) indicated that "some" providers always bill the aforementioned two codes together. While entirely possible that one or several providers prefer to use guidance for every major joint arthrocentesis aspiration, national data do not validate this concern. Based on 2011 Medicare data, 76942 and 20610 were reported together 40% of the time and based on 2010 Medicare data these services were reported together 30% of the time.

Similarly, 2011 billed-together data from the 5% file for 76930 does not demonstrate significant overlap. That data shows 28% of pericardiocentesis services (33010) were billed with ultrasonic guidance. This level of corroboration does not suggest the value of the ultrasonic guidance code incents unnecessary utilization.

CMS also noted the procedure time for ultrasonic guidance is higher than that of the procedures being guided. It proposed to adjust the clinical staff procedure time of 76942 to more closely align with 20610 from 45 minutes to 10 minutes. 76930 for pericardiocentesis guidance has a CMS/Other time of 20 minutes. Pericardiocentesis code 33010 with which it is most commonly reported has a Harvard intraservice time of 24 minutes and a total time of 80 minutes. These times do not suggest misvaluation since the guidance is shorter than the pericardiocentesis.

An RVS panel of ACC physicians reviewed the survey data. As predicted to the Research Subcommittee, it was difficult to secure a strong survey response for these infrequently performed services as we had no way to identify a particular subset of providers who perform them. Despite that, we believe the data is adequate to draw some conclusions and make expert recommendations for 76930.

The key reference service is 93970, a complete bilateral study of duplex extremity veins. The key reference was selected by 47% of respondents. Respondents felt 93970 was less intense/complex than 76930. However, we think that is largely because respondents also indicated 76930 takes longer than 93970.

We also included in the summary table information for the pericardiocentesis that is being guided by the 76930. The times and RVUs are from the Harvard study, but do indicate that the survey is close to approximating the time for 33010. We also note the reasonable comparisons to the two MPC codes on the SOR. Those services require similar skills over a shorter time.

In the absence of compelling evidence that this service has changed, we recommend the current work RVU of 0.67 and updates to the Harvard times with survey median times of 15 minutes preserivce time, 30 minutes intraservice time, and 15 minutes postservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☒ Other reason (please explain) The surveyed code is a guidance code that is billed with the underlying procedure (33010).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76930

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiolog How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3802
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the 2012 Medicare utilization.

Specialty cardiology Frequency 3200 Percentage 84.16 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,901
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 1600 Percentage 84.16 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76930

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76932 Tracking Number

Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.67**
RUC Recommended RVU: **0.67**

Global Period: XXX

CPT Descriptor: Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year old man s/p orthotopic cardiac transplantation 6 months ago returns for endomyocardial biopsy.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 62%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The previous echo report and images are reviewed.

Description of Intra-Service Work: An echocardiographic study is performed in the cardiac catheterization laboratory to direct placement of the bioptome in the right ventricle. Tricuspid regurgitation severity is assessed pre and post biopsy. A pericardial effusion is excluded following the biopsy.

Description of Post-Service Work: The images are reviewed and a report is prepared.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Richard Wright, MD				
Specialty(s):	ACC				
CPT Code:	76932				
Sample Size:	500	**Resp N:**	8	**Response:** 1.6 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.75	**2.50**	9.00	15.00
Survey RVW:	0.50	0.74	**1.25**	1.70	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	20.00	**32.00**	41.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76932	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**32.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93306	XXX	1.30	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76930	XXX	0.69	**RUC Time**	479,171

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,503

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 4 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 76932**	**Key Reference CPT Code:** 93306	**Source of Time** RUC Time

Median Pre-Service Time	7.00	5.00
Median Intra-Service Time	32.00	20.00
Median Immediate Post-service Time	5.00	6.50
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**44.00**	**31.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.50	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.25	3.75
Urgency of medical decision making	4.25	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.75	4.00
Physical effort required	4.25	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.75	3.00
Outcome depends on the skill and judgment of physician	4.75	3.50
Estimated risk of malpractice suit with poor outcome	4.50	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.00
Intra-Service intensity/complexity	4.50	3.25
Post-Service intensity/complexity	3.25	2.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An RVS panel of ACC physicians reviewed the survey data. As predicted to the Research Subcommittee, it was difficult to secure a strong survey response for these infrequently performed services as we had no way to identify a particular subset of providers who perform them. Despite that, we believe the data is adequate to draw some conclusions and make expert recommendations for 76932.

The key reference service is 93306, a complete transthoracic echocardography. The key reference was selected by 50% of respondents. Respondents felt 93306 was less intense/complex than 76932. However, we think that is largely because respondents also indicated 76930 takes longer than 93306.

We also included in the summary table information for the endomyocardial biopsy that is being guided by 76932. The times and RVUs are from the Harvard study, but do indicate that the survey is close to approximating the time for 93505. We also note the reasonable comparisons to the two MPC codes on the SOR. Those services require similar skills over a shorter time.

In the absence of compelling evidence that this service has changed, we recommend the current work RVU of 0.67 with median times of 15 minutes of preserivce time, 32 minutes intraservice time, and 15 minutes postservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The surveyed code is a guidance code that is billed with the underlying biopsy procedure (93505).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76932

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiolog How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2502
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the 2012 Medicare utilization.

Specialty cardiology Frequency 2300 Percentage 91.92 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,251
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare utilization

Specialty cardiology Frequency 1150 Percentage 91.92 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76930

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Ultrasound Guidance

TAB: 34

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
	REF	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	9	0.035			0.70			23	3					15			5
	CURRENT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation		0.034			0.67			20						20			
	SVY	76930		19	0.014	0.50	0.80	1.10	1.50	6.00	60	15			5	18	30	30	60	15
	REC				0.013			0.67			42	7					30			5
Harvard	FYI	33010	Pericardiocentesis; initial		0.050			2.24			80	14		15			24			27

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
	REF	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	4	0.052			1.30			31.5	5					20			6.5
	CURRENT	76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation		0.034			0.67			20						20			
	SVY	76932		8	0.018	0.50	0.74	1.25	1.70	8.00	62	15			5	20	32	41	60	15
	REC				0.013			0.67			44	7					32			5
Harvard	FYI	93505	Endomyocardial biopsy		0.084			4.37			100	27		15			38			20

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**ex officio*

Chief Executive Officer
Shalom Jacobovitz

The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.

April 1, 2014

Scott Manaker, MD, PhD, FCCP
Chair, RUC Practice Expense Subcommittee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 34 Practice Expense

Dear Dr. Manaker:

Please consider this letter notification that the two codes which the ACC surveyed in Tab 34, 76930 and 76932, are performed exclusively in the facility setting. We believe these two codes do not warrant direct practice expense inputs. Accordingly, we have submitted no PE materials for consideration by the Subcommittee. That may not be the case for other codes in this tab surveyed by other societies, so we are only speaking for 76930 and 76932.

Please contact me if you have any questions at rwright@pacificheart.com or via ACC staff at jvavricek@acc.org or 202-321-6421.

Sincerely,

Richard Wright, MD
ACC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 500,000 / NPRM for 2014

April 2014

Ultrasound Guidance for Needle Placement

In April 2011, this service was identified through the CMS/Other codes with Medicare utilization over 500,000 screen. The specialty societies initially recommended a delay in surveying 76942 since 76942 has been recently bundled into a number of services including paracentesis, thoracentesis, chest tube placement, breast biopsy and most recently arthrocentesis. The RUC recommended to review the survey instrument at the Research Subcommittee October 2013 and to survey for work and develop direct practice expense inputs by April 2014.

Prior to valuing this service, the RUC reviewed the specialty societies' compelling evidence that the current value for this procedure may be misvalued. The specialty societies explained that a flawed methodology was used to arrive at the current work value of 0.67. Prior to this survey, 76942 had not been reviewed by the RUC and was originally valued using a CMS/Other crosswalk methodology. Since it is unknown how CMS valued this service originally, the RUC agreed that this represents a flawed methodology. Furthermore, there has been a significant change in the dominant providers of this service since its initial valuation. In 1993, two specialties, urologists and diagnostic radiologists provided the vast majority of services. In 2013, there was a plurality of performing specialties with the dominant providers being orthopedic surgeons and rheumatologists. The RUC agreed that there is compelling evidence that CPT code 76942 may be misvalued.

76942 ***Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation***
The RUC reviewed the survey results from 255 diagnostic and interventional radiologists, endocrinologists, anesthesiologists, rheumatologists, urologists and breast surgeons and agreed with the specialty societies that the following physician time components are accurate for 76942: pre-service time of 7 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes. The pre-service and post-service times were reduced from the survey median in order to render them compatible with other recently reviewed XXX global image guidance codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device* and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)*.

The RUC reviewed the survey respondents' estimated physician work values and agreed that while compelling evidence exists that 76942 is potentially misvalued, the survey median work RVU of 0.76 was not appropriate. Therefore, the RUC agreed that the current work RVU of 0.67 accurately values this procedure. To justify a value of 0.67, the RUC compared the surveyed code to key reference code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and noted that since 76536 has less intra-service time than the surveyed code, 10 minutes compared to 15 minutes, the reference code is appropriately valued less than 76942. The RUC also reviewed CPT codes 76881 *Ultrasound, extremity, nonvascular, real-time with image documentation; complete* (work RVU= 0.63,

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intra time= 15 minutes) and MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85, intra time= 15 minutes) and agreed that both reference codes, with identical intra-service time compared to the surveyed code, provide appropriate brackets below and above the recommended value for 76942, respectively. Finally, the RUC compared 76942 to other image guidance for needle placement codes and agreed that a recommended work value of 0.67 accurately places this service in the mid-range of guidance codes, slightly above the less intense and complex CPT code 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (work RVU= 0.60, intra time= 15 minutes). **The RUC recommends a work RVU of 0.67 for CPT code 76942.**

Practice Expense
The RUC reviewed the direct PE inputs and noted a slight increase in clinical labor time for 76942 due to the increase of 5 minutes of intra-service time from the survey. The RUC approved the direct practice expense with no modifications as approved by the Practice Expense Subcommittee.

Medicare Utilization
The RUC noted that CMS identified 76942 as being potentially misvalued in the 2014 NPRM because of the high frequency that it is billed with CPT code 20610 *Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa),* which has a shorter clinical staff intra-service time than the ultrasound guidance procedure. In response, the specialty societies created a bundled code for arthrocentesis performed with ultrasound guidance which will be a new service in CY2015. As the expected billing pattern for 76942 as a stand-alone service is unknown, the RUC agreed to monitor the future utilization of 76942 to ensure that the services commonly billed with it do not include clinical staff times which is non –congruent with the clinical staff times of the ultrasound guidance service.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	XXX	0.67

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76942 Tracking Number

Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.76**
Global Period: XXX
RUC Recommended RVU: **0.67**

CPT Descriptor: Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Ultrasonic guidance is utilized for needle placement during a separately reported underlying procedure (eg, biopsy, aspiration, injection).

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 23%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: The physician instructs the diagnostic medical sonographer in the ultrasound equipment required, including appropriate transducers, needle guides and probe covers, as well as the proper settings for the ultrasound equipment.

Description of Intra-Service Work: Preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic location, with care taken to avoid vascular structures and non-target organs. Intermittent ultrasound visualization may take place during the separately reportable intervention which necessitated the needle placement. Permanent images are recorded.

Description of Post-Service Work: A report describing the ultrasound guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Howard Lando, MD; Barry Smith, MD; David Lenrow, MD; Fredrica Smith, MD; Tim Laing, MD; Marc Leib, MD; Richard Rosenquist, MD; Eric Whitacre, MD, FACS; Norm Smith, MD; Tom Turk, MD; Jerry Niedzwiecki, MD; Michael Hall, MD; Allan Glass, MD				
Specialty(s):	American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society				
CPT Code:	76942				
Sample Size:	3634	**Resp N:**	255	**Response:** 7.0 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	63.00	**100.00**	250.00	5000.00
Survey RVW:	0.22	0.62	**0.76**	0.99	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76942	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	18,907

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,491

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

Other Reference CPT Code	Global	Work RVU	Time Source
76881	XXX	0.63	**RUC Time**

CPT Descriptor Ultrasound, extremity, nonvascular, real-time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 52 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 76942**	**Key Reference CPT Code: 76536**	**Source of Time RUC Time**
Median Pre-Service Time	7.00	4.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	5.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**27.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.27	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	2.96
Urgency of medical decision making	3.08	2.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	3.75
Physical effort required	3.48	2.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.25	2.40
Outcome depends on the skill and judgment of physician	3.92	3.58
Estimated risk of malpractice suit with poor outcome	3.06	2.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	2.85
Intra-Service intensity/complexity	3.83	3.52

Post-Service intensity/complexity	2.96	2.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background:
CPT code 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation)* was identified by the CMS/Other – Utilization over 500,000 screen, and an action plan was requested by the RAW. For the February 2012 RUC meeting, the specialty societies submitted an action plan requesting a delay in surveying, pending the effects of the recent bundling of 76942 into the newly created thoracentesis and paracentesis codes. 76942 was also discussed extensively in the CY2014 NPRM, leading to submission of another action plan for the October 2013 RUC meeting. At that time, the specialty societies addressed the concerns raised in the NPRM but agreed to survey 76942 for April of 2014.

76942 has been performed together with a wide variety of underlying procedures and by a large number of different specialties. In the past two years, many of the most common procedures reported with 76942 have had their CPT codes modified to bundle the ultrasound guidance into the underlying codes. Consequently, for this large group of procedures, which includes thoracentesis, paracentesis, arthrocentesis, and breast biopsy, ultrasound guidance is no longer reported separately as 76942. As a result of these CPT code changes, the total utilization and the specialty distribution of 76942 is changing rapidly.

Survey Process
Nine specialty societies (American College of Radiology, American Association of Clinical Endocrinologists, American Academy of Physical Medicine & Rehabilitation, American College of Rheumatology, American Society of Anesthesiologists, American Society of Breast Surgeons, American Urological Association, Society of Interventional Radiology, The Endocrine Society) randomly surveyed their respective members using an RSL and vignette approved by the Research Subcommittee. A total of 255 complete surveys across seven specialties were received and analyzed. An expert panel, including physicians familiar with these services from each specialty, reviewed the survey data and developed the recommendations contained in the SOR.

Compelling Evidence
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates the time source for 76942 as "CMS/Other ", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 76942 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

Work Recommendation:
The specialty societies recommend the median survey work RVU of 0.76, an increase of 0.09 RVU over the existing value of 0.67 RVU.

Service Period Time Recommendations:
Based on the analysis of the expert panel, the specialty societies recommend a pre-service time of 7 minutes, which is less than the survey median pre-service time of 10 minutes, in order to render the pre-time of 76942 compatible with two other recently reviewed XXX image guidance codes, 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device))* and 77003 *(Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid))*. The societies also recommend intra-service time of 15 minutes (survey median) and the post service time of 5 minutes (survey median).

Key Reference Service:

Two separate key reference services were chosen by a nearly identical number of survey respondents: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76881 *(Ultrasound, extremity, nonvascular, real-time with image documentation; complete)*, both of which support our recommendation.

76536 has 0.56 RVU, with less pre-time and intra time than 76942. However, our societies believe that guiding a needle into a specific location in an internal organ (e.g. thyroid), as is done with 76942, is of considerably greater intensity and complexity than 76536, which is a non-invasive, involving only visual observation of an internal structure (e.g. thyroid). This increased intensity/complexity of 76942 as compared to 76536, coupled with the increased time involved, accounts for the slightly higher work RVU value for 76942.

76881 is a diagnostic ultrasound code involving evaluation of the extremity. 76881 has the same intra-service and post-service time as 76942 and 2 minutes less pre-service time. In October of 2008, the RUC accepted and recommended to CMS an RVU of 0.72 RVU for 76881. However, CMS lowered the value to its current 0.63 RVU. The original RUC recommended value of 0.72, supported by a specialty society survey, supports our recommendation for 76942.

Code	RUC-approved RVU	CMS-lowered RVU	Pre	Intra	Post	Total	IWPUT
76536	0.56	0.56	4	10	4	18	0.0381
76881	0.72	0.63	5	15	5	25	0.0271
76942		**0.67**	**7**	**15**	**5**	**27**	**0.0327**

MPC Codes:

Our recommendation is bracketed by two ultrasound codes on the MPC list: 76817 *(Ultrasound, pregnant uterus, real time with image documentation, transvaginal)* and 76816 *(Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus)*. 76817 has a comparable RVU of 0.75 and a lower intra time and total time. 76816 has a slightly higher RVU, the same intra time, more total time and a higher RVU.

Code	RVU	Pre	Intra	Post	Total	IWPUT
76817	0.75	5	10	8	23	0.0459
76942	**0.67**	**7**	**15**	**5**	**27**	**0.0327**
76816	0.85	6	15	10	31	0.0328

Comparison to other image guidance codes

Our recommendation compares favorably to the other RUC surveyed XXX imaging guidance codes and our expert panel believes that ultrasound guidance is more technically demanding than fluoroscopic guidance, requiring the manipulation of an ultrasound transducer with one hand and the needle / biopsy system with the other. Practiced, coordinated maneuvering is required to maintain visualization of the needle along its entire length to ensure proper target sampling and avoidance of non-target structures.

The entire family is summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Meeting

76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.30		10	4	14	0.0210	Apr 2003
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	0.54	7	15	5	27	0.0181	Apr 2013
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	7	15	5	27	0.0221	Apr 2013
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**0.67**	**7**	**15**	**5**	**27**	**0.0327**	**Apr 2014**
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	1.16				22		CMS/Other
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	1.50	20	42.5	15	77.5	0.0168	Apr 2000

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 5070400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that this service will be provided 5,070,400 times nationally in a one-year period.

Specialty Radiology Frequency 1227500 Percentage 24.20 %

Specialty Anesthesiology Frequency 675000 Percentage 13.31 %

Specialty Urology Frequency 468000 Percentage 9.23 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,690,154 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2012 Medicare utilization data, it is estimated that this service will be provided to Medicare patients 1,690,154 times nationally within a one-year period. For 2013 and later, the utilization of 76942 will be less than these 2012 data as a result of new bundled codes for breast biopsy, thoracentesis, and arthrocentesis.

Specialty Radiology Frequency 409200 Percentage 24.21 %

Specialty Anesthesiology Frequency 225000 Percentage 13.31 %

Specialty Urology Frequency 156000 Percentage 9.22 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76942

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: US Guidance for Needle Placement

TAB: 35

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
Apr-09	76536	Ultrasound, s	52	0.038			0.56			18	4					10			4					
Apr-10	76881	Ultrasound, e	51	0.027			0.63			25	5					15			5					
CMS/Other	76942	Ultrasonic guidance		0.022			0.67			30						30								
ACR/SIR-SVY	76942	Ultrasonic gui	93	0.028	0.22	0.58	0.75	1.00	2.00	30	10			3	10	15	20	60	5	0	100	120	300	1000
ASBS- SVY	76942	Ultrasonic gui	31	0.009	0.39	0.60	0.69	0.99	1.20	40	15			4	13	15	25	60	10	3	55	100	200	500
AAPMR- SVY	76942	Ultrasonic gui	16	0.026	0.30	0.56	0.66	0.96	2.10	28	10			5	10	10	16	45	8	0	19	87	140	500
ASA- SVY	76942	Ultrasonic gui	9	0.051	0.63	0.70	0.85	1.00	3.50	25	10			10	10	10	15	20	5	25	174	200	300	1000
AUA- SVY	76942	Ultrasonic gui	15	0.040	0.56	0.69	0.69	0.75	4.00	23	5			7	10	10	18	40	8	0	53	60	88	150
ACRh- SVY	76942	Ultrasonic gui	45	0.037	0.35	0.70	0.85	1.00	2.00	28	8			5	10	15	20	30	5	3	50	176	478	5000
TES/AACE-SVY	76942	Ultrasonic gui	46	0.024	0.30	0.70	0.85	1.00	3.42	37	10			5	13	17	30	60	10	10	71	101	200	1500
COMBINED - SVY	76942	Ultrasonic gui	255	0.028	0.22	0.62	0.76	0.99	4.00	30	10			3	10	15	20	60	5	0	63	100	250	5000
REC	76942	Ultrasonic guidance		0.0267			0.67			27	7					15			5					

CPT Code: 76942

Specialty Society('s) ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, and TES convened a consensus panel to finalize the practice expense data for CPT code 76942.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The basis for the April 2014 PE inputs is the existing PE inputs for 76942, as approved by the February 2005 PEAC. The clinical labor time has been updated to capture CMS' recent refinement of the intra service time from 45 minutes to 10 minutes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Clinical Staff Time

- **Acquire Images** - increase to be consistent with the recommended physician intra service time, based on the survey median.

Supplies.

- **Lubricating jelly (Surgilube) (SJ033) -** clinically necessary for ultrasound examinations.

Equipment

- **Film processor, dry, laser (ED024) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.
- **Film alternator (motorized film viewbox) (ER029) –** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.
- **Ultrasound unit, portable (EQ250) -** The time reflects typical use exclusive to a patient. The slight increase to the intra service time is reflected in the slight increase in equipment time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	F
1				REFERENCE CODE	
2	**more please bold the item name and CMS code.**			**76942**	**76942**
3	**Meeting Date: April 2014** **Tab: 35** **Specialty: ACR, AACE, AAPMR, ACRh, ASA, ASBS, AUA, SIR, TES**	**CMS Code**	**Staff Type**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(RUC DB)**	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(April 2014)**
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**26.0**	**29.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**3.0**	**2.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**23.0**	**27.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms				
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent				
16	Follow-up phone calls & prescriptions				
17	Availability of prior images confirmed	L051B	RN/DMS	**3**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist				
19	*Other Clinical Activity - *specify:*				
20	**End: When patient enters office/facility for surgery/procedure**				
21	**SERVICE PERIOD**				
22	**Start: When patient enters office/facility for surgery/procedure:**				
23	Greet patient, provide gowning, ensure appropriate medical records are available				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies	L051B	RN/DMS	**2**	**2**
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L051B	RN/DMS	**3**	**2**
29	Sedate/apply anesthesia				
30	*Other Clinical Activity - specify:				
31	**Intra-service**				
32	Acquire images	L051B	RN/DMS	**10**	**15**
33	**Post-Service**				
34	Monitor pt. following moderate sedation				
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)				
36	Clean room/equipment by physician staff	L051B	RN/DMS	**3**	**3**
37	Clean Scope				
38	Clean Surgical Instrument Package				
39	Complete diagnostic forms, lab & X-ray requisitions				
40	Review/read X-ray, lab, and pathology reports				
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
42	*Other Clinical Activity - *specify:*				
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/DMS	**5**	**2**
44	Review examination with interpreting MD	L051B	RN/DMS		**2**
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L051B	RN/DMS		**1**
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**
49	**End: Patient leaves office**				

	A	B	C	D	F
1				REFERENCE CODE	
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4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
50	**POST-SERVICE Period**				
65	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
66	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**
67	pillow case	SB037	item	**1**	
68	lubricating jelly (Surgilube)	SJ033	oz	**1**	**4**
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**
70	film, x-ray 14in x 17in	SK034	item	**3**	**3**
71	x-ray developer solution	SK089	oz	**1**	**1**
72	x-ray envelope	SK091	item	**1**	**1**
73	disinfectant spray (Transeptic)	SM012	ml	**10**	**10**
74	sanitizing cloth-wipe (patient)	SM021	item	**2**	**2**
75	gloves, non-sterile	SB022	pair		
76	**EQUIPMENT**	**CODE**			
77	film processor, dry, laser	ED024		**23**	**24**
78	film alternator (motorized film viewbox)	ER029		**23**	**24**
79	ultrasound unit, portable	EQ250		**23**	**24**
80	room, ultrasound, general	EL015			

	A	B	C	D	F
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8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051B**	**RN/DMS**	**23.0**	**27.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
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45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L051B	RN/DMS		**1**
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**
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80	room, ultrasound, general	EL015			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2014

Anesthetic Injection – Spinal Nerve

In April 2013, CPT code 64412 *Injection, anesthetic agent; spinal accessory* (work RVU = 1.18) was identified via the High Growth screen. It is primarily performed (58%) by internal medicine, family and general practice physicians. In October 2013, the Relativity Assessment Workgroup reviewed the action plan submitted by the American College of Physicians (ACP), which indicated ACP would survey for presentation at the April 2014 RUC meeting. In February 2014, the level of interest process was conducted and ACP and AAFP indicated no interest in surveying or commenting on CPT code 64412 and ASA, AAPM&R, ISIS all indicated a level 2 interest, comment only.

Since ACP had indicated they would survey this service, the RAW did not have any further discussion regarding why the large growth in Medicare utilization occurred, nor did it discuss any possible misreporting of this service. The Medicare frequency went from 2,763 in 2006 to 10,917 in 2011.

Upon further analysis, it appears that half of the current utilization is now coming from the state of Michigan (*see attached spreadsheet*). The growth is being performed primarily by internal medicine physicians and a re-survey will not address the misreporting of this service. It appears that physicians are reporting 64412 *Injection, anesthetic agent; spinal accessory* (work RVU = 1.18) instead of 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66) or 20553 *Injection(s); single or multiple trigger point(s), 3 or more muscle(s)* (work RVU = 0.75).

AMA staff reached out to ACP, AAFP, ASA, AAPM&R and ISIS and requested action to address the inappropriate reporting of this service, such as the addition of a CPT parenthetical or deletion of the code. ASA, AAPM&R, AAN and ISIS submitted a letter for this April 2014 agenda indicating they will develop a CPT Assistant article to clarify the proper use of 64412 and requested that the RAW review utilization in 3 years. AMA staff questioned why a parenthetical would not be developed to stop this inappropriate reporting immediately for the CPT 2015 cycle. At the April 2014 RUC meeting, the specialty societies requested for CPT code 64412 to be referred to the CPT Editorial Panel to address the inappropriate billing. **The RUC recommends that CPT code 64412 be referred to the CPT Editorial Panel for revision.**

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
64412	Injection, anesthetic agent; spinal accessory nerve	000	Specialty Societies Request Referral to CPT Editorial Panel

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2012 State-level frequency for CPT 64412
compared to total Medicare Physician Payment Schedule allowed charges

state	total allowed charges	allowed freq 64412	% total allowed charges	% freq 64412	difference
Michigan	$3,186,006,687	5413	4%	55%	51%
Pennsylvania	$3,280,517,336	961	4%	10%	6%
New Hampshire	$354,801,737	314	0%	3%	3%
Tennessee	$1,870,013,899	463	2%	5%	3%
North Carolina	$2,782,419,194	380	3%	4%	1%
Arkansas	$814,060,440	108	1%	1%	0%
Puerto Rico	$162,267,917	8	0%	0%	0%
Alaska	$103,684,057	.	0%	0%	0%
Wyoming	$111,008,638	.	0%	0%	0%
Delaware	$368,418,818	29	0%	0%	0%
Vermont	$133,797,195	1	0%	0%	0%
North Dakota	$158,852,829	.	0%	0%	0%
Montana	$207,228,405	3	0%	0%	0%
South Dakota	$207,714,503	.	0%	0%	0%
Hawaii	$213,696,948	.	0%	0%	0%
Idaho	$231,335,785	.	0%	0%	0%
Rhode Island	$273,445,561	.	0%	0%	0%
New Mexico	$337,446,795	.	0%	0%	0%
Maine	$337,748,321	.	0%	0%	0%
Utah	$356,819,099	.	0%	0%	0%
Nebraska	$433,950,699	7	1%	0%	0%
West Virginia	$489,749,487	1	1%	0%	-1%
Oregon	$577,652,709	2	1%	0%	-1%
Nevada	$677,152,600	9	1%	0%	-1%
other	$780,343,182	18	1%	0%	-1%
Iowa	$712,185,506	5	1%	0%	-1%
Kansas	$729,565,642	3	1%	0%	-1%
Connecticut	$1,174,191,798	53	1%	1%	-1%
Minnesota	$772,244,837	2	1%	0%	-1%
Colorado	$856,344,758	4	1%	0%	-1%
Mississippi	$824,258,106	.	1%	0%	-1%
Oklahoma	$894,122,297	.	1%	0%	-1%
District of Columbia	$1,131,906,598	17	1%	0%	-1%
Wisconsin	$1,089,081,780	.	1%	0%	-1%
Louisiana	$1,150,943,372	.	1%	0%	-1%
Virginia	$1,725,868,893	61	2%	1%	-1%
Kentucky	$1,242,636,403	1	1%	0%	-1%
Washington	$1,348,323,267	.	2%	0%	-2%
South Carolina	$1,386,018,804	1	2%	0%	-2%
Alabama	$1,472,580,603	.	2%	0%	-2%
Maryland	$1,487,147,703	.	2%	0%	-2%
Indiana	$1,685,127,808	15	2%	0%	-2%
Missouri	$1,568,662,496	1	2%	0%	-2%
Arizona	$1,745,211,013	1	2%	0%	-2%
Massachusetts	$2,080,996,812	.	2%	0%	-2%
Georgia	$2,373,807,603	19	3%	0%	-3%
Texas	$6,181,453,308	432	7%	4%	-3%
Ohio	$2,691,118,191	6	3%	0%	-3%
California	$8,449,497,911	627	10%	6%	-4%
Illinois	$3,889,866,174	87	5%	1%	-4%
Florida	$8,255,415,312	553	10%	6%	-4%
New Jersey	$3,755,362,785	4	4%	0%	-4%
New York	$6,379,714,806	244	7%	2%	-5%
total	$85,503,787,425	9853			

2012 allowed frequency specialty mix for 64412 in Michigan

General Practice	1525
Family Practice	1127
Internal Medicine	2344
Obstetrics/Gynecology	399
Diagnostic Radiology	4
Thoracic Surgery	14
total	5413

2006 allowed frequency specialty mix for 64412 in Michigan

General Practice	12
Family Practice	12
Internal Medicine	5
Neurology	1
total	30

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2014

Morphometric Analysis

At the October 2013 RUC meeting, the Relativity Assessment Workgroup identified CPT code 88356 through the High Volume Growth Services screen, where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC recommended that the specialty societies survey the physician work and present to the RUC for the 2015 CPT cycle.

88356 ***Morphometric analysis; nerve***
The RUC reviewed the survey results from 33 neuropathologists and recommends the following physician time components: pre-service time of 0 minutes, intra-service time of 90 minutes, and post-service time of 0 minutes. The RUC reviewed the survey and agreed with the specialty societies that the 25th percentile value of 2.80 is appropriate for this service.

To justify a work RVU of 2.80, the RUC compared the surveyed code to key reference service 88309 *Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection* (work RVU= 2.80, 90 minutes of intra-time) and noted that both services have identical intra-service time, whereas the survey respondents indicated that 88356 is a slightly more intense service than 88309.

The RUC also compared the surveyed code to CPT code 95872 *Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied* (work RVU=2.88, 15 minutes of pre-time, 60 minutes of intra-time, 20 minutes of post-time) and noted that 95872 requires less intra-service time, 60 minutes versus 90 minutes, but has a higher intensity, which supports a similar work valuation for the surveyed code. The RUC also noted that both services have similar total times of 95 minutes and 90 minutes, respectively. **The RUC recommends a work RVU of 2.80 for CPT code 88356.**

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Work Neutrality
The RUC's recommendation for CPT code 88356 will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for Morphometric Analsyis and agreed with the specialty that several inputs needed to be changed to reflect changes in practice patterns, laboratory standards and techniques since the service was last reviewed in 2004. In general, the total clinical staff times were significantly lowered relative to the current inputs.

The PE Subcommittee agreed that the time for *oven, convection (lab)* (EP029) and the Electron Microscopy Tissue processor are not tied to staff time. There are three new equipment items included for this service: glass knife breaker (invoice #1), block face milling machine (invoice #2) and electron microscopy tissue processor (invoice #3). Appropriate invoices are attached. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
88356	Morphometric analysis; nerve	XXX	2.80

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88356 Tracking Number

Original Specialty Recommended RVU: **2.80**
Presented Recommended RVU: **2.80**
RUC Recommended RVU: **2.80**

Global Period: XXX

CPT Descriptor: Morphometric analysis; nerve

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Morphometric analysis of a sural nerve biopsy from a 40 year old woman with a peripheral neuropathy

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Beyond usual gross examination and sectioning, the physician must separate a portion of the fresh nerve tissue, fix the tissue in glutaraldehyde, and supervise embedding in a plastic resin block to ensure perpendicular orientation.

The physician examines one micron plastic-embedded sections and performs quantitiative to semiquantitative morphometric evaluation of the number of small and large myelinated axons, measures axon diameters, measures myelin sheath thickness, estimates dropout of myelinated axons, estimates extent of axonal degeneration, and measures schwannian hypertrophy in order to diagnostically classify the specimen.

The pathologist composes and dictates the report. The report is edited and signed with the results communicated to other caregivers.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Jonathan Myles, MD, Michael McEachin, MD, and Gerald Hanson, MD				
Specialty(s):	College of American Pathologists and American Society for Clinical Pathology				
CPT Code:	88356				
Sample Size:	511	**Resp N:**	33	**Response:** 6.4 %	
Description of Sample:	Targeted and Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	5.00	**20.00**	50.00	100.00
Survey RVW:	1.59	2.80	**3.00**	3.28	3.80
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	30.00	75.00	**90.00**	120.00	360.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88356	**Recommended Physician Work RVU: 2.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88309	XXX	2.80	**RUC Time**

CPT Descriptor Level VI - Surgical pathology, gross and microscopic examination ..

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90962	XXX	3.15	**RUC Time**	191,245

CPT Descriptor 2 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month

Other Reference CPT Code	Global	Work RVU	Time Source
95872	XXX	2.88	**RUC Time**

CPT Descriptor Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 60.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 88356**	**Key Reference CPT Code: 88309**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	90.00	90.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**90.00**	**90.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.35	3.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	3.80
Urgency of medical decision making	3.50	4.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.75	4.10
Physical effort required	3.70	3.65
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	4.10
Outcome depends on the skill and judgment of physician	4.70	4.35
Estimated risk of malpractice suit with poor outcome	3.30	3.65

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.40	4.00

Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services, including 88356. In October, 2013, the College of American Pathologists (CAP) submitted an action plan to the RUC's Relativity Assessment Workgroup to perform a complete review of physician work and practice expense for 88356, as the service had not been RUC reviewed for physician work in the past.

Over the past year the CAP researched the increased utilization for 88356 and found the need for CPT education for this service as the CAP has concluded that increased utilization is due to the growth of epidermal nerve fiber density testing on skin biopsies rather than morphometic analysis of a sural nerve biopsy. The CAP recently assisted in the development of a question and answer document that will soon be published as a CPT Assistant article. The article should address the increased utilization as morphometric analysis of a sural nerve biopsy has typically been a rarely performed service.

The CAP conducted a targeted and random survey effort for the analysis of CPT code 88356. The targeted survey consisted of known neuropathologists in CAP's membership database which consisted of 261 members. The random survey effort consisted of 250 random selected members. The survey yielded 33 respondents, all from the neuropathologist CAP membership listing. The RUC's Research Subcommittee agreed with the CAP's survey methodology and reference service listing prior to survey.

An expert panel consisting of CAP's Economic Affairs Committee and neuropathology experts with experience in providing this service was formed to review the results of the physician work survey and the direct practice expense inputs. The results of the physician work survey for 88356 indicated a median work RVU of 3.00 with 90 minutes of intra-service physician time. The key reference service 88309 - Level VI - Surgical pathology, gross and microscopic examination (WRVU = 2.80, 90 minutes, IWPUT = 0.0311) was selected by 58.8% of the respondents. The 25th and 75th percentile survey results indicated a work RVU of 2.80 and 3.28 respectfully. CAP's expert panel agreed that the survey's key reference service, CPT code 88309, is a common pathology service recognized by nearly all pathologists and presented the survey respondents with a good benchmark level of work and physician time.

CAP's expert panel agreed with the 25th percentile WRVU of 2.78 and the median physician time of 90 minutes. **The CAP recommends a physician work RVU of 2.80 and an intra-service physician time of 90 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88356

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Laboratory How often? Rarely

Specialty Pathology How often? Rarely

Specialty Neurology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data represents approximately half of the total claims for this service. This service (Morphometric analysis: nerve, with the typical specimen being the sural nerve) remains to be rare.

Specialty Pathology Frequency 1000 Percentage 33.33 %

Specialty Clinical Laboratory Frequency 1900 Percentage 63.33 %

Specialty Neurology Frequency 100 Percentage 3.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data represents approximately half of the total claims for this service. This service (Morphometric analysis: nerve, with the typical specimen being the sural nerve) remains to be rare.

Specialty Pathology Frequency 500 Percentage 33.33 %

Specialty Clinical Laboratory Frequency 800 Percentage 53.33 %

Specialty Neurology Frequency 100 Percentage 6.66 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88356

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: **Nerve Morphometic Analysis**

TAB: 37

Source	CPT	CPT Descriptor	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
REF	88309	Level VI - Surgical pathology, gross and microscopic examination		0.031			2.80			90						90			
CURRENT	88356	Morphometric analysis; nerve		0.032			3.02			93						93			
SVY	88356	Morphometric analysis; nerve	33	0.033	1.59	2.80	3.00	3.28	3.80	90				30	75	90	120	360	
REC	88356	Morphometric analysis; nerve	33	0.031			2.80			90						90			

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88356 - Morphometric analysis; nerve

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Some of these services were last reviewed by the RUC over ten years ago and therefore clinical labor steps and activities, supplies, and/or equipment items and time may have been inadvertently left off. In addition, practice patterns, laboratory standards and techniques have changed over time. Therefore, the specialties appreciate the review of the direct practice expense inputs in order to update the inputs to properly reflect the delivery of these services. There may be instances where the clinical labor may be higher or lower, medical supplies may be added or deleted as not being typical, and equipment items and times may have changed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The laboratory technologist accessions and prepares the specimen for examination.
Within the EM lab the EM technician prepares labels, requisitions, and billing forms. Verification of order worksheet is also performed.
Within the EM lab, the electron microscopy technician prepares containers by mixing solutions, labeling and prefilling with fixative.
Within the EM lab, the electron microscopy technician, retrieves specimen from receiving workstation or storage area. Accessions specimen and evaluates specimen quality.
Within the histology lab the laboratory technician prepares specimen containers/preloads fixative/label containers/distribute requisition form(s) to physician.

Intra-Service Clinical Labor Activities:
The histotechnologist assists pathologist with gross examination. Under a dissecting microscope, after fixation, cut cross and longitudinal sections for H&E histologic sections and retain portion for possible additional EM or nerve teasing studies.

The laboratory technologist assembles and delivers slides with paperwork to pathologist.

The electron microscopy technician within the EM lab, does the following:
Fixes specimen in glutaraldehyde, washes 3 times, dehydrates, mixes resin and infiltrates specimen with resin.

Labels blocks (types labels, prints, cuts, puts into capsules/molds, logs into book). Places specimen into capsules/molds, orients and trims.

Turns on oven, checks/documents temperature, places specimen, left-over resin and disposable utensils into oven). Removes specimen from capsules/molds, mounts block into microtome chucks.

Prepares glass knives by washing, breaking glass, applying boat/trough to knife, checking for sharpness/knicks under a dissecting microscope.
Trims block faces (4 blocks). Cuts sections of tissue (4 blocks). Mounts, stains and coverslips sections.

Labels slides, logs in thick sections, tracks/labels/numbers with previous thick sections, examine slides for appropriateness of staining.
Delivers slides to pathologist. Files slides, records stage in process completed, logs specimen information into computer, and makes hard copy for lab records.

Post-Service Clinical Labor Activities:
The laboratory technician prepares and packs specimens for transportation and records storage. The laboratory technologists also dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste, clean room and work areas (including cleaning the bench and microtome table, fume hood, thick section staining areas), and cleaning of other equipment following procedure including any equipment maintenance that must be done after the procedure.File glass slides from plastic sections. File electron microscopic prints.

CPT Code:_88356
Specialty Society('s)_CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88356 - Morphometric analysis; nerve

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties recommend no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E
1	**RUC Recommendation**			**Current Inputs**	**Recommended**
2	**Revised __--**			**88356**	**88356**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; nerve**	**Morphometric analysis; nerve**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**		**ALL**	**255.0**	**147.5**
7	TOTAL CLIN LABOR PER STAFF TYPE	L033A	Lab Tech	25.0	25.5
8	TOTAL CLIN LABOR PER STAFF TYPE	L037B	Histotech	69.0	10.0
9	TOTAL CLIN LABOR PER STAFF TYPE	L045B	EM Tech	161.0	112.0
10	**TOTAL PRE-SERV CLIN LABOR TIME**		**ALL**	**47.0**	**25.5**
11	TOTAL PRE-SERVICE PER STAFF TYPE	L033A	Lab Tech	11.0	9.5
12	TOTAL PRE-SERVICE PER STAFF TYPE	L045B	EM Tech	36.0	16.0
13	**TOTAL SERVICE PERIOD CLIN LABOR TIME**		**ALL**	**176.0**	**113.0**
14	TOTAL SERVICE PERIOD PER STAFF TYPE	L033A	Lab Tech	2.0	7.0
15	TOTAL SERVICE PERIOD PER STAFF TYPE	L037B	Histotech	69.0	10.0
16	TOTAL SERVICE PERIOD PER STAFF TYPE	L045B	EM Tech	105.0	96.0
17	**TOTAL POST-SERV CLINICAL LABOR TIME**		**ALL**	**32.0**	**9.0**
18	TOTAL POST-SERV PER STAFF TYPE	L033A	Lab Tech	12.0	9.0
19	TOTAL POST-SERV PER STAFF TYPE	L045B	EM Tech	20.0	0.0
20	**PRE-SERVICE**				
21	**Start: When containers/requisitions prepared for physician**				
22	Receive phone call from referring laboratory/facility with scheduled procedure to arrange special delivery of specimen procurement kit, including muscle biopsy clamp as needed. Review with sender instructions for preservation of specimen integrity and return arrangements. Contact courier and arrange delivery to referring laboratory/facility.	L045B	EM Tech		
23	Accession specimen/prepare for examination	L033A	Lab Tech	4	3
24	**Electron Microscopy lab (epon embedding processing)**				
25	EM-lab prepares labels, requisitions, billing forms. Verifies order worksheet.	L045B	EM Tech	5	5
26	EM - lab prepares containers by mixing solutions, labeling and prefilling with fixative.	L045B	EM Tech	17	10
27	EM-retrieves specimen from receiving workstation or storage area. Accession specimen and evaluate specimen quality.	L045B	EM Tech	14	1
28	**Histology section:**				
29	Prepare specimen containers/preload fixative/label containers/distribute requisition form(s) to physician	L033A	Lab Tech	7	6.5
30	Perform screening function (where applicable)				
31	Other Clinical Activity (please specify)				
32	**End: When specimen is ready for examination by pathologist**				
33	**SERVICE PERIOD**				
34	**Start: When specimen is ready for examination by pathologist**				
35	Assist pathologist with gross examination.	L037B	Histotech	7	10
36	Measure and snap freeze fresh saline specimen. ~~for histochemistry.~~	L037B	Histotech		
37	~~Measure specimen and fix on muscle/nerve clamp in Karnovsky's fixative for 8-12 hours.~~ Under dissecting microscope, after fixation, cut cross and longitudinal sections for histologic sections and retain portion for possible additional EM or nerve teasing studies.	L033A	Lab Tech		5
38	Prepare specimen for manual/automated processing.	L037B	Histotech	2	0
39	**Following for histology lab processing:**				
40	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech	60	0
41	Process for formalin fixed specimen				
42	Assemble and deliver slides with paperwork to pathologist	L033A	Lab Tech	2	2
43	**Following for EM Lab Processing:**				
44	Fixes specimen in glutaraldehyde, washes 3 times, dehydrates, mixes resin and infiltrates specimen with resin. Labels blocks (types labels, prints, cuts, puts into capsules/molds, logs into book). Places specimen into capsules/molds, orients and trims. Turns on oven, checks/documents temperature, places specimen, left-over resin and disposable utensils into oven). Removes specimen from capsules/molds, mounts block into microtome chucks. Prepares glass knives by washing, breaking glass, applying boat/trough to knife, checking for sharpness/knicks under a dissecting microscope. Trims block faces (4 blocks). Cuts sections of tissue (5 blocks). Mounts, stains and coverslips sections. Labels slides, logs in thick sections, tracks/labels/numbers with previous thick sections, examine slides for appropriateness of staining. Delivers slides to pathologist. Records stage in process completed, logs specimen information into computer, and makes hard copy for lab records.	L045B	EM Tech	105	96
45	**End: When specimen examination by pathologist is complete**				
46	**POST-SERVICE Period**				
47	**Start: When specimen examination by pathologist is complete**				
48	Prepare, pack and transport specimens and records for storage.	L033A	Lab Tech	5	3
49	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L033A	Lab Tech	4	1
50	Clean room, equipment following procedure including any equipment maintenance that must be done after the procedure.	L033A	Lab Tech	3	3
51	File glass slides from plastic sections. File electron microscopic prints.	LO33A	Lab Tech		2
52	Document service in CoPath system.	L045B	EM Tech		0
53	~~Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation~~				

	A	B	C	D	E
1	**RUC Recommendation**			**Current Inputs**	**Recommended**
2	**Revised __--**			**88356**	**88356**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; nerve**	**Morphometric analysis; nerve**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
54	Prepare specimen for -70 degree storage, log specimen and place in freezer for retrieval and performance of quantitative enzyme/protein studies if needed. Store minimum of 1 year.	L033A	Lab Tech		
55	EM tech prepares, packs and transports specimens and records for storage (includes, epon blocks, grids, and remaining wet tissue. Disposes spent chemicals/other consumables, and hazardous waste. Cleans room/equipment following procedure.	L045B	EM Tech	20	0
56	Submit/receive material for consultation (where applicable)				
57	Other Activity (please specify)				
58	**End: When specimen, chemical waste and record handling is complete**				
59	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
60	gloves, non-sterile, nitrile	SB023	pair	8	6
61	gown, staff, impervious	SB027	item	2	2
62	mask, surgical	SB033	item	2	2
63	syringe 10-12ml	SC051	item	3	3
64	syringe 1ml	SC052	item	2	2
65	syringe filter	SC095	item	4	4
66	biopsy sponge (Histo-Prep)	SD005	item	2	0
67	grids	SD086	item	4	4
68	blade, microtome	SF004	item	1	0
69	blade, single edge	SF005	item	2	2
70	scalpel with blade, surgical (#10-20)	SF033	item	1	0
71	eye shield, non-fog	SG049	item	2	2
72	paper, laser printing (each sheet)	SK057	item	5	5
73	skin marking ink (tattoo)	SK073	ml	0.01	0
74	alcohol reagent solvent	SL004	ml	250	0
75	alcohol, acid	SL005	ml	5.4	5.4
76	beaker, 250 ml	SL018	item	3	3
77	bleach	SL020	ml	50	40
78	chloroform	SL025	ml	0.1	0
79	clearing agent (Histo-clear)	SL026	ml	12	0
80	cover slip, glass	SL030	item	11	5
81	cover slip, liquid (M-1)	SL031	ml	0.1	0.1
82	cup, biopsy-specimen non-sterile 4oz	SL035	item	1	1
83	DDSA	SL044	gm	3	3
84	DMP 30	SL050	gm	0.4	0.4
85	embedding capsules	SL057	item	8	8
86	embedding cassette	SL058	item	1	0
87	embedding epoxy (NMA)	SL059	ml	7	7
88	embedding mold	SL060	item	1	0
89	embedding paraffin	SL061	kg	0.012	0
90	filter paper, qualitative, <15.0cm	SL064	item	2	2
91	fixative (for tissue specimen)	SL068	ml	50	0
92	fixative processing (buffered formalin)	SL070	ml	16	0
93	glass strip (each)	SL074	item	0.25	0.25
94	glutaraldehyde 25%	SL075	ml	5	15
95	histology freezing spray (Freeze-It)	SL078	oz	0.2	0
96	hydrochloric acid 0.1%, std soln	SL079	ml	0.03	0.03
97	label for microscope slides	SL085	item	14	8
98	lens paper	SL087	item	1	1
99	lint-free cloth	SL088	item	1	1
100	methanol, absolute, 99.8% min.	SL090	ml	1.5	0
101	mold release agent, liquid	SL093	ml	0.5	0
102	mounting media (Histomount)	SL095	ml	5	3
103	osmium tetroxide	SL098	gm	0.06	0.06
104	petri dish	SL103	item	1	1
105	pipette	SL108	item	1	1
106	Poly Bed 812	SL111	gm	10	10
107	propylene oxide	SL116	ml	30	30
108	slide, microscope	SL122	item	14	8
109	stain, frozen section, H&E (1ml per slide)	SL134	ml	6	0
110	stain, hematoxylin	SL135	ml	5.4	0
111	waterbath reagent	SL149	ml	3	3
112	xylenes solvent	SL151	ml	1000	0
113	glass knife boat	SL160	item	2	2
114	grid storage box (holds 50 grids)	SL161	item	0.08	0
115	paper, weighing (glassine)	SL167	item	1	1
116	pipette bulb	SL168	item	4	4
117	pipette, 9inch	SL169	item	4	4
118	specimen block storage box	SL172	item	1	1
119	sucrose, reagent	SL173	gm	0.6	
120	Toluidine Blue O (for microscopy)	SL174	gm	0.1	0.1
121	underpad 2ft x 2ft (lab bench)	SL175	item	1	1
122	vial, specimen-sample, 4ml	SL176	item	1	1
123	wax sheet	SL177	item	1	1
124	EM fixative, karnovsky's	SL188	ml	15	0
125	lithium carbonate, saturated	SL199	ml	5.4	5.4
126	stain, eosin	SL201	ml	5.4	0
127	vial, kimble sample, non sterile, glass, 20 ml	SL204	item	1	1
128	formaldehyde spill control	SM017	ml	100	100
129	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	8	6
130	**Equipment**	**CMS Code**	**Unit**		
131	balance, analytic	EP004		75	3
132	grossing station w-heavy duty disposal	EP015		75	13
133	hood, fume	EP017		120	7
134	hood, ventilator with blower	EP019		60	
135	microscope, compound	EP024		120	33

	A	B	C	D	E
1	**RUC Recommendation**			**Current Inputs**	**Recommended**
2	**Revised __--**			**88356**	**88356**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; nerve**	**Morphometric analysis; nerve**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
136	oven, convection (lab)	EP029		150	720
137	pH conductivity meter	EP030		75	1
138	paraffin dispenser (two-gallon)	EP032		60	0
139	slide coverslipper, robotic	EP033		60	0
140	slide dryer	EP034		60	0
141	slide etcher-labeler	EP035		60	0
142	slide stainer, automated, high-volume throughput	EP036		60	0
143	solvent recycling system	EP038		60	0
144	tissue embedding center	EP039		60	0
145	tissue processor	EP040		60	0
146	water bath, general purpose (lab)	EP043		90	20
147	freezer, ultradeep (-70 degrees)	EP046			
148	microtome	ER041		60	0
149	microtome, ultra	ER043		60	20
150	Glass knife breaker		Invoice #1		2
151	Block face milling machine		Invoice #2		5
152	microscope, binocular - dissecting	EP023			10
153	Electron Microscopy Tissue processor		Invoice #3		240

AMA/Specialty Society RVS Update Committee Summary of Recommendations

High Volume Growth

April 2014

Endovenous Ablation

At the October 2013 meeting, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs.

36475 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated***

The RUC reviewed the survey results from 81 physicians for CPT code 36475 and determined that the survey 25th percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because if a complication occurs the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same. The RUC compared 36475 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10 and intra-service time 35 minutes) and noted both services are endoluminal venous procedures, however, 36475 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36475 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36475.**

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36476 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 73 physicians for CPT 36476 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36475 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36476 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36476.**

36478 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated***

The RUC reviewed the survey results from 81 physicians for CPT code 36478 and determined that the survey 25th percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-service time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense, since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because, if a complication occurs, the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same .The RUC compared 36478 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10) and noted both services are endoluminal venous procedures, however, 36478 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36478 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36478.**

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36479 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 75 physicians for CPT 36479 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36478 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36479 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36479.**

New Technology

CPT codes 36475, 36476, 36478 and 36479 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The Practice Expense Subcommittee deleted sedation for the clinical labor staff on line 35, and eliminated the duplicative tilt table from the equipment. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30
36476	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30
36479	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65

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April 1, 2014

Barbara Levy, MD
Chair, AMA RUC
AMA Chicago Headquarters
515 N. State Street
Chicago, IL 60654

Re: Tab 38 Endovenous Ablation

Dear Dr. Levy:

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

A multi specialty RUC survey was conducted for the April RUC meeting. A survey was sent to all members of the SVS, and to random samples of ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP). After the survey requests were sent out, an inappropriate communication was emailed from a non-RUC participating professional society whose members treat venous disease (see attached email). This communication was emailed to all of their members on March 10th and potentially tainted the survey pool because of overlapping membership.

Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded. The spreadsheet also contains segregated data into surveys received by March 9th and those received after March 10th. The RVU recommendations are made from the aggregate survey data.

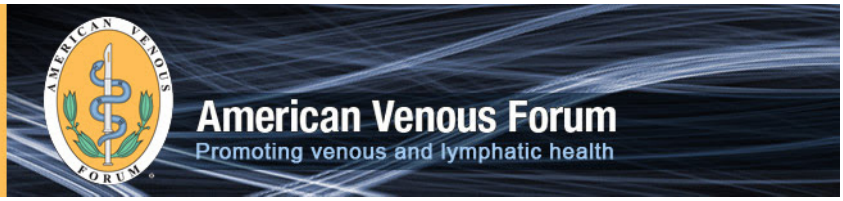
We look forward to presenting RUC recommendations for Tab 38 Endovenous Ablation at the upcoming RUC meeting. If you have any additional questions please contact trishacrishock@gmail.com.

Regards,

The Society for Vascular Surgery (SVS)
The American College of Surgeons (ACS)
The American College of Radiology (ACR)
The Society of Interventional Radiology (SIR)
The American College of Cardiology (ACC)
The Society for Cardiac Angiography and Interventions (SCAI)
American College of Phlebology (ACP)

cc: Sherry Smith





Dear American Venous Forum Members,

Last week you may have received a survey request from the Society of Vascular Surgery concerning an RVU update for endovenous ablation. This undoubtedly has great significance to many of our members. If you have not yet completed the survey, please take the time to read this communication and then complete the survey (if you've received it) appropriately. Please be advised that the current RVU for both laser and radiofrequency ablation of the first vein is 6.72 and the RVU for additional vein, same leg is 3.38

The AMA/Specialty Society Relative Value Update Committee (RUC) is a multi-specialty committee which includes many vascular society members. The purpose of the RUC process is to provide recommendations to CMS for use in annual updates to the Medicare relative value scale (RVU). The survey measures physician work involved in performing a procedure to determine an accurate relative value recommendation for setting Medicare physician fee schedules (both new and revisions of CPT codes are surveyed). These recommendations for rate setting are based on data collected from surveys of practicing physicians regarding the time, intensity, and complexity of new and revised CPT codes. The RUC process is incredibly important, requires realistic and accurate data for input, and cannot work without practicing physician participation to ensure that procedures are valued fairly by CMS as well as 3rd party payers who base their rates on a percentage of Medicare's.

As stated above, the RUC makes recommendations based on the direct input through physician RUC surveys. This is an important and valuable opportunity for us to provide direct input into the value of complex, highly technical, and high-risk vascular services. Very Important: When completing a RUC survey, please be realistic about the time is takes to perform a procedure (NOT your fastest time-this is not a competition), the mental effort and judgment needed, the actual physical effort and technical skills needed, and the psychological stress that occurs when an adverse outcome has serious consequences. Also, consider our practice expense and cost of professional liability insurance necessary to provide the service. DO NOT UNDERVALUE YOUR WORK!!!! Practicing vascular surgeons have many demands for their time, but the RUC surveys are how we will ensure that our work is highly valued by CMS.

Respectfully Yours,

The American Venous Forum Government Relations Committee

Fedor Lurie, Chair

Michael Vasquez

Harold Welch

#

The American Venous Forum (AVF) is dedicated to improving the care of patients with venous and lymphatic disease through education, research and technology. Membership is open to vascular surgeons, physicians and allied health professionals engaged in the care of patients with venous and lymphatic diseases.

American Venous Forum | 555 East Wells Street | Suite 1100 | Milwaukee, WI 53202
Phone: 414-918-9880 | Fax: 414-276-3349 | Email: info@veinforum.org | Website: http://veinforum.org/

You have received this email because you have had previous contact with the American Venous Forum. If you do not wish to

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36475 Tracking Number

Original Specialty Recommended RVU: **5.30**
Presented Recommended RVU: **5.30**
RUC Recommended RVU: **5.30**

Global Period: 000

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, sterile Radiofrequency ablation catheter, and other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep and drape patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:
•Set up operating field
•Attach pressurized heparin saline drip to the sterile Radiofrequency ablation catheter.
•Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target greater saphenous vein (GSV) access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries•
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.

•Remove guidewire and flush sheath.
•Place RF probe through the sheath and advance to the saphenofemoral junction using ultrasound guidance
•Locate tip of probe just below the superficial epigastric tributary vein
•Verify RF probe position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a "halo" of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm RF position with ultrasound imaging
•Apply RF energy
•Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total RF application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

Description of Post-Service Work:
•Elevate extremity and apply sterile dressings.
•Apply compression wrap or stocking starting at foot and ending at most proximal thigh
•Transfer patient to stretcher
•Ensure patient hemodynamic stability and comfort in Recovery area
•Write orders
•Dictate operative note
•Review results with patient's family
•Communicate with referring physician
•Review results with patient after sedation wears off
•Evaluate after recovery interval for discharge suitability
•Provide discharge activity advice to patient/family
•Arrange for follow-up care as required

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACP		
CPT Code:	36475		
Sample Size:	5571	**Resp N:** 81	**Response:** 1.4 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	75.00	960.00
Survey RVW:	4.00	5.30	**7.00**	8.50	10.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	40.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	36475	**Recommended Physician Work RVU: 5.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35476	000	5.10	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 36475**	**Key Reference CPT Code:** 35476	**Source of Time RUC Time**
Median Pre-Service Time	34.00	26.00	
Median Intra-Service Time	45.00	35.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**94.00**	**81.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.73	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.87	3.00
Urgency of medical decision making	2.27	2.47
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.33	3.20
Physical effort required	2.93	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	3.00
Outcome depends on the skill and judgment of physician	3.47	3.47
Estimated risk of malpractice suit with poor outcome	3.47	3.20

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.80	2.87
Intra-Service intensity/complexity	3.20	3.27

Post-Service intensity/complexity	2.20	2.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36475 Rationale for Recommendation

Background
In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology
A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

DISCLOSURE
After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey
Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 6.72 to the 25th percentile from our survey data.

Work RVU Recommendation
We are recommending the 25th percentile survey value of 5.30 RVW for 36475.

Pre-time
Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes of evaluation time to check and calibrate the radiofrequency generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress*

and scrub for procedure. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (19%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36475**	5.30	0.097	94	20	4	10	45	15
Key Ref	**35476**	5.10	0.118	81	17	4	5	35	20

Comparison to MPC codes

Comparison with MPC List Code, CPT 37191 – RVW 4.71

37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed)* is a 0-day global MPC service with similar times and intensity to 36475. Both 36475 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191supporting our recommendation for the 25th percentile survey RVW of 5.30.

Comparison with MPC List Code, CPT 52235 – RVW 5.44

52235 *(Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm))* is a 0-day global MPC service with similar intra-service time and intensity to 36475. Both 52235 and 36475 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**37191**	4.71	0.120	83	30	3	5	30	15
Survey	**36475**	5.30	0.097	94	20	4	10	45	15
MPC	**52235**	5.44	0.098	94	19	5	5	45	20

Conclusion

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25th percentile survey value of 5.30 RVW for 36475.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36475

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery	How often? Commonly
Specialty Cardiology	How often? Commonly
Specialty Radiology	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 68,276 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 37000	Percentage 54.19 %
Specialty Cardiology	Frequency 14000	Percentage 20.50 %
Specialty Radiology	Frequency 5000	Percentage 7.32 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36475

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36476 Tracking Number

Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
RUC Recommended RVU: **2.65**

Global Period: ZZZ

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

Description of Intra-Service Work:
•Retest actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target secondary vein access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.
•Place RF probe through the sheath and advance to target endpoint using ultrasound guidance

•Verify RF probe position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm RF position with ultrasound imaging
•Apply RF energy
•Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total RF application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the popliteal vein in the ablation.

Description of Post-Service Work:
Additional post-service work over and above that already provided for the primary procedure includes:
•apply additional dressings;
•dictating extra procedural details in the operative report; and
•longer discussion and explanation to patient and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36476		
Sample Size:	5571	**Resp N:** 73	**Response:** 1.3 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	20.00	300.00
Survey RVW:	1.55	3.00	**3.73**	4.50	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	36476	**Recommended Physician Work RVU: 2.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37222	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 27.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 36476**	**Key Reference CPT Code: 37222**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	30.00	40.00	
Median Immediate Post-service Time	0.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**42.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.10	3.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.45
Urgency of medical decision making	2.65	3.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.80
Physical effort required	3.10	3.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.20	3.60
Outcome depends on the skill and judgment of physician	3.65	3.75
Estimated risk of malpractice suit with poor outcome	3.30	3.30

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	3.40
Intra-Service intensity/complexity	3.55	3.70

Post-Service intensity/complexity	2.75	3.15

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36476 Rationale for Recommendation

Background
In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology
A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

DISCLOSURE
After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey
Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 3.38.

Comparison to key reference code
The key reference code chosen by the majority of the survey respondents (27%) was 37222 (*Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal procedures. The primary difference between 37222 and 36476 lies in the pre-, intra-, and post-service times. 36476 has 10 minutes less of intra-service time supporting the decreased RVW in comparison to the key reference service. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
Key Ref	**37222**	3.73	0.092	42	1	0	0	40	1

Comparison to MPC codes
Comparison with MPC List Code, CPT 99292 – RVW 2.25
99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar times and intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher

intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 3.00.

Comparison with MPC List Code, CPT 57267 – RVW 4.88

57267 *(Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**99292**	2.25	0.075	30	0	0	0	30	0
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
MPC	**57267**	4.88	0.108	45	0	0	0	45	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36476

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,494
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 4700	Percentage 62.71 %
Specialty Cardiology	Frequency 700	Percentage 9.34 %
Specialty Radiology	Frequency 600	Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36476

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36478 Tracking Number Original Specialty Recommended RVU: **5.30**
Presented Recommended RVU: **5.30**
Global Period: 000 RUC Recommended RVU: **5.30**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, laser fiber, safety goggles for all present during the procedure and any other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep, drape and place safety goggles on patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:
•Set up operating field
•Attach pressurized heparin saline drip to the sterile laser ablation catheter.
•Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target greater saphenous vein (GSV) access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.

•Remove guidewire and flush sheath.
•Place laser fiber through the sheath and advance to the saphenofemoral junction using ultrasound guidance
•Locate tip of fiber just below the superficial epigastric tributary vein
•Verify fiber position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a "halo" of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm laser fiber position with ultrasound imaging
•Apply laser energy
•Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total laser application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

Description of Post-Service Work:
•Elevate extremity and apply sterile dressings.
•Apply compression wrap or stocking starting at foot and ending at most proximal thigh
•Transfer patient to stretcher
•Ensure patient hemodynamic stability and comfort in Recovery area
•Write orders
•Dictate operative note
•Review results with patient's family
•Communicate with referring physician
•Review results with patient after sedation wears off
•Evaluate after recovery interval for discharge suitability
•Provide discharge activity advice to patient/family
•Arrange for follow-up care as required

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36478		
Sample Size:	5571	**Resp N:** 81	**Response:** 1.4 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	110.00	850.00
Survey RVW:	3.00	5.30	**7.00**	9.00	10.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	36478	**Recommended Physician Work RVU: 5.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35476	000	5.10	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191		4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 36478**	**Key Reference CPT Code:** 35476	**Source of Time RUC Time**
Median Pre-Service Time	34.00	26.00	
Median Intra-Service Time	45.00	35.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**94.00**	**81.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	2.82 / 3.09
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00 / 3.18
Urgency of medical decision making	2.27 / 2.55
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.36 / 3.09
Physical effort required	3.00 / 2.91
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.82 / 3.09
Outcome depends on the skill and judgment of physician	3.45 / 3.45
Estimated risk of malpractice suit with poor outcome	3.18 / 3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.64	2.73
Intra-Service intensity/complexity	3.18	3.27

Post-Service intensity/complexity	2.09	2.09

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36478 Rationale for Recommendation

Background
In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology
A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

DISCLOSURE
After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey
Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 6.72 to the 25th percentile from our survey data.

Work RVU Recommendation
We are recommending the 25th percentile survey value of 5.30 RVW for 36478.

Pre-time
Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes to evaluation time to check and calibrate the laser generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office

procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (14%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36478**	5.30	0.097	94	20	4	10	45	15
Key Ref	**35476**	5.10	0.118	81	17	4	5	35	20

Comparison to MPC codes

Comparison with MPC List Code, CPT 37191 – RVW 4.71

37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed)* is a 0-day global MPC service with similar times and intensity to 36478. Both 36478 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191supporting our recommendation for the 25th percentile survey value of 5.30.

Comparison with MPC List Code, CPT 52235 – RVW 5.44

52235 *(Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm))* is a 0-day global MPC service with similar intra-service time and intensity to 36478. Both 52235 and 36478 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**37191**	4.71	0.120	83	30	3	5	30	15
Survey	**36478**	5.30	0.097	94	20	4	10	45	15
MPC	**52235**	5.44	0.098	94	19	5	5	45	20

Conclusion

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25th percentile survey value of 5.30 RVW for 36478.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36478

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery (V&GS) How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology (D&IR) How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
36,478 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery (V&GS) Frequency 17550 Percentage 48.11 %

Specialty Cardiology Frequency 4800 Percentage 13.15 %

Specialty Radiology (D&IR) Frequency 3700 Percentage 10.14 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36478

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36479 Tracking Number

Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
RUC Recommended RVU: **2.65**

Global Period: ZZZ

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

Description of Intra-Service Work:
•Use ultrasound guidance to find target secondary vein access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.
•Place laser fiber through the sheath and advance to target endpoint using ultrasound guidance
•Verify laser fiber position by ultrasound

•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm laser fiber position with ultrasound imaging
•Apply laser energy
•Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total laser application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the poplitea vein in the ablation.

Description of Post-Service Work:
Additional post-service work over and above that already provided for the primary procedure includes:
•apply additional dressings;
•dictating extra procedural details in the operative report; and
•longer discussion and explanation to patient and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36479		
Sample Size:	5571	**Resp N:** 75	**Response:** 1.3 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	38.00	640.00
Survey RVW:	1.50	3.00	**3.75**	4.50	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	36479	**Recommended Physician Work RVU: 2.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 36479**	**Key Reference CPT Code: 37239**	**Source of Time RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	0.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**32.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.89	2.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.95	3.00
Urgency of medical decision making	2.05	2.53
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.37	3.32
Physical effort required	2.68	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.68	3.05
Outcome depends on the skill and judgment of physician	3.42	3.47
Estimated risk of malpractice suit with poor outcome	3.26	3.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	3.26
Intra-Service intensity/complexity	3.37	3.21

Post-Service intensity/complexity	2.63	2.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36479 Rationale for Recommendation

Background
In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology
A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

DISCLOSURE
After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey
Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the wRVU from a current value of 3.38.

Comparison to key reference code
The key reference code chosen by the majority of the survey respondents (25%) was 37239 (*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal venous procedures. They have identical intra-service times and very similar intensities. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36479**	2.65	08893	40	0	0	0	30	0
Key Ref	**37239**	2.97	0.098	32	1	0	0	30	1

Comparison to MPC codes
Comparison with MPC List Code, CPT 99292 – RVW 2.25
99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar times and intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 3.00.

Comparison with MPC List Code, CPT 57267 – RVW 4.88
57267 *(Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**99292**	2.25	0.075	30	0	0	0	30	0
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
MPC	**57267**	4.88	0.108	45	0	0	0	45	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36479

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,563 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery Frequency 7300 Percentage 63.13 %

Specialty Cardiology Frequency 850 Percentage 7.35 %

Specialty Radiology Frequency 1400 Percentage 12.10 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36479

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Note: Surveys received after 3/10/14 w/o extra question (eg, SVS,ACS,ACC) or with communication or financial conflict are not included

							RVW				Total	PRE	PRE			INTRA				POST-FACIL	
SOURCE	CPT	DESC	N	Resp	%	IWPUT	MIN	25th	MED	75th MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th MAX	P-SD	38 39
REF	35476	Transluminal balloon angioplasty, percutaneou	81	15	19%	0.118			5.10		81		17	4	5			35		20	
RUC-04	36475	Endovenous ablation therapy of incompetent v				0.075			6.72		159		40	10	15			60		15	0.5
SVY	36475	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	4.00	5.30	7.00	8.50 10.00	120		40	10	10	20	40	45	60 90	15	
REC	36475	RECOMMENDATION				0.097			5.30		94	6A	20	4	10			45		15	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*62*		*0.113*	*###*	*5.16*	*6.60*	*8.48 ####*	*120*		*40*	*10*	*10*	*20*	*35*	*45*	*60 90*	*15*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*19*		*0.091*	*###*	*6.98*	*7.10*	*8.73 ####*	*155*		*65*	*10*	*10*	*25*	*45*	*55*	*60 75*	*15*	
REF	37222	Revascularization, endovascular, open or perc	73	20	27%	0.092			3.73		42		1					40		1	
RUC-04	36476	Endovenous ablation therapy of incompetent v				0.075			3.38		45		0					45		0	
SVY	36476	Endovenous ablation therapy of incompetent v	5571	73	1%	0.117	1.55	3.00	3.73	4.50 10.00	40		5			10	25	30	45 75	5	
REC	36476	RECOMMENDATION				0.088			2.65		40		0					30		0	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*55*		*0.120*	*###*	*3.00*	*3.70*	*4.50 ####*	*34*		*5*			*10*	*23*	*30*	*38 60*	*2*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*18*		*0.081*	*###*	*3.77*	*4.00*	*4.77 ####*	*60*		*10*			*20*	*30*	*45*	*60 75*	*5*	
REF	35476	Transluminal balloon angioplasty, percutaneou	81	11	14%	0.118			5.10		81		17	4	5			35		20	
RUC-04	36478	Endovenous ablation therapy of incompetent v				0.082			6.72		154		40	10	15			55		15	0.5
SVY	36478	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	3.00	5.30	7.00	9.00 10.00	120		40	10	10	15	30	45	60 90	15	
REC	36478	RECOMMENDATION				0.097			5.30		86	6A	20	4	10			45		15	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*53*		*0.113*	*###*	*5.25*	*6.60*	*9.00 ####*	*120*		*40*	*10*	*10*	*20*	*30*	*45*	*60 90*	*15*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*28*		*0.098*	*###*	*6.59*	*7.23*	*9.00 ####*	*143*		*53*	*10*	*10*	*15*	*38*	*55*	*60 75*	*15*	
REF	37239	Transcatheter placement of an intravascular st	75	19	25%	0.098			2.97		32		1					30		1	
RUC-04	36479	Endovenous ablation therapy of incompetent v				0.075			3.38		45		0					45		0	
SVY	36479	Endovenous ablation therapy of incompetent v	5571	75	1%	0.118	1.50	3.00	3.75	4.50 10.00	40		5			10	25	30	45 75	5	
REC	36479	RECOMMENDATION				0.088			2.65		40		0					30		0	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*48*		*0.118*	*###*	*3.00*	*3.73*	*4.53 ####*	*39*		*4*			*10*	*25*	*30*	*40 60*	*5*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*27*		*0.081*	*###*	*3.23*	*4.00*	*4.28 ####*	*60*		*10*			*10*	*25*	*45*	*53 75*	*5*	

EXPERIENCE					
MIN	25th	MED	75th	MAX	TYP
0	**5**	**25**	**75**	**960**	**91%**
0	*5*	*25*	*95*	*500*	*90%*
0	*1*	*45*	*55*	*960*	*88%*

0	**1**	**10**	**20**	**300**	**81%**
0	*1*	*10*	*15*	*100*	*78%*
0	*1*	*13*	*29*	*300*	*84%*

0	**10**	**50**	**110**	**850**	**95%**
0	*5*	*30*	*100*	*700*	*94%*
0	*44*	*65*	*210*	*850*	*92%*

0	**5**	**15**	**38**	**640**	**88%**
0	*1*	*10*	*22*	*150*	*88%*
0	*12*	*25*	*44*	*640*	*86%*

CPT Code: 36475, 36476, 36478 and 36479
Specialty Society('s): SVS, ACS, SIR, ACR, ACC, SCAI and ACP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated
36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated
36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**
36476 & 36479 - ZZZ

Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACS, SIR, ACR, ACC, SCAI and ACP) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure. The panel made recommendations based on existing inputs and the new coding conventions.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. As such, we have included the current direct PE recommendations and not a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

CPT Codes 36475 & 36478:

Pre-Service Clinical Labor Activities:
Complete pre-service diagnostic and referral forms: a clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services. Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Schedule space and equipment in facility. Provide pre-service education/obtain consent. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed.

DAY OF Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
Conducts phone calls/call in prescription.

CPT Codes 36476 & 36479:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

CPT Code: 36475, 36476, 36478 and 36479
Specialty Society('s): SVS, ACS, SIR, ACR, ACC, SCAI and ACP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated
36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated
36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**
36476 & 36479 - ZZZ
Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACS, SIR, ACR, ACC, SCAI and ACP) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure. The panel made recommendations based on existing inputs and the new coding conventions.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. As such, we have included the current direct PE recommendations and not a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Pre Service Period
Lines 23 & 24 - Added 4 minutes for digital activities. The existing inputs do not include minutes to account for these activities.

Service Period
We have modified the 'assist physician" section of the PE recommendations to reflect current PE 'standard' for interventional procedures. (Source: carotids, embo, stents).
Line 39 – recommended 75% total physician time for tech to acquire images (current 'standard' for interventional procedures)
Line 40 – added RN/LPN/MTA time to account for the 25% circulator
Line 42 – added RN/LPN/MTA time to apply multi-layer comprehensive dressing
Line 44 – increased post procedure monitoring from 3 min to 8 min. The 8 min represents the standard for 30 min of post procedure monitoring.

5. Please describe in detail the clinical activities of your staff:

CPT Codes 36475 & 36478:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms: a clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services: Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed. Other clinical activities: The vascular technologist prior to the patient's arrival will retrieve any prior imaging exams, display these exams for the physician to review, verify orders, review the chart to incorporate any relative clinical information.

DAY OF Service Clinical Labor Activities:

Greet patient, provide gowning, and ensure appropriate medical records are available: Patient is greeted by the clinical staff, escorted to the intake area, provided with gowning and given assistance with changing into the gown if needed. Obtain vital signs: blood pressure, heart rate, respiratory rate, temperature, rhythm strip and pulse oximetry, are all obtained. Prepare room, equipment, supplies: Vascular technologist checks imaging equipment to make sure that it is turned on, warmed up, functioning properly, enters the patient demographics, opens the sterile tray and sets it up, goes to the storage room to pull all the supplies that will be used for the procedure, and brings them to the procedure room. Prepare and position patient/Monitor patient/Setup IV. Intra-service Time of varying clinical personnel: a vascular tech is scrubbed next to the physician the entire case, an additional individual who is not scrubbed will assist with the imaging equipment and opening supplies. Monitor patient following service/Check tubes, monitors, drains. The patients are recovered before being discharged. Check dressings and wound/home care instructions/coordinated office visits/prescriptions. In addition to checking the dressings and reviewing at home instructions the clinical staff will also discuss pain prescriptions for the patients and review the medications with them. Other clinical activities: The vascular tech post procedure

annotates the images, processes them, and then either hangs the films for interpretation or sends digital images to PACS and ensures they are received.

Post-Service Clinical Labor Activities:

Conducts phone calls/call in prescription.

CPT Codes 36476 & 36479:

Pre-Service Clinical Labor Activities:

N/A

DAY OF Service Clinical Labor Activities:

A vascular tech is scrubbed next to the physician and an additional individual who is not scrubbed will assist with the imaging equipment and opening supplies.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	'*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36475				36476			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**150**	**18**	**146**	**18**	**77**	**0**	**60**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**135**		**127**		**77**		**60**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***64***		***47***		***45***		***30***	
13		L054A	VasTech	***52***		***41***		***32***		***23***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**60**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**45**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**0**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**0**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	F	G	H	I	J	K	L	M
1				**Existing Feb-06**		**Recommend**		**Existing Feb-06**		**Recommend**	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			**36475**				**36476**			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**	**1**		**1**					
74	**kit, endovascular laser treatment**	**SA074**	**kit**								
75	kit, RF introducer	SA026	kit	**1**		**1**					
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**					
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item	**1**		**1**					
95	dilator, vessel, angiographic	SD043	item	**1**		**1**					
96	guidewire, hydrophilic (Glidewire)	SD089	item	**1**		**1**					
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item	**1**		**1**		**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**85**		**63**		**45**		**30**	
121	table, tilt (w-trendelnberg)	EF032		**85**				**45**			
122	radiofrequency generator (vascular)	EQ215		**85**		**63**		**45**		**30**	
123	stretcher chair	EF019		**60**		**31**					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	'*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36478				36479			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**137**	**18**	**146**	**18**	**77**	**0**	**60**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**122**		**127**		**77**		**60**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***59***		***47***		***45***		***30***	
13		L054A	VasTech	***44***		***41***		***32***		***23***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**55**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**37**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**0**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**0**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	N	O	P	Q	R	S	T	U
1				**Existing Feb-06**		**Recommend**		**Existing Feb-06**		**Recommend**	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			**36478**				**36479**			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**								
74	**kit, endovascular laser treatment**	**SA074**	**kit**	**1**		**1**					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item					**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**90**		**63**		**45**		**30**	
121	table, tilt (w-trendelnberg)	EF032		**90**				**45**			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		**60**		**31**					
124	laser, endovascular ablation (ELVS)	EQ160		**90**		**63**		**45**		**30**	

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36475				36476			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**150**	**18**	**146**	**18**	**77**	**0**	**62**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**135**		**127**		**77**		**62**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***64***		***47***		***45***		***30***	
13		L054A	VasTech	***52***		***41***		***32***		***25***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**60**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**45**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**1**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**1**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	F	G	H	I	J	K	L	M
1				**Existing Feb-06**		**Recommend**		**Existing Feb-06**		**Recommend**	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			**36475**				**36476**			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**	**1**		**1**					
74	**kit, endovascular laser treatment**	**SA074**	**kit**								
75	kit, RF introducer	SA026	kit	**1**		**1**					
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**					
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item	**1**		**1**					
95	dilator, vessel, angiographic	SD043	item	**1**		**1**					
96	guidewire, hydrophilic (Glidewire)	SD089	item	**1**		**1**					
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item	**1**		**1**		**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**85**		**63**		**45**		**32**	
121	table, tilt (w-trendelnberg)	EF032		**85**				**45**			
122	radiofrequency generator (vascular)	EQ215		**85**		**63**		**45**		**32**	
123	stretcher chair	EF019		**60**		**30**					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36478				36479			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**137**	**18**	**146**	**18**	**77**	**0**	**62**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**122**		**127**		**77**		**62**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***59***		***47***		***45***		***30***	
13		L054A	VasTech	***44***		***41***		***32***		***25***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**55**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**37**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**1**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**1**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	N	O	P	Q	R	S	T	U
1				**Existing Feb-06**		**Recommend**		**Existing Feb-06**		**Recommend**	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			**36478**				**36479**			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**								
74	**kit, endovascular laser treatment**	**SA074**	**kit**	**1**		**1**					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item					**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**90**		**63**		**45**		**32**	
121	table, tilt (w-trendelnberg)	EF032		**90**				**45**			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		**60**		**30**					
124	laser, endovascular ablation (ELVS)	EQ160		**90**		**63**		**45**		**32**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth/ CMS Fastest Growing

April 2014

CT Angiography – Head & Neck

At the October 2013 RUC meeting, the Relativity Assessment Workgroup identified CPT code 70496 through the High Volume Growth Services screen, where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC recommended that the specialty societies survey the physician work and present to the RUC for the 2015 CPT cycle. At this time, CPT code 70498 was added to the survey list as it is part of the CT Angiography of the head & neck family of services.

70496 ***Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing***
The RUC reviewed the survey results from 85 radiologists and neuroradiologists and recommend the following physician time components: pre-service time of 5 minutes, intra-service time of 20 minutes and post-service time of 5 minutes. The RUC noted that all services in the family have the same amount of pre-, intra- and post-service time and the same level of intensity, and therefore, should be valued the same. The RUC reviewed the survey 25th percentile work RVU of 1.85 and agreed with the specialty societies that the current value of 1.75 is appropriate for this service.

The RUC compared the surveyed code to key reference service 70553 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences* (work RVU= 2.29, 5 minutes of pre-time, 25 minutes of intra-time, 7 minutes of post-time) and noted that while the reference code has more intra-service and post-service time, the survey respondents indicated that 70496 is a more intense service than 70553, which supports the recommended work value of 1.75. Furthermore, the reference code is an apt comparator, since both codes require contrast administration, both involve imaging of the brain, and 70496 is more commonly performed in the inpatient setting with more acute symptoms relative to 70553.

The RUC also compared the surveyed code to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU= 1.74, 5 minutes pre-time, 22 minutes intra-time, 5 minutes post-time) and noted that the codes have similar intra-service times, whereas the surveyed code is slightly more intense to perform, justifying the similar work value. Additionally, the RUC compared the surveyed code to CPT code 75572 *Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 1.75, 10 minutes of pre-time, 20 minutes of intra-time, 10 minutes of post-time) and noted that both services have the same intra-service time of 20 minutes, whereas 75572 has 10 more minutes of total time. The RUC agreed that a similar work value is justified, since the surveyed code has a higher intensity relative to 75572. **The RUC recommends a work RVU of 1.75 for CPT code 70496.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

70498 ***Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing***

The RUC reviewed the survey results from 85 radiologists and neuroradiologists and recommend the following physician time components: pre-service time of 5 minutes, intra-service time of 20 minutes and post-service time of 5 minutes. The RUC noted that all services in the family have the same amount of pre-, intra- and post-service time and the same level of intensity, and therefore, should be valued the same. The RUC reviewed the survey 25th percentile work RVU of 1.80 and agreed with the specialty societies that the current value of 1.75 is appropriate for this service.

The RUC compared the surveyed code to CPT code 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU= 1.78, 5 minutes of pre-time, 20 minutes of intra-time, 7 minutes of post-time) and noted that both services have identical intra-service time of 20 minutes, and similar total times, 32 minutes and 30 minutes, respectively. Furthermore, the RUC noted that both codes require contrast administration and are of similar intensity. Therefore, the RUC agreed that 70498 should be valued similarly to 70552.

The RUC also compared the surveyed code to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU= 1.74, 5 minutes pre-time, 22 minutes intra-time, 5 minutes post-time) and noted that the codes have similar intra-service times, whereas the surveyed code is slightly more intense to perform, justifying the slightly higher work value. Additionally, the RUC compared the surveyed code to CPT code 75572 *Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 1.75, 10 minutes of pre-time, 20 minutes of intra-time, 10 minutes of post-time) and noted that both services have the same intra-service time of 20 minutes, whereas 75572 has 10 more minutes of total time. The RUC agreed that a similar work value is justified, since the surveyed code has a higher intensity relative to 75572. **The RUC recommends a work RVU of 1.75 for CPT code 70498.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for the CT Angiography Head & Neck services and noted that these services mostly crosswalk to the CT Angiography Abdomen and CT Angiography Chest services approved at the October 2013 and January 2014 RUC meetings, respectively. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX	1.75 (no change)
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX	1.75 (no change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70496 Tracking Number

Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
RUC Recommended RVU: **1.75**

Global Period: XXX

CPT Descriptor: Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with acute onset aphasia and right sided weakness. CTA of the head is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Description of Pre-Service Work:
Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans patient has had for background information on radiation exposure history. Review lab studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc.). Adjust contrast product and amount to be injected. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV. Review any applicable prior studies; may search health information exchange or DICOM grid for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work:
Obtain/interpret scout views of area to be imaged. Obtain/review axial CT images of head prior to contrast (if obtained). Supervise processing of two-dimensional reconstructions. Interpret the axial source images and the multiplanar reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; and foramina; superficial soft tissues. Evaluate for etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, atherosclerotic calcification. Compare to all pertinent available prior studies.

Obtain/review axial CT angiographic images of the head. Supervise processing of two-dimensional and three-dimensional reconstructions. Interpret the axial source CTA images, multiplanar reformats and three-dimensional reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid

spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; and foramina; superficial soft tissues. Evaluate in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vascular variants, atherosclerotic calcification. Assess for active extravasation of contrast in patients with intracranial bleeding. Assess for perfusion/collateral differences between the cerebral hemispheres. Assess dural venous sinuses and jugular bulbs for stenosis, thrombus, fistulas. Generate additional three-dimensional reformats which may help guide any open surgical procedure. Compare to all pertinent available prior studies.

Document radiation dose administered and ensure database entry, if appropriate. Compare to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work:
Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings with referring physician, emergency physician, or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70496		
Sample Size:	2689	**Resp N:** 85	**Response:** 3.1 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	50.00	**100.00**	200.00	5000.00
Survey RVW:	1.00	1.85	**2.20**	2.50	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**20.00**	23.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70496	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	1,992,265

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 22.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 70496**	**Key Reference CPT Code:** 70553	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	

Median Intra-Service Time	20.00	25.00
Median Immediate Post-service Time	5.00	7.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**37.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.11	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.79
Urgency of medical decision making	4.84	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.42	4.11
Physical effort required	3.74	3.37
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.37	3.68
Outcome depends on the skill and judgment of physician	4.63	4.47
Estimated risk of malpractice suit with poor outcome	4.47	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.84	2.95
Intra-Service intensity/complexity	4.47	3.95
Post-Service intensity/complexity	2.79	2.58

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT code 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* is being brought forward for review by the societies as part of the Head and Neck CT angiography code family.

CT angiography of the head and CT angiography of the neck are techniques in which IV contrast is injected at a rapid infusion rate, and subsequent axial CT images are obtained of the head or neck during the arterial and/or venous phases of contrast. Multi-planar reconstructions/reformats, maximum intensity projections, and 3D reformats, in addition to the axial source data, are then used to investigate a number of potential pathologies which can affect the cervical and intracranial circulation. The technique has supplanted much of diagnostic catheter based angiography, as it is non-invasive, eliminating the risk of procedure related stroke, arterial dissection, bleeding, and death (see Table 1 below). It is also substantially cheaper. A diagnostic catheter angiogram of the entire intracranial circulation requires selective injection of the bilateral internal carotid arteries and bilateral vertebral arteries.

The increase in utilization of CT angiography in the head or neck stems mainly from technologic improvements in CT and related changing practice patterns. The advent of multi-slice CT scanners has been a significant factor in this evolution. Multi-slice CT scanners were still relatively new to clinical practice in 2006, though North American installations have since increased from 2006-2011. These newer scanners are able to generate high-quality diagnostic carotid and cerebral vascular studies with better reliability than earlier CTs, leading to adoption of CT angiography as part of the typical imaging algorithm in the acute care setting for patients with stroke symptoms, as well as for the evaluation of vascular dissection and intracerebral aneurysms. CT angiography is also being used more often in the presurgical evaluation of patients prior to carotid endarterectomy.

The ability to generate high quality cervical and intracerebral vascular studies without the inherent risks of catheter angiography has led not only to a shift from catheter-based diagnosis, but likely also accounts for a lowered threshold to perform imaging in patients at risk for cerebrovascular disease. Among non-invasive imaging tests for cervicocerebral vascular disease, there is a growing shift from MRA to CTA in multiple clinical settings.

Table 1. 2006-2011 Percent Change in Medicare Volume for Cervicocerebral Angiography Radiological Supervision and Interpretation CPT Codes:

2012 CPT Code	2012 Code Descriptor	Global	2006 Medicare Volume	2011 Medicare Volume	% Change

75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	XXX	59,418	32,018	-46%
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	XXX	2,750	2,422	-12%
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	XXX	5,395	4,650	-14%
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	XXX	11,500	11,173	-3%
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	XXX	57,995	33,250	-43%
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	XXX	11,284	11,245	0%
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	XXX	63,433	36,443	-43%
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	XXX	56,638	42,389	-25%

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 70496 and 70498, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations
The expert panel recommends maintaining the work value for 70496 at 1.75 wRVUs. The current and recommended wRVU is below the 25th percentile of values reported by our survey participants.

Pre, Intra, and Post Service Times
The expert panel is recommending the median intra-service time of 20 minutes with pre-service and post-service times of 5 minutes each for 70496.

CPT Code	Short Descriptor	Work RVU	Pre-service	Intra-Service	Post-Service	Total Time	IWPUT
70496	CT angiography head	1.75	5	20	5	30	0.076
70498	CT angiography neck	1.75	5	20	5	30	0.076

Table 2. Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre-Service	Intra-Service	Post-Service	Total time	IWPUT	Meeting Date
70460	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.0755	Oct 2012

70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	XXX	5	15	5	25	0.0697	Apr 2011
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1.35	XXX	5	20	5	30	0.0563	Jan 2012
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.4	XXX	5	18	5	28	0.0653	Apr 2012
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.0698	Jan 2013
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	XXX	5	22	5	32	0.0689	Feb 2010
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1.75	XXX	10	20	10	40	0.0651	Feb 2009
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	Apr 2014
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	Apr 2014
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.0756	Jan 2013
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.0595	Feb 2010

KRS for 70496

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70496	**CT angiography head**	**1.75**	**5**	**20**	**5**	**30**	**0.076**
74176	CT abdomen and pelvis w/o contrast	1.74	5	22	5	32	0.069

The key reference for 70496 was 70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences),* chosen by 22 % of our survey respondents. Because of the relatively low percentage of survey respondents choosing 70553 as the KRS, the societies also point out the second most chosen KRS, 75573 *(Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)), chosen by* 19% of our survey respondents.

70496 compared favorably to 70553, receiving generally higher scores on intensity and complexity measures. The higher intensity and complexity scores are supported by the differences in site of service and indications. 70496 is most commonly performed in the inpatient setting for patients admitted with acute neurologic problems, whereas 70553 is generally performed in the outpatient setting with less acute symptoms. They both involve imaging of the brain, and both require contrast administration. The longer intra-service times required to interpret this MRI code are inherent to the technology for which multiple pulse sequences must be interrogated in multiple planes both with and without contrast, whereas CT angiography lacks different "sequences", but has parallels with the multiple planes used in MRI studies in that CT angiography uses multi-planar reformats and 3D image sets. The relatively large differences in wRVU favoring the KRS are justified given the differences in total time and intra-service time between the two exams.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70496	**CT angiography head**	**1.75**	**5**	**20**	**5**	**30**	**0.076**
70553 (KRS#1)	MRI brain; w/o & w/contrast	2.29	5	25	7	37	0.081
75573 (KRS#2)	CT heart structure and morphology	2.55	15	30	15	60	0.063

MPC for 70496

CT angiography of the head (70496) is comparable to MPC code 74176 (CT abdomen and pelvis w/o contrast). 70496 and 74176 have nearly identical times, wRVU, and site of services, therefore, our recommendations are that they are valued in similar fashion. 3D reconstructions inherent in CT angiography add to the technical complexity of interpreting a CT angiogram of the head as opposed to standard 2-D reformats common when interpreting a CT abdomen and pelvis.

Summary

In summary, our expert panel recommends maintaining the current wRVU of 1.75 wRVUs for 70496. We recommend maintaining the intra-service time of 20 minutes, which was also the survey median. We recommend pre-service and post service times of 5 minutes each. We feel these recommendations are supported by the favorable comparison with the most commonly chosen KRS, and the nearly identical times and wRVU compared to the selected MPC.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70496

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 485793

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70496 provided nationally in a one-year period is estimated to be 485,793.

Specialty Radiology Frequency 471500 Percentage 97.05 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 161,931 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70496 was billed approximately 161,931 times for Medicare patients nationally in a one-year period.

Specialty Radiology Frequency 157150 Percentage 97.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70496

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70498 Tracking Number

Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX
RUC Recommended RVU: **1.75**

CPT Descriptor: Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old patient presents with recurrent episodes of left arm, face, and leg weakness. CTA of the neck is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Description of Pre-Service Work:
Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans patient has had for background information on radiation exposure history. Review lab studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc.). Adjust contrast product and amount to be injected. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV. Review any applicable prior studies; may search health information exchange or DICOM grid for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work:
Obtain/review axial CT angiographic images of the neck after administration of contrast. Supervise processing of two-dimensional and three-dimensional reconstructions. Interpret the axial source CTA images, the multiplanar reformats and three-dimensional reformats in soft tissue, vascular, and bone windows. Evaluate visualized brain parenchyma, cervical cord and vertebrae, and visualized lung apices. Evaluate the neck soft tissues including orbits, sinuses, nasopharynx, oropharynx, oral cavity, larynx, hypopharynx, visualized trachea and esophagus. Evaluate parotid, submandibular, and thyroid glands. Evaluate for enlarged lymph nodes. Assess bony structures for fracture and abnormal lesions. Evaluate in detail the major arteries in the neck for stenosis (based on NASCET criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms/pseudoaneurysms, vascular anomalies, vascular loops, dissections, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized

pulmonary vessels. Assess jugular veins, innominate veins, and subclavian veins for patency, thrombus, or fistulas. Compare to all pertinent available prior studies.

Document radiation dose administered and ensure database entry, if appropriate. Compare to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work:
Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings with referring physician, emergency physician, or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70498		
Sample Size:	2689	**Resp N:** 85	**Response:** 3.1 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	15.00	70.00	**100.00**	200.00	5000.00
Survey RVW:	1.00	1.80	**2.15**	2.50	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**20.00**	23.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70498	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75573	XXX	2.55	**RUC Time**

CPT Descriptor Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	1,992,265

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 70498**	**Key Reference CPT Code:** 75573	**Source of Time** RUC Time

Median Pre-Service Time	5.00	15.00
Median Intra-Service Time	20.00	30.00
Median Immediate Post-service Time	5.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**30.00**	**60.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.07	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.87	3.93
Urgency of medical decision making	4.73	4.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.27	4.20
Physical effort required	3.60	3.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.27	3.20
Outcome depends on the skill and judgment of physician	4.60	4.53
Estimated risk of malpractice suit with poor outcome	4.33	4.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.67	2.87
Intra-Service intensity/complexity	4.73	4.60
Post-Service intensity/complexity	2.80	2.87

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. CPT code 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* is being brought forward for review by the societies as part of the Head and Neck CT angiography code family.

CT angiography of the head and CT angiography of the neck are techniques in which IV contrast is injected at a rapid infusion rate, and subsequent axial CT images are obtained of the head or neck during the arterial and/or venous phases of contrast. Multi-planar reconstructions/reformats, maximum intensity projections, and 3D reformats, in addition to the axial source data, are then used to investigate a number of potential pathologies which can affect the cervical and intracranial circulation. The technique has supplanted much of diagnostic catheter based angiography, as it is non-invasive, eliminating the risk of procedure related stroke, arterial dissection, bleeding, and death (see Table 1 below). It is also substantially cheaper. A diagnostic catheter angiogram of the entire intracranial circulation requires selective injection of the bilateral internal carotid arteries and bilateral vertebral arteries.

The increase in utilization of CT angiography in the head or neck stems mainly from technologic improvements in CT and related changing practice patterns. The advent of multi-slice CT scanners has been a significant factor in this evolution. Multi-slice CT scanners were still relatively new to clinical practice in 2006, though North American installations have since increased from 2006-2011. These newer scanners are able to generate high-quality diagnostic carotid and cerebral vascular studies with better reliability than earlier CTs, leading to adoption of CT angiography as part of the typical imaging algorithm in the acute care setting for patients with stroke symptoms, as well as for the evaluation of vascular dissection and intracerebral aneurysms. CT angiography is also being used more often in the presurgical evaluation of patients prior to carotid endarterectomy.

The ability to generate high quality cervical and intracerebral vascular studies without the inherent risks of catheter angiography has led not only to a shift from catheter-based diagnosis, but likely also accounts for a lowered threshold to perform imaging in patients at risk for cerebrovascular disease. Among non-invasive imaging tests for cervicocerebral vascular disease, there is a growing shift from MRA to CTA in multiple clinical settings.

Table 1. 2006-2011 Percent Change in Medicare Volume for Cervicocerebral Angiography Radiological Supervision and Interpretation CPT Codes:

2012 CPT Code	2012 Code Descriptor	Global	2006 Medicare Volume	2011 Medicare Volume	% Change
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	XXX	59,418	32,018	-46%
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	XXX	2,750	2,422	-12%
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	XXX	5,395	4,650	-14%
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	XXX	11,500	11,173	-3%
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	XXX	57,995	33,250	-43%
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	XXX	11,284	11,245	0%
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	XXX	63,433	36,443	-43%
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	XXX	56,638	42,389	-25%

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 70496 and 70498, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations
The expert panel recommends maintaining work value for 70498 at 1.75 wRVUs. The current and recommended wRVU is below the 25th percentile of values reported by our survey participants.

Pre, Intra, and Post Service Times
The expert panel is recommending the median intra-service time of 20 minutes with pre-service and post-service times of 5 minutes each for 70498.

CPT Code	Short Descriptor	Work RVU	Pre-service	Intra-Service	Post-Service	Total Time	IWPUT
70496	CT angiography head	1.75	5	20	5	30	0.076
70498	CT angiography neck	1.75	5	20	5	30	0.076

Table 2. Comparison to other RUC reviewed codes

CPT Code	Long Descriptor	2014 Work RVU	Global day	Pre-Service	Intra-Service	Post-Service	Total time	IWPUT	Meeting Date
70460	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.0755	Oct 2012
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	XXX	5	15	5	25	0.0697	Apr 2011
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1.35	XXX	5	20	5	30	0.0563	Jan 2012
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.4	XXX	5	18	5	28	0.0653	Apr 2012
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.0698	Jan 2013
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	XXX	5	22	5	32	0.0689	Feb 2010
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1.75	XXX	10	20	10	40	0.0651	Feb 2009
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	Apr 2014
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	XXX	5	20	5	30	0.076	Apr 2014
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.0756	Jan 2013

74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.0595	Feb 2010

KRS for 70498

The key reference for 70498 was 75573 *(Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)), chosen by* 18 % of our survey respondents. Because of the relatively low percentage of survey respondents choosing 75573 as the KRS, the societies also point out the second most chosen KRS, 70552 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)), chosen by* 16% of our survey respondents.

70498 is difficult to compare to the most commonly chosen KRS, 75573, mainly because of the drastically different times and wRVU. 75573 is generally an outpatient procedure, whereas 70498 tends to be done in the inpatient hospital setting, usually on patients with acute neurologic symptoms. The site of service difference is reflected in the generally higher intensity and complexity scores our survey respondents reported for 70498.

70498 is more naturally compared to the second KRS, 70552. These two codes have identical service times and similar wRVUs. The intra-service times required to interpret a brain MRI and CT angiogram are similar because multiple sets of images are utilized in both studies. For example, in a brain MRI, multiple pulse sequences must be interrogated in multiple planes, whereas CT angiography lacks different "sequences", but has parallels with MRI in that multi-planar reformats and 3D image sets are used to evaluate the vasculature when a single projection can obscure important findings. Our survey respondents felt 70498 had higher intensity and complexity measures likely due to the higher acuity of patients, and the higher inpatient and emergency room utilization.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70498	**CT angiography neck**	**1.75**	**5**	**20**	**5**	**30**	**0.076**
75573 (KRS#1)	CT heart structure and morphology	2.55	15	30	15	60	0.063
70552 (KRS #2)	MRI brain w/contrast	1.78	5	20	7	32	0.076

MPC for 70498

CT angiography of the neck (70498) is comparable to MPC code 74176 *(CT abdomen and pelvis w/o contrast)*. 70498 and 74176 have nearly identical times, wRVU, and site of services, therefore, our recommendations are that they are valued in similar fashion. 3D reconstructions inherent in CT angiography add to the technical complexity of interpreting a CT angiogram of the head as opposed to standard 2-D reformats common when interpreting a CT abdomen and pelvis.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70498	**CT angiography neck**	**1.75**	**5**	**20**	**5**	**30**	**0.076**
74176	CT abdomen and pelvis w/o contrast	1.74	5	22	5	32	0.069

Summary

In summary, our expert panel recommends maintaining the current wRVU of 1.75 wRVUs for 70498. We recommend maintaining the intra-service time of 20 minutes, which was also the survey median. We recommend pre-service and post-service times of 5 minutes each. We feel these recommendations are supported by the favorable comparison with the most commonly chosen KRS, and the nearly identical times and wRVU compared to the selected MPC.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70498

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 567855
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70498 provided nationally in a one-year periods is estimated to be

Specialty Radiology Frequency 539600 Percentage 95.02 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 189,285 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70498 was billed approximately 189,285 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 179850 Percentage 95.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70498

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: CTA Head & Neck

TAB: 39

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	70553	Magnetic reso	19	0.081			2.29			37	5					25			7					
REF	75573	Computed ton	16	0.063			2.55			60	15					30			15					
Apr-00	70496	Computed tomograp		0.067			1.75			38	8					20			10					
Combined	70496	Computed ton	85	0.099	1.00	1.85	2.20	2.50	4.50	30	5			5	10	20	23	45	5	10	50	100	200	5000
REC	70496	Computed tomograp		0.076			1.75			30	5					20			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	75573	Computed ton	15	0.063			2.55			60	15					30			15					
REF	70552	Magnetic reso	14	0.076			1.78			32	5					20			7					
Apr-00	70498	Computed tomograp		0.068			1.75			37	7					20			10					
Combined	70498	Computed ton	85	0.096	1.00	1.80	2.15	2.50	4.50	30	5			5	10	20	23	45	5	15	70	100	200	5000
REC	70498	Computed tomograp		0.076			1.75			30	5					20			5					

CPT Code: 70496, 70498
Specialty Society('s) ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 70496 and 70498.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

70496 and 70486 are existing codes; therefore their existing inputs from the RUC DB are included as a reference. However, these codes have never been RUC reviewed and the specialties, working with the AMA, were not able to determine the appropriate clinical labor time allocations. However, CPT codes 74175 *(Computed tomographic angiography, abdomen)* and 71275 *(Computed tomographic angiography, chest)* were both recently reviewed and approved at the October 2013RUC meeting and January 2014 RUC meeting, respectively, and are included as references to demonstrate consistency across the CTA family.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare and position patient/ monitor patient/ set up IV -** We are recommending 5 minutes for both two codes. This extra time is necessary to ensure appropriate positioning of the patient for several reasons: (1) patient comfort to minimize the possibility of motion artifact; (2) to ensure that the entire head or neck will remain in the field of view and (3) to ensure that the arms and other objects do not lead to artifacts such as beam hardening or quantum mottle; (4) to ensure appropriate positioning of the injector and support devices relative to the patient and (5) to ensure an adequate view of the IV site by the technologist to evaluate for extravasation during power injection.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies

- **Film, x-ray 14in x 17in (SK034) –** clinically necessary for CTA examinations.

- **Tubing, sterile, connecting (fluid administration) (SD212)** – clinically necessary for CTA examinations.
- **IV tubing (extension) (SC019) –** clinically necessary for CTA examinations.
- **Computer media, dvd (SK013) -** clinically necessary for CTA examinations.
- **Film, x-ray, laser print (SK098)** – clinically necessary for CTA examinations.
- **X-ray developer solution (SK089) -** clinically necessary for CTA examinations.
- **X-ray fixer solution (SK092) -** clinically necessary for CTA examinations.
- **Sodium chloride 0.9% inj (250-1000ml uou) (SH067) -** clinically necessary for CTA examinations.
- **Paper, exam table (SB036) -** clinically necessary for CTA examinations.
- **Syringe, 25ml (MRI power injector) (SC059) -** clinically necessary for CTA examinations.
- **Imaging with contrast package (New)** – clinically necessary for CTA examinations involving contrast.

Equipment

- **Film processor, dry, laser (ED024)** – Clinically necessary. 15 minutes was approved at both the October 2013 RUC for the visceral CTA family and January 2014 RUC for the CTA chest.
- **Computer workstation, 3D reconstruction CT-MR (ED014) –** Clinically necessary equipment. for 3-D post processing. 33 minutes was approved at both the October 2013 RUC for the visceral CTA family and January 2014 RUC for the CTA chest.
- **Printer, laser, paper (ED032) –** Clinically necessary. 10 minutes was approved at both the October 2013 RUC for the visceral CTA family and January 2014 RUC for the CTA chest.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Computer post processing
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**	**REFERENCE CODE**	**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or**			**74175**	**71275**	**70496**	**70496**	**70498**	**70498**
3	**Meeting Date: April 2014** **Tab: 39** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC Oct 2013**	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC Jan 2014**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **CMS Refinement**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC April 2014**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **CMS Refinement**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC April 2014**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**79.0**	**79.0**	**0.0**	**79.0**	**0.0**	**79.0**
7		**L041B**	**Rad Tech**	**6.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
8		**L041A**	**Angio Tech**	**0.0**	**0.0**	**102.0**	**0.0**	**102.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**4.0**	**4.0**	**0.0**	**4.0**	**0.0**	**4.0**
10		**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**L041A**	**Angio Tech**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**75.0**	**75.0**	**0.0**	**75.0**	**0.0**	**75.0**
13		**L041B**	**Rad Tech**	**6.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
14		**L041A**	**Angio Tech**	**0.0**	**0.0**	**92.0**	**0.0**	**92.0**	**0.0**
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16		**L041B**	**Rad Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**L041A**	**Angio Tech**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
18	**PRE-SERVICE**								
19	**Start: Following visit when decision for surgery or procedure made**								
20	Complete pre-service diagnostic & referral forms								
21	Coordinate pre-surgery services								
22	Schedule space and equipment in facility								
23	Provide pre-service education/obtain consent								
24	Follow-up phone calls & prescriptions								
25	Availability of prior images confirmed	**L041B**	**CT Tech**	**2**	**2**		**2**		**2**
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	**CT Tech**	**2**	**2**		**2**		**2**
27	*Other Clinical Activity - *specify:*								
28	**End: When patient enters office/facility for surgery/procedure**								
29	**SERVICE PERIOD**								
30	**Start: When patient enters office/facility for surgery/procedure:**								
31	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	**Rad Tech**	**3**	**3**		**3**		**3**
32	Obtain vital signs								
33	Provide pre-service education/obtain consent	**L046A**	**CT Tech**	**2**	**2**		**2**		**2**
34	Prepare room, equipment, supplies	**L046A**	**CT Tech**	**2**	**2**		**2**		**2**
35	Setup scope (non facility setting only)								
36	Prepare and position patient/ monitor patient/ set up IV	**L046A**	**CT Tech**	**5**	**5**		**5**		**5**
37	Sedate/apply anesthesia								
38	*Other Clinical Activity - specify:								
39	**Intra-service**								
40	Acquire images	**L046A**	**CT Tech**	**28**	**28**		**28**		**28**
41	*Starting IV for high volume and rate power injection*	**L046A**	**CT Tech**						
42	*Computer post processing*	**L046A**	**CT Tech**	**33**	**33**		**33**		**33**
43	**Post-Service**								
44	Monitor pt. following moderate sedation								
45	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation								
46	Clean room/equipment by physician staff	**L041B**	**Rad Tech**	**3**	**3**		**3**		**3**
47	Clean Scope								
48	Clean Surgical Instrument Package								
49	Complete diagnostic forms, lab & X-ray requisitions								
50	Review/read X-ray, lab, and pathology reports								
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
52	*Other Clinical Activity - *specify:*								
53	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
54	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
56	*Other Clinical Activity - *specify:*								
57	*Review films with physican for adequacy*	**L041B**	**Rad Tech**						
58	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L046A**	**CT Tech**	**2**	**2**		**2**		**2**
59	Review examination with interpreting MD	**L046A**	**CT Tech**	**2**	**2**		**2**		**2**
60	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L046A**	**CT Tech**	**1**	**1**		**1**		**1**
61	**End: Patient leaves office**								
62	**POST-SERVICE Period**								

	A	B	C	D	E	F	G	H	I
1	**Revised at the RUC 4/23/2014**			**REFERENCE CODE**	**REFERENCE CODE**	**REFERENCE CODE**		**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or**			**74175**	**71275**	**70496**	**70496**	**70498**	**70498**
3	**Meeting Date: April 2014** **Tab: 39** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC Oct 2013**	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC Jan 2014**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **CMS Refinement**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC April 2014**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **CMS Refinement**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **RUC April 2014**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
73	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
74	syringe, pressure (radiology)	SC060	item	**1**	**1**	**1**	**1**	**1**	**1**
75	film, x-ray 14in x 17in	SK034	item	**8**	**8**	**6**	**8**	**6**	**8**
76	x-ray envelope	SK091	item			**1**		**1**	
77	gloves, sterile	SB024	pair			**1**		**1**	
78	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**
79	stop cock, 4-way	SC050	item	**1**	**1**	**1**	**1**	**1**	**1**
80	tape, surgical paper 1in (Micropore)	SG079	inch	**6**	**6**	**6**	**6**	**6**	**6**
81	tubing, sterile, connecting (fluid administration)	SD212	feet	**1**	**1**		**1**		**1**
82	iv tubing (extension)	SC019	foot	**3**	**3**		**3**		**3**
83	computer media, dvd	SK013	item	**1**	**1**		**1**		**1**
84	film, x-ray, laser print	SK098	item	**11**	**11**		**11**		**11**
85	x-ray developer solution	SK089	oz	**8**	**8**		**8**		**8**
86	x-ray fixer solution	SK092	oz	**8**	**8**		**8**		**8**
87	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**	**1**		**1**		**1**
88	paper, exam table	SB036	foot	**7**	**7**		**7**		**7**
89	syringe, 25ml (MRI power injector)	SC059	item	**1**	**1**		**1**		**1**
90	paper, laser printing (each sheet)	SK057	item				**2**		**2**
91	Imaging with Contrast Package	new	item	**1**	**1**		**1**		**1**
92	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**		**1**	
93	angiocatheter 14g-24g	SC001	item			**1**		**1**	
94	iv tubing (extension)	SC019	foot			**1**		**1**	
95	needle, 18-27g	SC029	item			**1**		**1**	
96	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			**0.34**		**0.34**	
97	swab-pad, alcohol	SJ053	item			**1**		**1**	
98	**EQUIPMENT**								
99	room, CT	EL007		**40**	**40**	**92**	**40**	**92**	**40**
100	film processor, dry, laser	ED024		**15**	**15**		**15**	**92**	**15**
101	computer workstation, 3D reconstruction CT-MR	ED014		**33**	**33**		**33**		**33**
102	film alternator (motorized film viewbox)	ER029		**15**	**15**	**92**	**15**	**92**	**15**
103	printer, laser, paper	ED032		**10**	**10**		**1**		**1**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Fastest Growing / High Volume Growth

April 2014

Doppler Flow Testing

At the October 2013, meeting the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs for the January 2014 RUC meeting. The RUC allowed the specialty societies to defer this issue until the April 2014 RUC meeting.

Compelling Evidence
The specialty societies presented compelling evidence that CPT code 93990 is currently misvalued. First, there has been a change in the physician work, technique and provider since it was last valued in 1995. There are much more complex, detailed practice guidelines established for Doppler flow testing that were not in existence when the first Medicare Physician Payment Schedule was created in 1992 or when the value for this service was last established. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) has published an extensive list of B-mode, color Doppler and Doppler waveform analysis. The exams must now evaluate sites of endovascular interventions that were essentially never performed in any significant volume 25 years ago, but are common now.

In addition, previously, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data.

The patient population has changed as well as a result of the *CMS Fistula First Breakthrough Initiative,* which places more emphasis on creating and sustaining native autogenous fistulas. Finally, the dominant specialty has changed. In 1995, Radiology presented this code to the RUC. At that time the dominant provider was radiology, accounting for 40% of the total Medicare claims for this service (global + -26), and neither Cardiology nor Vascular Surgery were involved in presenting this code during the original review. In 2013, Vascular Surgery is now the dominant provider, with Radiology representing a substantially smaller percentage of the claims.

Additional compelling evidence is the existence of rank order anomalies within the family of vascular duplex codes. Surveying all codes together has highlighted several anomalies within the current database. Specifically, 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or*

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limited study is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). The RUC agreed that there is compelling evidence that CPT code 93990 is potentially misvalued.

93990 *Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)*
The RUC reviewed survey results from 55 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.60 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 11 minutes of intra-service time and 5 minutes of post-service time.

The RUC compared the surveyed code to key reference code 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70, pre-time of 3 minutes, intra-time of 15 minutes, post-time 5 minutes) and noted that the reference code has slightly higher total time (23 minutes versus 21 minutes), whereas the survey respondents indicated that the surveyed code is a more intense service than the key reference code, supporting the recommended work value of 0.60 for 93990. The RUC also compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56, pre-time of 4 minutes, intra-time of 10 minutes, post-time of 4 minutes) and noted that the surveyed code has a slightly higher intra-service time (11 minutes versus 10 minutes), as well as a higher total time (21 minutes versus 18 minutes), which further justifies a work RVU of 0.60 for 93990. The RUC noted that a work RVU recommendation of 0.60 places 93990 in appropriate rank order with the duplex scan family of codes, at the higher end of the limited study subset within that family. **The RUC recommends a work RVU of 0.60 for CPT code 93990.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	XXX	0.60

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April 1, 2014

Barbara Levy, MD
Chair, AMA RUC
AMA Chicago Headquarters
515 N. State Street
Chicago, IL 60654

Re: Tabs 33 and 40 Duplex Scans and Doppler Flow Testing

Dear Dr. Levy:

Tabs 33 (and 40) represent a complete review of the vascular lab duplex family. This review was requested as a result of the survey and recommendations for 93880 and 93882. CPT Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.80 RVW for 93880, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

In the Medicare Fee Schedule final rule, CMS defined the family of "Duplex Scans" as CPT Codes 93880, 93882, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978 and 93979. They also request that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. CPT code 93990 (Tab 40) was on the agenda for the April RUC meeting and we included it in our duplex family. CPT Codes 93886 and 93888 are being presented by the dominant specialty, neurology.

Methodology

Of the 13 codes in the family, 6 have been surveyed and presented to the RUC within the past three years. CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was presented at the April 2011 RUC meeting. The survey data confirmed the existing value in the database as correct as it was almost identical to the median survey values. A recommendation was made to maintain the current value of 0.45 RVW that has been constant since 1996. This recommendation was accepted by CMS. CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was presented at the April 2012 RUC meeting. The survey data showed a slight increase in work from the previous value.

Compelling evidence was presented and accepted by the RUC. The median survey value of 0.70 RVW was recommended and agreed upon by the RUC. This recommendation was accepted by CMS. The fact that this pair of codes have been recently surveyed, vetted by the RUC, and approved by CMS in combination with the fact that the RVWs have remained essentially stable for over 20 years led us to the conclusion that the values for these codes are correct, that they did not warrant repeat survey, and that they could serve appropriately as anchor references for the family.

Compelling Evidence

Compelling evidence has been previously presented and accepted by the RUC for CPT Codes 93880, 93882, 93925, and 93926. This was based on change in physician work and flawed methodology. The change in physician work is due to advances in technology and technique, as well as increased rigor in reporting standards. The flawed methodology is from lack of RUC survey inputs in the database and change in dominant provider. These arguments also apply to CPT Codes 93930, 93931, 93978, 93979, and 93990. CMS raised concerns about relativity within the family. Upon closer examination, we have found that they were indeed correct. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 (Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study) is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 (Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study) is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). We believe that all of these reasons combine to provide compelling evidence for the family as a whole to be revalued.

We look forward to presenting Tabs 33 and 40 at the upcoming April RUC meeting. If you have any questions please contact trishacrishock@gmail.com.

Regards,



Matthew Sideman, MD
SVS RUC Advisor

cc: Zeke Silva, MD
Richard Wright, MD
Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93990 Tracking Number

Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: XXX
RUC Recommended RVU: **0.60**

CPT Descriptor: Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old man with ESRD was referred for evaluation of his hemodialysis access due to clinical evidence of access dysfunction. A duplex scan of his hemodialysis access is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the hemodialysis access structures to be examined. A complete study is performed including arterial inflow to the hemodialysis access (subclavian, axillary, brachial, radial, and/or ulnar arteries), the body of the access itself, and the venous outflow of the hemodialysis including central veins (axillary, subclavian, and/or juglar veins). Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s hemodialysis dysfunction is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93990		
Sample Size:	5148	**Resp N:** 55	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	800.00
Survey RVW:	0.10	0.60	**0.75**	1.10	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	9.00	**11.00**	16.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93990	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,503

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 43.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 93990**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	11.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**21.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.96	2.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.75
Urgency of medical decision making	2.71	2.63
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	2.92
Physical effort required	2.54	2.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.38	2.42
Outcome depends on the skill and judgment of physician	3.29	3.08
Estimated risk of malpractice suit with poor outcome	2.79	2.79

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.38	2.25
Intra-Service intensity/complexity	2.92	2.79

Post-Service intensity/complexity	2.50	2.42

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 93990 was identified in the RAW High Volume Growth screen as potentially misvalued. A multispecialty survey was planned. After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93990 is part of the vascular lab family. As such it was included in the larger duplex scan survey.

Compelling Evidence

There is compelling evidence that the work of 93990 has changed since this code was presented to the RUC almost 20 years ago at the September 1994 meeting. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was last reviewed. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate radial and ulnar arteries. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data. The patient population has changed as well as a result of the CMS Fistula First Breakthrough Initiative which places more emphasis on creating and sustaining native autogenous fistulas. Finally, there has been a change in the dominant provider. The code was previously reviewed by radiology. Vascular surgery now accounts for the majority of claims including global, professional, and technical.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.60 RVW for 93990.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 44% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with

over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93990 and 93970 are similar in that they are both vascular lab codes; however, they differ in the body area and type of blood vessels imaged. Even though 93990 is a limited study, it involves both arterial inflow and venous outflow evaluation of a hemodialysis access justifying the similar intensities. Furthermore, 93990 has 4 less minutes of intra-service time accounting for the lower RVW. Thus, comparison with the key reference service 93970 supports the 25th percentile survey value of 0.60 RVW for 93990.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93970	0.70	0.035	23	3	15	5
93990	0.60	0.034	21	5	11	5

Comparison to MPC codes

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February of 2006 and has a work RVU of 0.48. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93990 is almost the same as that involved in E&M code 99212. Both codes have a physician intra time of 10 minutes. Based on this comparison, the 25th percentile survey value of 0.60 for 93990 is justified.

Comparison with Blood flow ultrasound code 76817

Ultrasound, pregnant uterus, real time with image documentation, transvaginal

CPT 76817 is an MPC code that was presented at the RUC in April 2002 and has a work RVU of 0.75. 76817 employs the same technology as 93990, albeit with a different ultrasound transducer than 93990. 76817 and 93990 have the same pre-service time of 5 minutes, and exactly the same intra-service time of 10 minutes. 76817 has three more minutes of immediate post-service time (8 minutes vs. 5 minutes). Overall, this comprises an excellent relativity comparison and serves to justify the 25th percentile survey value of 0.60 for 93990.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93990	0.60	0.038	20	5	10	5
76817	0.75	0.046	23	5	10	8

Additional Rationale

Comparison of 93990 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	**Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**	**0.60**	**0.034**	**21**	**5**	**11**	**5**
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support the 25th percentile survey recommendation of 0.60 RVW for 93990. The first relates 93990 to the key reference service of 93970, another vascular lab study. They have similar total times but less intra-service time which justifies the lower RVW for 93990. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93990. In each case, the time and intensity relationships support the 25th percentile survey value of 0.60 for this hemodialysis access duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.60 appropriately places 93990 with other unilateral or limited studies and consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93990

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
87,245 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 53500 Percentage 61.32 %

Specialty cardiology Frequency 900 Percentage 1.03 %

Specialty radiology Frequency 2700 Percentage 3.09 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93990

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

TAB: 40

RVW	Total	PRE	INTRA	T-FAC

CPT Code: 93970, 93971, 93880, 93882, 93925, 93926, 93930, 93931, 93975, 93976, 93978, 93979 and 93990

Specialty Society('s): SVS, ACR and ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 Duplex scan of extracranial arteries; unilateral or limited study

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Global Period: **XXX** Meeting Date: **April 2014**

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

   The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

   We are making recommendations for existing CPT codes. The current direct PE inputs are included on the spreadsheet.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

   N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

There are 13 CPT Codes included in these recommendations. We are recommending minimal shifts in clinical time. The shifts are the result of 'normalizing' times between all the codes per line item (i.e. vital signs, education, image analysis). Six of the 13 codes are decreasing in overall time, six of the codes are increasing in time and one code remains the same.

5. Please describe in detail the clinical activities of your staff:

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of potential source(s) for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration, hypercoaguable state, pallor, positive D-dimer test, and varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurementss.

The patient is positioned for optimal comfort and access in a supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral , great saphenous, popliteal vein, and posterior tibial veins. Prone or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A complete bilateral lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral

vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous vein, proximal deep femoral vein, mid-femoral vein, distal femoral vein, popliteal vein (behind knee using posterior approach) tibial-peroneal confluence, posterior tibial veins, peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and gray scale imaging. When necessary, additional documentation of inferior vena cava, common and external iliac veins patency can be performed Anatomic variants must be documented. Incidental findings, such as Baker's Cyst, seroma, hematoma, enlarged lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of incompressible vein is fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partial incompressibility is present, color flow must be documented blood flow around the echogenic material in the vein; when a total occlusion is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair is often occluded, it is important that all veins are individually documented. Echogenic descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to occlusion or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of a source for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration), hypercoaguable state, pallor, positive D-dimer test, varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurements.

The patient is positioned for optimal comfort in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral, great saphenous, popliteal, and posterior tibial veinsProne or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A unilateral/limited lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous veins, proximal deep femoral, mid-femoral, distal femoral, popliteal (behind knee using posterior approach), tibioperoneal confluence, posterior tibial, and peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and

gray scale imaging. Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow. Anatomic variants must be documented. A contralateral Doppler spectral waveform from the common femoral vein just above the saphenofemoral junction must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of thrombus are fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partially occlusive thrombus is present, color flow must be documented flowing around the echogenic material in the vein; when a totally occlusive thrombus is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair can be thrombosed, it is important that all veins are individually documented. Thrombus descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to thrombosis or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93880 Duplex scan of extracranial arteries; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke, follow-up of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc.), trauma in the distribution of the carotid artery. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosity, radiation injury. Auscultation of bruits and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a bilateral extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral) arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak

systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93882 Duplex scan of extracranial arteries; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke. Additionally, any history of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc), and trauma in the distribution of the carotid artery are noted. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosigy, and radiation injury. Auscultation of bruits and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral/limited extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45 degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with assessment of following vessels as necessary: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral). Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, suspected or known acute lower extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post lower extremity interventional procedure, i.e. stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a bilateral lower extremity arterial exam is performed. To completely assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: , common femoral, deep femoral, superficial femoral, popliteal, and tibioperoneal arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, incompressible vessels, patients who are immediate post lower extremity interventional procedure, i.e. arterial bypass graft. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a unilateral lower extremity arterial exam is performed. To assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with unilateral assessment of following vessels in their entirety: common femoral, deep femoral, superficial femoral, popliteal and tibioperoneal arteries. Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93930 - Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral upper extremity arterial duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a complete bilateral upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with complete bilateral assessment of following vessels in their entirety: innominate (optional), subclavian, axillary, brachial, radial, and ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations

may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93931 - Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited upper extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral or limited upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with unilateral or limited assessment of following vessels in their entirety: innominate, subclavian, axillary, brachial, radial, and/or ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic

variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs - complete

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete renal artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of renal artery disease including: essential or malignant hypertension, elevated BUN levels, aortoiliac atherosclerosis, unilateral, atrophic kidney, cystic kidney disease, aneurysm, evaluation of surgical or interventional procedure. Contraindications and limitations of the renal artery duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a complete renal artery (RA) duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the renal arteries. Acoustic windows used to image the renal artery include: transverse plane accessing the lateral aspect of the abdominal aorta. The right RA arises from the lateral abdominal aorta with right renal vein anterior to the RA. The left RA arises from the aorta and is left renal vein, making visualization more difficult. In some instances, the patient may be positioned in a right-side-up decubitus position, using the liver as a window to visualize the right RA. Alternatively, with the patient in a left lateral decubital position, the spleen and left kidney are used as acoustic windows to visualize the left renal artery. The typical patient requires a low frequency transducer to image the renal arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93976- Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs- limited

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the limited celiac and mesenteric artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of celiac or mesenteric disease including: abdominal pain, cramping associated with eating, significant and unexplained weight loss, abdominal bruit, suspected visceral artery aneurysm, unexplained gastrointestinal symptoms, post-mesenteric reconstruction evaluation. Contraindications and limitations of the celiac and mesenteric artery duplex include: obesity resulting in poor visualization, abdominal gas, recent abdominal surgery/fresh sutures/staples. respiratory difficulties that may impact a complete study. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited celiac and mesenteric artery duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the celiac and mesenteric arteries, first imaging the anterior wall of the suprarenal abdominal aorta and then identifying the celiac artery (CA) and the superior mesenteric artery (SMA). Both transverse and longitudinal views are taken. The typical patient requires a low frequency transducer to image the celiac and mesenteric arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex

machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93978- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass grafts- complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete abdominal aortoiliac duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease (i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction). Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned in a supine position for optimal comfort and a complete aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93979- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass graft- limited or unilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the aortoiliac arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient should be fasting for 6-12 hours prior to the exam. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction. Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where a flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93990- Duplex scan of Arteriovenous Fistula/Graft, including arterial inflow, body of fistula and venous outflow

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the duplex of arteriovenous fistulas and grafts for hemodialysis access examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the indications for the duplex examination, including: abnormal measurements during a dialysis session such as elevated recirculation or venous pressure or low urea reduction rates, post-intervention extremity symptoms, decreased bruit or 'thrill' in the access conduit, evaluation of AVF maturity, pulsatile mass. Contraindications and limitations of the AVF/graft duplex include: obesity resulting in poor visualization, severe edema/swelling, open wound, fresh sutures/staples, extensive bandaging, IV lines, severe hypotension affecting velocities and volume flow, extreme angles at anastomotic site, limiting visualization. Palpation of pulses and documentation of contralateral blood pressures are conducted.

The patient is typically positioned in a supine position with the arm resting at the side for optimal comfort and a duplex evaluation of the AVF/AVG is exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the arterial inflow, body of graft/fistula and venous outflow. The typical patient requires a range of high frequency transducers to image the AVG/AVF. The type of graft will determine exam protocol and image results. Abnormalities including thrombus, occlusion, stenosis, perigraft fluid, pseuroaneurysm or aneurysm should be well documented with gray scale, color Doppler and spectral waveform analysis. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all graft/fistula segments as well as proximal, throughout and distal to any region where a flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants or unusual findings must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and

measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

	A	B	C	F	G	H	I
1	**REVISED AT MEETING**			**CURRENT**	**2002**	**Recommendations**	
2	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**			**93990**			
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**76**	**0**	**59**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	65	0	56	0
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	8	0	0	0
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Availability of prior images confirmed	L054A	VasTech			1	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2	
19	*Other Clinical Activity - *specify:* *Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3			
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3	
24	Obtain vital signs	L054A	VasTech	3		3	
25	Provide pre-service education/obtain consent	L054A	VasTech	3		2	
26	Prepare room, equipment, supplies	L054A	VasTech	3		2	
27	Other: Set up US Equipment	L054A	VasTech			2	
28	Setup scope (non facility setting only)						
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	3		2	
30	Sedate/apply anesthesia						
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	1			
32	**Intra-service**						
33	Acquire images	L054A	VasTech	38		38	
34	**Post-Service**						
35	Monitor pt. following moderate sedation						
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
37	Clean room/equipment by physician staff	L054A	VasTech	3		3	
38	Clean Scope						
39	Clean Surgical Instrument Package						
40	Complete diagnostic forms, lab & X-ray requisitions						
41	Review/read X-ray, lab, and pathology reports						

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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition.Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			0	
44	Review examination with interpreting MD	L054A	VasTech			1	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			0	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	8			
47	*Other Clinical Activity - *specify: Record patient history*	L054A	VasTech				
51	**End: Patient leaves office**						
52	**POST-SERVICE Period**						
53	**Start: Patient leaves office/facility**						
54	Conduct phone calls/call in prescriptions	L054A	VasTech	4			
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	4		0	
63	**End: with last office visit before end of global period**						
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
65	pack, minimum multi-specialty visit	SA048	pack	1		1	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1	
67	cover-condom, transducer or ultrasound probe	SB005	item	1			
68	ultrasound transmission gel	SJ062	ml	30		30	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	2		0	
70	film, x-ray 14in x 17in	SK034	item	2		0	
71	patient education booklet	SK062	item	1		1	
72	video tape, VHS	SK086	item	1		0	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2	
75							
76	**EQUIPMENT**	**CODE**					
77	room, ultrasound, vascular	EL016		65		52	
78	computer, desktop, w-monitor	ED021		65		0	
79	stretcher	EF018		65			
80	video SVHS VCR (medical grade)	ED034		65			
81	film processor, wet	ED025		10		0	
82	video printer, color (Sony medical grade)	ED036		10		0	
83	x-ray view box, 4 panel	ER067		10		0	

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5	**GLOBAL PERIOD**			**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**76**	**0**	**69**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	65	0	62	0
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	8	0	4	0
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Availability of prior images confirmed	L054A	VasTech			1	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2	
19	*Other Clinical Activity - *specify:* *Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3			
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3	
24	Obtain vital signs	L054A	VasTech	3		3	
25	Provide pre-service education/obtain consent	L054A	VasTech	3		2	
26	Prepare room, equipment, supplies	L054A	VasTech	3		2	
27	Other: Set up US Equipment	L054A	VasTech			2	
28	Setup scope (non facility setting only)						
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	3		2	
30	Sedate/apply anesthesia						
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	1			
32	**Intra-service**						
33	Acquire images	L054A	VasTech	38		38	
34	**Post-Service**						
35	Monitor pt. following moderate sedation						
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
37	Clean room/equipment by physician staff	L054A	VasTech	3		3	
38	Clean Scope						
39	Clean Surgical Instrument Package						
40	Complete diagnostic forms, lab & X-ray requisitions						
41	Review/read X-ray, lab, and pathology reports						

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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**	
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition.Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			5	
44	Review examination with interpreting MD	L054A	VasTech			1	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	8			
47	*Other Clinical Activity - *specify: Record patient history*	L054A	VasTech				
51	**End: Patient leaves office**						
52	**POST-SERVICE Period**						
53	**Start: Patient leaves office/facility**						
54	Conduct phone calls/call in prescriptions	L054A	VasTech	4			
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	4		4	
63	**End: with last office visit before end of global period**						
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
65	pack, minimum multi-specialty visit	SA048	pack	1		1	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1	
67	cover-condom, transducer or ultrasound probe	SB005	item	1			
68	ultrasound transmission gel	SJ062	ml	30		30	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	2		2	
70	film, x-ray 14in x 17in	SK034	item	2		1	
71	patient education booklet	SK062	item	1		1	
72	video tape, VHS	SK086	item	1		1	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2	
75							
76	**EQUIPMENT**	**CODE**					
77	room, ultrasound, vascular	EL016		65		52	
78	computer, desktop, w-monitor	ED021		65		4	
79	stretcher	EF018		65			
80	video SVHS VCR (medical grade)	ED034		65			
81	film processor, wet	ED025		10		4	
82	video printer, color (Sony medical grade)	ED036		10		10	
83	x-ray view box, 4 panel	ER067		10		4	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 250,000

April 2014

CT – Maxillofacial

The Relativity Assessment Workgroup identified CPT code 70486 through the CMS/Other Source – Utilization over 250,000 screen. In October 2013, the RUC noted that this code was never RUC reviewed but is frequently reported. The RUC recommended that this service be surveyed for physician work and develop direct practice expense inputs for the January 2014 RUC meeting. The specialty societies expanded the survey to include two other codes in the CT Maxillofacial family: 70487 and 70488. The specialty societies also requested to defer this issue until the April 2014 RUC meeting.

70486 *Computed tomography, maxillofacial area; without contrast material*
The RUC reviewed the survey results from 62 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 3 minutes, intra-service time of 10 minutes and immediate post-service time of 3 minutes.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 70486 and determined that the survey 25th percentile work RVU of 1.07 was not appropriate. The RUC noted that the survey respondents indicated that this service is less intense and complex than the CT Angiography – Head and Neck services. The RUC determined that a direct crosswalk to CPT code 70450 *Computed tomography, head or brain; without contrast material* (work RVU=0.85, 10 minutes intra-service) is appropriate for this service. Although the survey respondents selected CPT code 72125 *Computed tomography, cervical spine; without contrast material* (work RVU = 1.07, 15 minutes intra-service time) as the key reference service, the RUC determined that 70450 is a better crosswalk because of the identical intra-service time. For additional support the RUC compared the surveyed code to CPT code 78598 *Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed* (work RVU = 0.85, 10 minutes intra-service).**The RUC recommends a work RVU of 0.85 for CPT code 70486.**

70487 *Computed tomography, maxillofacial area; with contrast material(s)*
The RUC reviewed the survey results from 62 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 5 minutes, intra-service time of 12 minutes and immediate post-service time of 5 minutes.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 70487 and determined that the survey 25th percentile work RVU of 1.17 is appropriate for this service. The RUC compared the surveyed code to key reference service 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU = 1.13) and determined that both services require the same physician time and similar intensity and complexity to perform and therefore should be valued similarly. For additional support, the RUC referenced MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27). **The RUC recommends a work RVU of 1.17 for CPT code 70487.**

70488 *Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections*
The RUC reviewed the survey results from 62 radiologists and neuroradiologists and agreed with the specialty societies that the following physician time components are appropriate for this service: pre-service time of 5 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work values for CPT code 70488 and determined that the survey 25th percentile work RVU of 1.30 is appropriate for this service. The RUC compared the surveyed code to key reference service 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40) and noted that 74170 requires slightly more physician time to complete and is appropriately valued higher than 70488. For addtional support, the RUC referenced MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27). **The RUC recommends a work RVU of 1.30 for CPT code 70488.**

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
70486	Computed tomography, maxillofacial area; without contrast material	XXX	0.85
70487	Computed tomography, maxillofacial area; with contrast material(s)	XXX	1.17
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	XXX	1.30

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70486 Tracking Number

Original Specialty Recommended RVU: **1.07**
Presented Recommended RVU: **1.07**
Global Period: XXX
RUC Recommended RVU: **0.85**

CPT Descriptor: Computed tomography, maxillofacial area; without contrast material

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old male patient with chronic recurrent sinus disease and nasal polyps presents with recurrent sinusitis. CT maxillofacial without contrast is ordered pre-operatively.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work:
Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans patient has had for background information on radiation exposure history. Review any applicable prior studies; may search health information exchange or DICOM grid for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work:
Obtain and interpret scout views of area to be imaged. Obtain and review axial CT source data reconstructed with soft tissue and bone algorithms. Then obtain and review coronal and sagittal reformats with data reconstructed in bone and soft tissue algorithms.

Interpret all data sets evaluating the soft tissues of the face, orbits, upper neck and visualized pharynx. Evaluate the oral cavity and teeth. Evaluate the visualized brain and upper spinal cord. Interrogate the bones including mandible, facial bones, nasal bones, visualized skull and anterior skull base, and cervical vertebrae for fractures, bony lesions, bony destruction or dehiscence, anomalies, and tooth decay/radicular cysts/periapical granulomas. Assess cranial and facial sutures for diastasis and dermoids. Evaluate temporomandibular joint for arthritis and dislocation. Evaluate nasolacrimal duct bony margins and soft tissue looking for stenoses and dacrocystoceles. Assess all paranasal sinuses including maxillary, ethmoid, sphenoid, and frontal sinuses for degree of pneumatization (including zones of arrested pneumatization) and opacities (including secretions, fluid levels, masses, mucosal thickening, retention cysts). Evaluate all paranasal sinus drainage pathways looking for obstructing lesions including masses, sinus inflammation, and anomalous air cells. Evaluate nasal vault and recesses including sphenoethmoidal recesses and olfactory recesses for masses and inflammatory disease. Evaluate integrity and position of nasal septum and turbinates. Evaluate visible skull base foramina including greater and lesser palatine foramen, foramen ovale, foramen spinosum, pterygopalantine and sphenopalatine

foramen. Assess cavernous and paracavernous spaces, Meckel's cave, hypophyseal fossa, infraorbital foramen, supraorbital foramen, and optic canal. Evaluate retromaxillary fat.

Document radiation dose administered and ensure database entry, if appropriate. Compare to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work:
Review and sign final report. Communicate findings with referring physician, emergency physician, or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70486		
Sample Size:	2764	**Resp N:** 62	**Response:** 2.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	83.00	**150.00**	300.00	1000.00
Survey RVW:	0.50	1.07	**1.14**	1.20	1.80
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	7.00	**10.00**	14.00	20.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70486	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72125	XXX	1.07	**RUC Time**

CPT Descriptor Computed tomography, cervical spine; without contrast material

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	12,864

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 32.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 70486**	**Key Reference CPT Code:** 72125	**Source of Time** **RUC Time**

Median Pre-Service Time	3.00	5.00
Median Intra-Service Time	10.00	15.00
Median Immediate Post-service Time	3.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**16.00**	**25.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.30	2.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.35	2.40
Urgency of medical decision making	2.00	2.45
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.65	2.65
Physical effort required	2.25	2.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.85	2.40
Outcome depends on the skill and judgment of physician	2.90	3.10
Estimated risk of malpractice suit with poor outcome	2.45	2.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.00	2.10
Intra-Service intensity/complexity	3.15	3.05
Post-Service intensity/complexity	2.00	2.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Code 70486 *(Computed tomography, maxillofacial area; without contrast material)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for CMS/Other source codes with Medicare utilization of 250,000 or more. CPT Code 70487 CPT *(Computed tomography, maxillofacial area; with contrast material)* and CPT code 70488 *(Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections)* are being presented as part of the CT maxillofacial code family.

The work associated with CPT codes 70486, 70487, and 70488 requires the interpreter to review large amounts of CT images in standard and multi-planar reformatted viewing planes now standard when performing such a study. Complex and thin facial bones are interrogated for fracture, bony lesions, dehiscence, and suture diastases. The sinuses and nasal cavity are assessed for anatomic variants, fluid, blood, retention cyst, and masses. The complex orbital soft tissues are evaluated, including the integrity of the globe, extraocular muscles, lacrimal glands, and optic nerve/sheath complex. Typical patients include those suffering sinus disease, facial trauma, and facial cellulitis. Intimate knowledge with anatomic variants and subtle pathology is a requisite in interpreting anatomy and pathology in this compact, complex region.

The majority of these studies involve the review of 2-D sagittal and coronal reconstructions, a circumstance not typical when the code was created. Prior to 2006, those additional 2-D planes would have been reported along with 76375, which had an additional 0.16 RVUs. In 2006, the societies brought forth a code proposal to eliminate this 2-D reporting code without a concomitant increase in value.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 70486, 70487, and 70488, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations
The expert panel recommends the survey 25% percentile for all three codes, which is below the current values.

Pre, Intra, and Post Service Times
The expert panel is recommending the median intra-service time for all three codes. The panel recommends 3 minutes of pre-service and 3 minutes of post-service time for 70486, as per our survey respondents. 5 minutes of pre-service and 5 minutes of post-service time are recommended for the two codes requiring contrast administration (70487 and 70488).

CPT Code	Short Descriptor	Work RVU	Pre-service	Intra-Service	Post-Service	Total Time	IWPUT
70486	CT maxillofacial w/o contrast	1.07	3	10	3	16	0.094
70487	CT maxillofacial w/contrast	1.17	5	12	5	22	0.079
70488	CT maxillofacial w/o & w contrast	1.30	5	15	5	25	0.072

Comparison to other RUC reviewed codes

Code	Descriptor	2014 Work RVU	Global Period	Pre	Intra	Post	Total	IWPUT	RUC Meeting
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days),	0.99	XXX	5	15	7	27	0.048	Apr 2002

	transabdominal approach; single or first gestation								
73200	Computed tomography, upper extremity; without contrast material	1.00	XXX	5	15	5	25	0.052	Oct 2009
70486	Computed tomography, maxillofacial area; without contrast material	1.07	XXX	3	10	3	16	0.094	Apr 2014
72192	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	Aug 2005
70460	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	Oct 2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	XXX	3	10	5	18	0.098	Aug 2005
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.17	XXX	5	12	5	22	0.079	Apr 2014
74150	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	Aug 2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	XXX	5	10	10	25	0.086	Apr 2000
71260	Computed tomography, thorax; with contrast material(s)	1.24	XXX	3	15	5	23	0.071	Aug 2005
74160	Computed tomography, abdomen; with contrast material(s)	1.27	XXX	3	15	5	23	0.073	Aug 2005
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.30	XXX	5	15	5	25	0.072	Apr 2014
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1.35	XXX	5	20	5	30	0.056	Jan 2012
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	Apr 2012
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	Jan 2013
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	Jan 2013
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	Feb 2010

Summary of Recommendation for CPT Code 70486 (Computed tomography, maxillofacial area; without contrast material) Our expert panel recommends reducing the current wRVU from 1.14 to the survey 25th value of 1.07, with pre service time of 3 minutes, intra-service time of 10 minutes, and a post-service time of 3 minutes.

KRS for 70486

The key reference for 70486 was 72125, *CT cervical spine without contrast* (chosen by 32 % of our survey respondents). 72125 was last reviewed by the RUC in October of 2009, at which time the RUC approved a wRVU of 1.16 with pre-service time of 5 minutes, intra-service time of 15 minutes, and post-service time of 5 minutes. CMS did not accept the

RUC's recommendation, but instead chose the survey's single lowest reported wRVU of 1.00 for the 2011 fee schedule. This value was subsequently refined for the 2012 PFS to the current value of 1.07. Given the historic discrepancy in work value, the societies point out the second most chosen KRS, 70460, *CT head with contrast* (chosen by 21% of our survey respondents).

70486 compares favorably to 70460. These two codes differ in intra-service time by 2 minutes with a proportionate decrease in the wRVU. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad based knowledge of anatomic variants, as well as a keen sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70486 is higher than 70460 because of the thinner CT slice technique required when analyzing the maxillofacial region. While 70460 is arguably examining a more vital organ system, 70486 is evaluating the anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with, or threatened by, maxillofacial disease processes such as infection, trauma, or tumor.

CPT Code	Short Descriptor	RUC Accepted Values	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70486	**CT maxillofacial w/o contrast**		**1.07**	**3**	**10**	**3**	**16**	**0.094**
72125 (KRS #1)	CT cervical spine; w/o contrast material	1.16	1.07	5	15	5	25	0.056
70460 (KRS #2)	CT head w/contrast	1.13	1.13	5	12	5	22	0.076

MPC for 70486

The surveyed code is compared to MPC codes 76805 (OB US transabdominal single fetus >/= 14 weeks) and 70470 *(CT head or brain without and with contrast)* with 1.27 RVUs and 5 minutes greater intra-service time.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
76805	OB US >/=14 single fetus	0.99	5	15	6	26	0.050
70486	**CT maxillofacial w/o contrast**	**1.07**	**3**	**10**	**3**	**16**	**0.094**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends new reduced wRVUs for the entire CT maxillofacial family. Our recommendations are supported by survey time data, comparison to survey chosen key reference services, and comparison with MPC codes.

Our expert panel recommends a new work value for 70486 of 1.07 RVUs with median service period times of 3, 10, and 3 minutes. We believe this compares favorably with the key reference service, 70460, and the MPC codes. Relativity is also appropriate across the 3 codes for the CT maxillofacial family, as well as across the larger family of CT codes.

Summary Table

CPT Code	Short Descriptor	Recommended wRVU	Current RVU	Pre-service	Intra-Service	Post-Service	Total Time
70486	CT maxillofacial w/o contrast	**1.07**	1.14	3	10	3	16
70487	CT maxillofacial w/contrast	**1.17**	1.30	5	12	5	22
70488	CT Maxillofacial w/o & w/contrast	**1.30**	1.42	5	15	5	25

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70486

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,359,471

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70486 provided nationally in a one-year period is estimated to be 1,359,471.

Specialty Radiology Frequency 1204400 Percentage 88.59 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 453,157 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70486 was billed approximately 453,157 times for Medicare patients nationally in a one-year period.

Specialty Radiology Frequency 401500 Percentage 88.60 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70486

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70487 Tracking Number

Original Specialty Recommended RVU: **1.17**
Presented Recommended RVU: **1.17**
RUC Recommended RVU: **1.17**

Global Period: XXX

CPT Descriptor: Computed tomography, maxillofacial area; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49-year-old female presents with right facial swelling and redness consistent with cellulitis. CT maxillofacial with contrast material ordered to evaluate for abscess, and to assess for potential sinus or dental source of infection.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work:
Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans patient has had for background information on radiation exposure history. Review lab studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc.). Adjust contrast product and amount to be injected. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV. Review any applicable prior studies; may search health information exchange or DICOM grid for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work:
Obtain and interpret scout views of area to be imaged. Supervise contrast injection, monitoring for contrast reaction and extravasation. Obtain and review axial CT source data reconstructed with soft tissue and bone algorithms; and coronal and sagittal reformats with data reconstructed in bone and soft tissue algorithms performed after IV contrast material administration.

Interpret all data sets evaluating the soft tissues of the face, orbits, upper neck and visualized pharynx. Evaluate the oral cavity and teeth. Evaluate the visualized brain and upper spinal cord. Interrogate the bones including mandible, facial bones, nasal bones, visualized skull and anterior skull base, and cervical vertebrae for fractures, bony lesions, bony destruction or dehiscence, anomalies, and tooth decay/radicular cysts/periapical granulomas. Assess cranial and facial sutures for diastasis and dermoids. Evaluate temporomandibular joint for arthritis and dislocation. Evaluate nasolacrimal duct bony margins and soft tissue looking for stenoses and dacrocystoceles. Assess all paranasal sinuses including maxillary, ethmoid, sphenoid, and frontal sinuses for degree of pneumatization (including zones of arrested

pneumatization) and opacities (including secretions, fluid levels, masses, mucosal thickening, retention cysts). Evaluate all paranasal sinus drainage pathways looking for obstructing lesions including masses, sinus inflammation, and anomalous air cells. Evaluate nasal vault and recesses including sphenoethmoidal recesses and olfactory recesses for masses and inflammatory disease. Evaluate integrity and position of nasal septum and turbinates. Evaluate visible skull base foramina including greater and lesser palatine foramen, foramen ovale, foramen spinosum, pterygopalantine and sphenopalatine foramen. Assess cavernous and paracavernous spaces, Meckel's cave, hypophyseal fossa, infraorbital foramen, supraorbital foramen, and optic canal. Evaluate retromaxillary fat. Assess all soft tissue structures for zones of enhancement to help differentiate mass, polyp, retention cyst, inflammation, secretions, and abscess.

Document radiation dose administered and ensure database entry, if appropriate. Compare to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work:
Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings with referring physician, emergency physician, or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70487		
Sample Size:	2764	**Resp N:** 62	**Response:** 2.2 %
Description of Sample:	Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	50.00	**73.00**	150.00	500.00
Survey RVW:	0.90	1.17	**1.30**	1.43	1.90
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	9.00	**12.00**	16.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70487	**Recommended Physician Work RVU: 1.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70460	XXX	1.13	**RUC Time**

CPT Descriptor Computed tomography, head or brain; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 37.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 70487**	**Key Reference CPT Code:** 70460	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	

Median Intra-Service Time	12.00	12.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**22.00**	**22.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.13	3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.17	3.09
Urgency of medical decision making	3.57	3.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	3.13
Physical effort required	2.65	2.70
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.22	3.30
Outcome depends on the skill and judgment of physician	3.57	3.65
Estimated risk of malpractice suit with poor outcome	3.57	3.65

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.39	2.43
Intra-Service intensity/complexity	3.83	3.61
Post-Service intensity/complexity	2.57	2.61

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70486 *(Computed tomography, maxillofacial area; without contrast material)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for CMS/Other source codes with Medicare utilization of 250,000 or more. CPT Code 70487 CPT *(Computed tomography, maxillofacial area; with contrast material)* and CPT code 70488 *(Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections)* are being presented as part of the CT maxillofacial code family.

The work associated with CPT codes 70486, 70487, and 70488 requires the interpreter to review large amounts of CT images in standard and multi-planar reformatted viewing planes now standard when performing such a study. Complex and extremely thin facial bones are interrogated for fracture, bony lesions, dehiscence, and suture diastases. The sinuses and nasal cavity are assessed for anatomic variants, fluid, blood, retention cyst, and masses. The complex orbital soft tissues are evaluated, including the integrity of the globe, extraocular muscles, lacrimal glands, and optic nerve/sheath complex. Typical patients include those suffering sinus disease, facial trauma, and facial cellulitis. Intimate knowledge with anatomic variants and subtle pathology is a requisite in interpreting anatomy and pathology in this compact, extremely complex region.

The majority of these studies involve the review of 2-D sagittal and coronal reconstructions, a circumstance not typical when the code was created. Prior to 2006, those additional 2-D planes would have been reported along with 76375, which had an additional 0.16 RVUs. In 2006, the societies brought forth a code proposal to eliminate this 2-D reporting code without a concomitant increase in value.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 70486, 70487, and 70488, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends the survey 25% percentile for all three codes, which is below the current values.

Pre, Intra, and Post Service Times

The expert panel is recommending the median intra-service time for all three codes. The panel recommends 3 minutes of pre-service and 3 minutes of post-service time for 70486, as per our survey respondents. 5 minutes of pre-service and 5 minutes of post-service time are recommended for the two codes requiring contrast administration (70487 and 70488).

CPT Code	Short Descriptor	Work RVU	Pre-service	Intra-Service	Post-Service	Total Time	IWPUT
70486	CT maxillofacial w/o contrast	1.07	3	10	3	16	0.094
70487	CT maxillofacial w/contrast	1.17	5	12	5	22	0.079
70488	CT maxillofacial w/o & w contrast	1.30	5	15	5	25	0.072

Comparison to other RUC reviewed codes

Code	Descriptor	2014 Work RVU	Global Period	Pre	Intra	Post	Total	IWPUT	RUC Meeting
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or	0.99	XXX	5	15	7	27	0.048	Apr 2002

	first gestation								
73200	Computed tomography, upper extremity; without contrast material	1.00	XXX	5	15	5	25	0.052	Oct 2009
70486	Computed tomography, maxillofacial area; without contrast material	1.07	XXX	3	10	3	16	0.094	Apr 2014
72192	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	Aug 2005
70460	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	Oct 2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	XXX	3	10	5	18	0.098	Aug 2005
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.17	XXX	5	12	5	22	0.079	Apr 2014
74150	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	Aug 2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	XXX	5	10	10	25	0.086	Apr 2000
71260	Computed tomography, thorax; with contrast material(s)	1.24	XXX	3	15	5	23	0.071	Aug 2005
74160	Computed tomography, abdomen; with contrast material(s)	1.27	XXX	3	15	5	23	0.073	Aug 2005
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.30	XXX	5	15	5	25	0.072	Apr 2014
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1.35	XXX	5	20	5	30	0.056	Jan 2012
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	Apr 2012
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	Jan 2013
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	Jan 2013
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	Feb 2010

Summary of Recommendation for CPT Code 70487 (Computed tomography, maxillofacial area; with contrast material) Our expert panel recommends reducing the current wRVU from 1.30 to the survey 25th value of 1.17, with pre service time of 5 minutes, intra-service time of 12 minutes, and a post-service time of 5 minutes.

KRS for 70487

The key reference for 70487 was 70460, *CT head or brain with contrast* (chosen by 37 % of our survey respondents). The societies feel that 70487 compares favorably to 70460. These two codes have identical times and similar intensity and complexity measures; therefore, we are recommending similar wRVUs. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad-based knowledge of anatomic variants, as well as a keen

sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70487 is higher than 70460 because of the thinner CT slice technique required when analyzing the maxillofacial region. While 70460 is arguably examining a more vital organ system, 70487 is evaluating the anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with or threatened by maxillofacial disease processes such as infection, trauma, or tumor.

MPC for 70487

The surveyed code is comparable to MPC code 70470 *(CT head w/o & w/contrast)*. These two codes have similar times and image similar regions of the body. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad-based knowledge of anatomic variants, as well as a keen sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70487 is higher than 70470 because of the thinner CT slice technique required when analyzing the maxillofacial region. This hold true even though the chosen MPC is without and with contrast administration, while the surveyed code only involves post contrast imaging. While 70470 is arguably examining a more vital organ system, 70487 is evaluating the anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with, or threatened by, maxillofacial disease processes such as infection, trauma, or tumor. The societies are recommending a net negative 0.10 difference in wRVU for the surveyed code in comparison to the MPC to account for the total time difference of 3 minutes.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70487	**CT maxillofacial w/contrast**	**1.17**	**5**	**12**	**5**	**22**	**0.079**
70460	CT head w/contrast	1.13	5	12	5	22	0.076

Summary:

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70487	**CT maxillofacial w/contrast**	**1.17**	**5**	**12**	**5**	**22**	**0.079**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

In summary, our expert panel recommends new reduced wRVUs for the entire CT maxillofacial family. Our recommendations are supported by survey time data, comparison to survey chosen key reference services, and comparison with MPC codes.

Our expert panel recommends a new work value for 70487 of 1.17 RVUs with median service period times of 5, 12, and 5 minutes. We believe this compares favorably with the key reference service, 70460, and the MPC code, 70470. Relativity is also appropriate across the 3 codes for the CT maxillofacial family, as well as across the larger family of CT codes.

Summary Table

CPT Code	Short Descriptor	Recommended wRVU	Current RVU	Pre-service	Intra-Service	Post-Service	Total Time
70486	CT maxillofacial w/o contrast	**1.07**	1.14	3	10	3	16
70487	CT maxillofacial w/contrast	**1.17**	1.30	5	12	5	22
70488	CT Maxillofacial w/o & w/contrast	**1.30**	1.42	5	15	5	25

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70487

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 51,654
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70487 provided nationally in a one-year period is estimated to be 51,654.

Specialty Radiology Frequency 50780 Percentage 98.30 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17,218 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70487 was billed approximately 17,218 times for Medicare patients nationallly in a one-year period.

Specialty Radiology Frequency 16925 Percentage 98.29 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70487

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70488 Tracking Number

Original Specialty Recommended RVU: **1.30**
Presented Recommended RVU: **1.30**
Global Period: XXX
RUC Recommended RVU: **1.30**

CPT Descriptor: Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male patient with epistaxis and visible mass in right nares. CT maxillofacial without and with contrast material ordered to evaluate for tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work:
Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans patient has had for background information on radiation exposure history. Review lab studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc.). Adjust contrast product and amount to be injected. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV. Review any applicable prior studies; may search health information exchange or DICOM grid for any studies not performed at affiliated institution. After determining necessity for both pre-contrast and post-contrast scans, communicate protocol to technologist.

Description of Intra-Service Work:
Obtain and interpret scout views of area to be imaged. Obtain and review pre-contrast axial CT source data reconstructed with soft tissue and bone algorithms; and coronal and sagittal reformats with data reconstructed in bone and soft tissue algorithms; determine if contrast is necessary. Supervise contrast injection monitoring for contrast reaction and extravasation. Obtain and review post-contrast axial CT source data reconstructed with soft tissue and bone algorithms; and coronal and sagittal reformats with data reconstructed in bone and soft tissue algorithms performed after IV contrast material administration.

Interpret all data sets evaluating the soft tissues of the face, orbits, upper neck and visualized pharynx. Evaluate the oral cavity and teeth. Evaluate the visualized brain and upper spinal cord. Interrogate the bones including mandible, facial bones, nasal bones, visualized skull and anterior skull base, and cervical vertebrae for fractures, bony lesions, bony destruction or dehiscence, anomalies, and tooth decay/radicular cysts/periapical granulomas. Assess cranial and facial

sutures for diastasis and dermoids. Evaluate temporomandibular joint for arthritis and dislocation. Evaluate nasolacrimal duct bony margins and soft tissue looking for stenoses and dacrocystoceles. Assess all paranasal sinuses including maxillary, ethmoid, sphenoid, and frontal sinuses for degree of pneumatization (including zones of arrested pneumatization) and opacities (including secretions, fluid levels, masses, mucosal thickening, retention cysts). Evaluate all paranasal sinus drainage pathways looking for obstructing lesions including masses, sinus inflammation, and anomalous air cells. Evaluate nasal vault and recesses including sphenoethmoidal recesses and olfactory recesses for masses and inflammatory disease. Evaluate integrity and position of nasal septum and turbinates. Evaluate visible skull base foramina including greater and lesser palatine foramen, foramen ovale, foramen spinosum, pterygopalantine and sphenopalatine foramen. Assess cavernous and paracavernous spaces, Meckel's cave, hypophyseal fossa, infraorbital foramen, supraorbital foramen, and optic canal. Evaluate retromaxillary fat. Assess all soft tissue structures for zones of enhancement to help differentiate mass, polyp, retention cyst, inflammation, secretions, and abscess.

Document radiation dose administered and ensure database entry, if appropriate. Compare to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work:
Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings with referring physician, emergency physician, or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Zeke Silva, MD; Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	70488				
Sample Size:	2764	**Resp N:**	62	**Response:** 2.2 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**25.00**	50.00	500.00
Survey RVW:	1.00	1.30	**1.50**	1.65	2.01
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	11.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70488	**Recommended Physician Work RVU: 1.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 37.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 70488**	**Key Reference CPT Code:** 74170	**Source of Time** RUC Time

Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	15.00	18.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**25.00**	**28.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.74	3.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.39	3.22
Urgency of medical decision making	3.39	3.39
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.48	3.26
Physical effort required	2.83	2.91
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.43	2.87
Outcome depends on the skill and judgment of physician	3.61	3.43
Estimated risk of malpractice suit with poor outcome	3.78	3.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.91	2.87
Intra-Service intensity/complexity	4.04	3.74
Post-Service intensity/complexity	3.04	2.96

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
CPT Code 70486 *(Computed tomography, maxillofacial area; without contrast material)* was identified through the April 2013 Relativity Assessment Workgroup (RAW) screen for CMS/Other source codes with Medicare utilization of 250,000 or more. CPT Code 70487 CPT *(Computed tomography, maxillofacial area; with contrast material)* and CPT code 70488 *(Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections)* are being presented as part of the CT maxillofacial code family.

The work associated with CPT codes 70486, 70487, and 70488 requires the interpreter to review large amounts of CT images in standard and multi-planar reformatted viewing planes now standard when performing such a study. Complex and thin facial bones are interrogated for fracture, bony lesions, dehiscence, and suture diastases. The sinuses and nasal cavity are assessed for anatomic variants, fluid, blood, retention cyst, and masses. The complex orbital soft tissues are evaluated, including the integrity of the globe, extraocular muscles, lacrimal glands, and optic nerve/sheath complex. Typical patients include those suffering sinus disease, facial trauma, and facial cellulitis. Intimate knowledge with anatomic variants and subtle pathology is a requisite in interpreting anatomy and pathology in this compact, complex region.

The majority of these studies involve the review of 2-D sagittal and coronal reconstructions, a circumstance not typical when the code was created. Prior to 2006, those additional 2-D planes would have been reported along with 76375, which had an additional 0.16 RVUs. In 2006, the societies brought forth a code proposal to eliminate this 2-D reporting code without a concomitant increase in value.

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) surveyed 70486, 70487, and 70488, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations
The expert panel recommends the survey 25% percentile for all three codes, which is below the current values.

Pre, Intra, and Post Service Times
The expert panel is recommending the median intra-service time for all three codes. The panel recommends 3 minutes of pre-service and 3 minutes of post-service time for 70486, as per our survey respondents. 5 minutes of pre-service and 5 minutes of post-service time are recommended for the two codes requiring contrast administration (70487 and 70488).

CPT Code	Short Descriptor	Work RVU	Pre-service	Intra-Service	Post-Service	Total Time	IWPUT
70486	CT maxillofacial w/o contrast	1.07	3	10	3	16	0.094
70487	CT maxillofacial w/contrast	1.17	5	12	5	22	0.079
70488	CT maxillofacial w/o & w contrast	1.30	5	15	5	25	0.072

Comparison to other RUC reviewed codes

Code	Descriptor	2014 Work RVU	Global Period	Pre	Intra	Post	Total	IWPUT	RUC Meeting
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first	0.99	XXX	5	15	7	27	0.048	Apr 2002

	trimester (<14 weeks 0 days), transabdominal approach; single or first gestation								
73200	Computed tomography, upper extremity; without contrast material	1.00	XXX	5	15	5	25	0.052	Oct 2009
70486	Computed tomography, maxillofacial area; without contrast material	1.07	XXX	3	10	3	16	0.094	Apr 2014
72192	Computed tomography, pelvis; without contrast material	1.09	XXX	3	10	5	18	0.091	Aug 2005
70460	Computed tomography, head or brain; with contrast material(s)	1.13	XXX	5	12	5	22	0.076	Oct 2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	XXX	3	10	5	18	0.098	Aug 2005
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.17	XXX	5	12	5	22	0.079	Apr 2014
74150	Computed tomography, abdomen; without contrast material	1.19	XXX	3	12	5	20	0.084	Aug 2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	XXX	5	10	10	25	0.086	Apr 2000
71260	Computed tomography, thorax; with contrast material(s)	1.24	XXX	3	15	5	23	0.071	Aug 2005
74160	Computed tomography, abdomen; with contrast material(s)	1.27	XXX	3	15	5	23	0.073	Aug 2005
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.30	XXX	5	15	5	25	0.072	Apr 2014
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1.35	XXX	5	20	5	30	0.056	Jan 2012
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	XXX	5	18	5	28	0.065	Apr 2012
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	XXX	5	18	5	28	0.070	Jan 2013
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	XXX	5	20	7	32	0.076	Jan 2013
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	2.01	XXX	5	30	5	40	0.060	Feb 2010

Summary of Recommendation for CPT Code 70488 (Computed tomography, maxillofacial area; without and with contrast material) Our expert panel recommends reducing the current wRVU from 1.42 to the survey 25th value of 1.30 with pre service time of 5 minutes, intra-service time of 15 minutes, and a post-service time of 5 minutes.

KRS for 70488

The key reference for 70488 was 74170, *CT abdomen without and with contrast* (chosen by 37 % of our survey respondents). The societies feel that 70487 compares favorably to 74170. 70488 has slightly less intra-service time, but is generally felt to be more stressful and intense/complex than the KRS by our survey respondents. The volume of

images one must review when interpreting 70488 is higher than for 74170 because of the thinner CT slice technique required when analyzing the maxillofacial region. When taking into account these differences, the societies felt a 0.10 wRVU reduction was an adequate recommendation to account for the 3 minutes of intra-service time difference.

MPC for 70488

The surveyed code compares favorably to MPC code 70470 *(CT head without & with contrast)*. These two codes have identical times and image similar regions of the body; therefore, we are recommending similar wRVUs. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad-based knowledge of anatomic variants, as well as a keen sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70488 is higher than 70470 because of the thinner CT slice technique required when analyzing the maxillofacial region. While 70470 is arguably examining a more vital organ system, 70488 is evaluating the anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with, or threatened by, maxillofacial disease processes such as infection, trauma, or tumor. The slightly higher wRVU recommendation for 70488 is recommended based on the larger volume of images one must review compared to the chosen MPC.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70488	**CT maxillofacial w/o & w/contrast**	**1.30**	**5**	**15**	**5**	**25**	**0.072**
74170	CT abdomen w/o & w/ contrast	1.40	5	18	5	28	0.065

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070
70488	**CT maxillofacial w/o & w/contrast**	**1.30**	**5**	**15**	**5**	**25**	**0.072**

Summary:

In summary, our expert panel recommends new reduced wRVUs for the entire CT maxillofacial family. Our recommendations are supported by survey time data, comparison to survey chosen key reference services, and comparison with MPC codes.

Our expert panel recommends a new work value for 70488 of 1.30 RVUs with median service period times of 5, 15, and 5 minutes. We believe this compares favorably with the key reference service, 74170, and the MPC code, 70470. Relativity is also appropriate across the 3 codes for the CT maxillofacial family, as well as across the larger family of CT codes.

Summary Table

CPT Code	Short Descriptor	Recommended wRVU	Current RVU	Pre-service	Intra-Service	Post-Service	Total Time
70486	CT maxillofacial w/o contrast	**1.07**	1.14	3	10	3	16
70487	CT maxillofacial w/contrast	**1.17**	1.30	5	12	5	22
70488	CT Maxillofacial w/o & w/contrast	**1.30**	1.42	5	15	5	25

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70488

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 11,745
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70488 provided nationally in a one-year period is estimated to be 11,745.

Specialty Radiology Frequency 10825 Percentage 92.16 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,915
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70488 was billed approximately 3915 times for Medicare patients nationallly in a one-year period

Specialty Radiology Frequency 3608 Percentage 92.15 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70488

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: CT Maxillofacial

TAB: 41

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	72125	Computed tomography, cervical spine; withou	20	0.056			1.07			25	5					15			5					
CMS/Other	70486	Computed tomography, maxillofacial area; without c		#DIV/0!			1.14			22														
SVY	70486	Computed tomography, maxillofacial area; wit	62	0.101	0.50	1.07	1.14	1.20	1.80	16	3			5	7	10	14	20	3	10	83	150	300	1000
REC	70486	Computed tomography, maxillofacial area; without c		0.072			0.85			16	3					10			3					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	70460	Computed tomography, head or brain; with co	23	0.076			1.13			22	5					12			5					
CMS/Other	70487	Computed tomography, maxillofacial area; with cont		#DIV/0!			1.30			25														
SVY	70487	Computed tomography, maxillofacial area; wit	62	0.090	0.90	1.17	1.30	1.43	1.90	22	5			5	9	12	16	25	5	5	50	73	150	500
REC	70487	Computed tomography, maxillofacial area; with cont		0.079			1.17			22	5					12			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	74170	Computed tomography, abdomen; without cor	23	0.065			1.40			28	5					18			5					
CMS/Other	70488	Computed tomography, maxillofacial area; without c		#DIV/0!			1.42			27														
SVY	70488	Computed tomography, maxillofacial area; wit	62	0.085	1.00	1.30	1.50	1.65	2.01	25	5			5	11	15	20	45	5	0	20	25	50	500
REC	70488	Computed tomography, maxillofacial area; without c		0.072			1.30			25	5					15			5					

CPT Codes: 70486, 70487, 70488
Specialty Society ('s) : ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 70486, 70487, and 70488.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 70486, 70487 and 70488 are existing codes, we used the inputs from the CMS refinement of the inputs which were approved by the Practice Expense Advisory Committee and the full RUC in 2003 as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare and position patient/ monitor patient/ set up IV -** We are recommending 4 minutes for both 70487 and 70488. This extra time is necessary to ensure appropriate positioning of the patient for several reasons: (1) patient comfort to minimize the possibility of motion artifact; (2) to ensure that the entire face will remain in the field of view and (3) to ensure that the arms and other objects do not lead to artifacts such as beam hardening or quantum mottle; (4) to ensure appropriate positioning of the injector and support devices relative to the patient and (5) to ensure an adequate view of the IV site by the technologist to evaluate for extravasation during injection.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies.

- **Imaging with contrast package (New)** – clinically necessary for CT examinations involving contrast.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1	Revised at the RUC 4/23/2014			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or			70486	70486	70487	70487	70488	70488
3	**Meeting Date: April 2014** **Tab: 41** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Computed tomography, maxillofacial area; without contrast material **CMS Refinement**	Computed tomography, maxillofacial area; without contrast material **RUC Apr 2014**	Computed tomography, maxillofacial area; with contrast material(s) **CMS Refinement**	Computed tomography, maxillofacial area; with contrast material(s) **RUC Apr 2014**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **CMS Refinement**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **RUC Apr 2014**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**42.0**	**36.0**	**51.0**	**40.0**	**63.0**	**49.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**6.0**	**4.0**	**7.0**	**4.0**	**7.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**36.0**	**32.0**	**44.0**	**36.0**	**56.0**	**45.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Availability of prior images confirmed	**L041B**	**CT Tech**		**2**		**2**		**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	**CT Tech**		**2**		**2**		**2**
19	*Other Clinical Activity - *specify:*								
20	*- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD*	**L046A**	**CT Tech**	**6**		**7**		**7**	
21	**End: When patient enters office/facility for surgery/procedure**								
22	**SERVICE PERIOD**								
23	**Start: When patient enters office/facility for surgery/procedure:**								
24	Greet patient, provide gowning, ensure appropriate medical records are available	**L046A**	**CT Tech**	**3**	**3**	**3**	**3**	**3**	**3**
25	Obtain vital signs								
26	Provide pre-service education/obtain consent	**L046A**	**CT Tech**	**2**	**2**	**3**	**2**	**3**	**2**
27	Prepare room, equipment, supplies	**L046A**	**CT Tech**	**2**	**2**	**4**	**2**	**4**	**2**
28	Setup scope (non facility setting only)								
29	Prepare and position patient/ monitor patient/ set up IV	**L046A**	**CT Tech**	**4**	**2**	**7**	**4**	**7**	**4**
30	Sedate/apply anesthesia								
31	*Other Clinical Activity - specify:								
32	**Intra-service**								
33	Acquire images	**L046A**	**CT Tech**	**15**	**15**	**17**	**17**	**26**	**26**
34	**Post-Service**								
35	Monitor pt. following moderate sedation								
36	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation								
37	Clean room/equipment by physician staff	**L046A**	**CT Tech**	**3**	**3**	**3**	**3**	**3**	**3**
38	Clean Scope								
39	Clean Surgical Instrument Package								
40	Complete diagnostic forms, lab & X-ray requisitions								
41	Review/read X-ray, lab, and pathology reports								
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
43	*Other Clinical Activity - *specify:*								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
47	*Other Clinical Activity - *specify:*								
48	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	**L046A**	**CT Tech**	**7**		**7**		**10**	
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L046A**	**CT Tech**		**2**		**2**		**2**
50	Review examination with interpreting MD	**L046A**	**CT Tech**		**2**		**2**		**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L046A**	**CT Tech**		**1**		**1**		**1**
52	**End: Patient leaves office**								
53	**POST-SERVICE Period**								
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
65	x-ray envelope	SK091	item	**1**		**1**		**1**	
66	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**
67	computer media, dvd	SK013	item	**1**	**1**	**1**	**1**	**1**	**1**
68	film, x-ray, laser print	SK098	item	**6**	**6**	**6**	**6**	**9**	**9**
69	paper, exam table	SB036	foot	**7**	**7**	**7**	**7**	**7**	**7**
70	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**	**1**	**1**	**1**
71	contrast package	new					**1**		**1**
72	kit, iv starter	SA019	kit			**1**		**1**	
73	gloves, non-sterile	SB022	pair			**1**		**1**	
74	angiocatheter 14g-24g	SC001	item			**1**		**1**	
75	heparin lock	SC012	item			**1**		**1**	
76	iv tubing (extension)	SC019	foot			**1**		**1**	
77	needle, 18-27g	SC029	item			**1**		**1**	
78	syringe 20ml	SC053	item			**1**		**1**	
79	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			**1**		**1**	
80	swab-pad, alcohol	SJ053	item			**1**		**1**	
81	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**		**1**	
82	tape, surgical paper 1in (Micropore)	SG079	inch			**6**		**6**	
83	povidone swabsticks (3 pack uou)	SJ043	item			**1**		**1**	
84	gauze, sterile 2in x 2in	SG053	item			**1**		**1**	
85	**EQUIPMENT**								
86	room, CT	EL007		**36**	**24**	**44**	**28**	**56**	**37**
87	film processor, dry, laser	ED024		**7**	**7**	**7**	**7**	**10**	**10**
88	film alternator (motorized film viewbox)	ER029		**7**	**7**	**7**	**7**	**10**	**10**
89	Power injector								

	A	B	C	D	E	F	G	H	I
1	Revised at the RUC 4/23/2014			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	
2	*Please note: If a supply has a purchase price of $100 or			70486	70486	70487	70487	70488	70488
3	**Meeting Date: April 2014** **Tab: 41** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Computed tomography, maxillofacial area; without contrast material **CMS Refinement**	Computed tomography, maxillofacial area; without contrast material **RUC Apr 2014**	Computed tomography, maxillofacial area; with contrast material(s) **CMS Refinement**	Computed tomography, maxillofacial area; with contrast material(s) **RUC Apr 2014**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **CMS Refinement**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **RUC Apr 2014**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**42.0**	**37.0**	**51.0**	**42.0**	**63.0**	**51.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**6.0**	**5.0**	**7.0**	**5.0**	**7.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**36.0**	**32.0**	**44.0**	**37.0**	**56.0**	**46.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Availability of prior images confirmed	**L041B**	**CT Tech**		**2**		**2**		**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	**CT Tech**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*								
20	*- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD*	**L046A**	**CT Tech**	**6**		**7**		**7**	
21	**End: When patient enters office/facility for surgery/procedure**								
22	**SERVICE PERIOD**								
23	**Start: When patient enters office/facility for surgery/procedure:**								
24	Greet patient, provide gowning, ensure appropriate medical records are available	**L046A**	**CT Tech**	**3**	**3**	**3**	**3**	**3**	**3**
25	Obtain vital signs								
26	Provide pre-service education/obtain consent	**L046A**	**CT Tech**	**2**	**2**	**3**	**3**	**3**	**3**
27	Prepare room, equipment, supplies	**L046A**	**CT Tech**	**2**	**2**	**4**	**2**	**4**	**2**
28	Setup scope (non facility setting only)								
29	Prepare and position patient/ monitor patient/ set up IV	**L046A**	**CT Tech**	**4**	**2**	**7**	**4**	**7**	**4**
30	Sedate/apply anesthesia								
31	*Other Clinical Activity - specify:								
32	**Intra-service**								
33	Acquire images	**L046A**	**CT Tech**	**15**	**15**	**17**	**17**	**26**	**26**
34	**Post-Service**								
35	Monitor pt. following moderate sedation								
36	Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation								
37	Clean room/equipment by physician staff	**L046A**	**CT Tech**	**3**	**3**	**3**	**3**	**3**	**3**
38	Clean Scope								
39	Clean Surgical Instrument Package								
40	Complete diagnostic forms, lab & X-ray requisitions								
41	Review/read X-ray, lab, and pathology reports								
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
43	*Other Clinical Activity - *specify:*								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
47	*Other Clinical Activity - *specify:*								
48	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	**L046A**	**CT Tech**	**7**		**7**		**10**	
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L046A**	**CT Tech**		**2**		**2**		**2**
50	Review examination with interpreting MD	**L046A**	**CT Tech**		**2**		**2**		**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L046A**	**CT Tech**		**1**		**1**		**1**
52	**End: Patient leaves office**								
53	**POST-SERVICE Period**								
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
65	x-ray envelope	SK091	item	**1**		**1**		**1**	
66	gown, patient	SB026	item	**1**	**1**	**1**	**1**	**1**	**1**
67	computer media, dvd	SK013	item	**1**	**1**	**1**	**1**	**1**	**1**
68	film, x-ray, laser print	SK098	item	**6**	**6**	**6**	**6**	**9**	**9**
69	paper, exam table	SB036	foot	**7**	**7**	**7**	**7**	**7**	**7**
70	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**	**1**	**1**	**1**
71	contrast package	new					**1**		**1**
72	kit, iv starter	SA019	kit			**1**		**1**	
73	gloves, non-sterile	SB022	pair			**1**		**1**	
74	angiocatheter 14g-24g	SC001	item			**1**		**1**	
75	heparin lock	SC012	item			**1**		**1**	
76	iv tubing (extension)	SC019	foot			**1**		**1**	
77	needle, 18-27g	SC029	item			**1**		**1**	
78	syringe 20ml	SC053	item			**1**		**1**	
79	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			**1**		**1**	
80	swab-pad, alcohol	SJ053	item			**1**		**1**	
81	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**		**1**	
82	tape, surgical paper 1in (Micropore)	SG079	inch			**6**		**6**	
83	povidone swabsticks (3 pack uou)	SJ043	item			**1**		**1**	
84	gauze, sterile 2in x 2in	SG053	item			**1**		**1**	
85	**EQUIPMENT**								
86	room, CT	EL007		**36**	**24**	**44**	**28**	**56**	**37**
87	film processor, dry, laser	ED024		**7**	**7**	**7**	**7**	**10**	**10**
88	film alternator (motorized film viewbox)	ER029		**7**	**7**	**7**	**7**	**10**	**10**
89	Power injector								

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 250,000

April 2014

X-Ray Exams

The Relativity Assessment Workgroup identified these services through the CMS/Other Source – Utilization over 250,000 screen. In October 2013, the RUC noted that these services were never RUC reviewed but are frequently reported. The RUC recommended that these services be surveyed for physician work and develop direct practice expense inputs for the January 2014 RUC meeting. At the January meeting the specialty societies suggested to crosswalk these services. The RUC did not accept the crosswalk methodology and requested action of the specialty societies by the April 2014 RUC meeting, acknowledging that the specialty societies may again pursue an alternative methodology through the Research Subcommittee. The Research Subcommittee considered the request and determined that these services should be surveyed because they have not been recently reviewed. The RUC recommended that these services be surveyed for physician work and direct practice expense inputs for April 2014. Anticipating the volume of radiology codes that were scheduled to be reviewed at the April 2014 RUC meeting the specialty requested that review of these services be postponed to the September 2014 RUC meeting. **The specialties requested and the RUC agreed that the six radiologic examination codes be surveyed for physician work and develop direct practice expense inputs for the September 2014 RUC.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
71100	Radiologic examination, ribs, unilateral; 2 views	XXX	Survey - September 2014 RUC meeting
72070	Radiologic examination, spine; thoracic, 2 views	XXX	Survey 0 September 2014 RUC meeting
73060	Radiologic examination; humerus, minimum of 2 views	XXX	Survey - September 2014 RUC meeting

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73565	Radiologic examination, knee; both knees, standing, anteroposterior	XXX	Survey - September 2014 RUC meeting
73590	Radiologic examination; tibia and fibula, 2 views	XXX	Survey - September 2014 RUC meeting
73600	Radiologic examination, ankle; 2 views	XXX	Survey - September 2014 RUC meeting

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April 1, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: Specialties Agree to Survey X-Ray Exam Codes for September 2014 RUC

Dear Dr. Levy,

The six codes below for radiologic examination were identified through the CMS/Other – Utilization >250,000 screen in October 2013.

Code	Descriptor	Work RVU
73600	Radiologic examination, ankle; 2 views	0.16
73060	Radiologic examination; humerus, minimum of 2 views	0.17
73565	Radiologic examination, knee; both knees, standing, anteroposterior	0.17
73590	Radiologic examination; tibia and fibula, 2 views	0.17
71100	Radiologic examination, ribs, unilateral; 2 views	0.22
72070	Radiologic examination, spine; thoracic, 2 views	0.22

For the January 2014 RUC meeting, the specialties, the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Podiatric Medical Association (APMA), submitted a crosswalk proposal to validate the existing value of these plain film codes. However, the RUC did not accept the crosswalk methodology, and suggested that the specialties work with the Research Subcommittee to approve an alternative methodology for the April 2014 RUC, or to otherwise survey the six codes for the September 2014 RUC.

The specialties submitted a revised crosswalk proposal to Research for consideration during the March 4 conference call; however, due to lingering discomfort with the methodology and the crosswalk to codes that were not recently RUC-reviewed, the specialties agree that we will survey the six radiologic examination codes for the September 2014 RUC.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

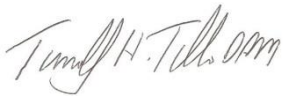
Sincerely,



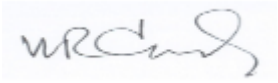
Ezequiel Silva, III, MD
ACR RUC Advisor



Gregory Nicola, MD
ASNR RUC Advisor



Tim Tillo, DPM
APMA RUC Advisor



William Creevy, MD
AAOS RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other – Utilization over 250,000

April 2014

Transluminal Balloon Angioplasty

CPT code 75978 was identified through the CMS High Expenditure Procedural Codes screen. The RUC recommended a survey of physician work and practice expense to be presented at the April 2014 RUC meeting.

75978 ***Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation***
The specialty societies including radiologists and vascular surgeons requested that this code be referred to the CPT Editorial Panel by the RUC to bundle this code with related services. The RUC agreed to this request by the specialties suggesting that the issue be considered at the October 2014 CPT Editorial Panel meeting. **The RUC recommends that CPT code 75978 be referred to CPT Editorial Panel.**

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	XXX	Refer to CPT

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March 31, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Transluminal Balloon Angioplasty (75978)

Dear Dr. Levy:

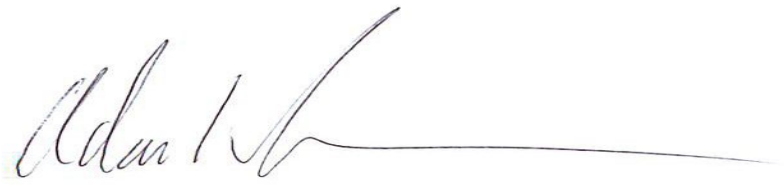
The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to insure optimal care under the highest standards of medical practice for patients with renal disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with renal disease.

The RPA is writing to advise you that we and the undersigned specialties have mutually agreed that rather than conduct a RUC survey for Transluminal Balloon Angioplasty (CPT code 75978, located in Tab 43 of the April 2014 RUC Agenda), our organizations believe that it would be most appropriate for this service to be the subject of a coding change proposal (CCP) bundling this code with related services. Accordingly, such a CCP will to be submitted to the CPT Editorial Panel. RPA worked with the following specialties in this matter:

American College of Radiology
Society for Vascular Surgery
Society of Interventional Radiology
The Society for Cardiovascular Angiography and Interventions

As always, our groups appreciate the scope of AMA's efforts in the area of physician reimbursement, and we look forward to future collaboration with the AMA whenever possible. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,



Adam Weinstein, M.D.
RPA RUC Advisor

CC: Sherry Smith, Director, AMA Relative value Update Committee
Susan Clark, Senior Policy Analyst, AMA Relative value Update Committee

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request – NPRM for 2012 / CMS Request Final Rule for 2014

April 2014

CT Abdomen and Pelvis –PE Only

In establishing interim final direct PE inputs for CY2013, CMS reviewed the direct PE inputs for all of the abdomen, pelvis, and abdomen/pelvis combined CT codes. For each set of codes, CMS established a common set of disposable supplies and medical equipment. CMS established clinical labor minutes that reflects the fundamental assumption that the component codes should include a base number of minutes for particular tasks, and that the number of minutes in the combined codes should reflect efficiencies that occur when the regions are examined together. Among other refinements, CMS adjusted the intra-service time for CPT codes 72194, 74160, and 74177 by 2 minutes, 4 minutes, and 6 minutes, respectively.

CMS refined the minutes in the service period such that the aggregate number of clinical labor minutes is consistent within this family of codes. CMS believes that the aggregate clinical labor time in each clinical service period (pre-service period, service period, and post-service period) or aggregate number of minutes for particular equipment items that reflects the total typical resource use is more important than the minutes associated with each clinical labor task, which are used by the AMA RUC to develop their recommendations. CMS hopes that in reviewing future services, commenters consider the aggregate clinical labor time as well, recognizing that it is the aggregate time that ultimately has implications for payment.

The RUC reviewed CMS' CY2013 refinements to the direct PE inputs, specifically reductions to the clinical labor intra-service time and equipment time, of CT abdomen and pelvis codes 72194 *(CT pelvis without and with contrast)*, 74160 *(CT abdomen with contrast)*, and 74177 *(CT abdomen and pelvis with contrast)*. The RUC agreed that the aggregate number of clinical labor minutes should be consistent within a family of codes and contended that this problem will be alleviated as codes in a family are reviewed together. Although the aggregate minutes should be consistent, the RUC and the specialties agree that it is inappropriate to unilaterally alter individual clinical staff time direct inputs for the sole purpose of equalizing the aggregate minutes. This has the potential to distort relativity across the larger RBRVS, as these codes may serve as crosswalks for new, revalued, or revised codes in the future.

The RUC and the specialties recognize that bundled codes may yield efficiencies for certain staff activities, however these efficiencies are best evaluated using the clinical expertise of the PE subcommittee. The RUC does not support the exclusive use of the aggregate minutes to determine efficiencies because the practice expense bottom up methodology requires review of individual practice expense inputs.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
72192	Computed tomography, pelvis; without contrast material	XXX	PE Review Only
72193	Computed tomography, pelvis; with contrast material(s)	XXX	PE Review Only
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	XXX	PE Review Only
74150	Computed tomography, abdomen; without contrast material	XXX	PE Review Only
74160	Computed tomography, abdomen; with contrast material(s)	XXX	PE Review Only
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	XXX	PE Review Only
74176	Computed tomography, abdomen and pelvis; without contrast material	XXX	PE Review Only
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	XXX	PE Review Only

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74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	XXX	PE Review Only

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ACR
AMERICAN COLLEGE OF RADIOLOGY
QUALITY IS OUR IMAGE

April 1, 2014

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
515 North State Street
Chicago, Illinois 60654

Subject: CT Abdomen and Pelvis

Dear Dr. Levy,

The ACR appreciates the opportunity to comment on CMS' CY2013 refinements to the direct PE inputs, specifically reductions to the clinical labor intraservice time and equipment time, of CT abdomen and pelvis codes 72194 *(CT pelvis without and with contrast)*, 74160 *(CT abdomen with contrast)*, and 74177 *(CT abdomen and pelvis with contrast)*.

The ACR agrees that the aggregate number of clinical labor minutes should be consistent within a family of codes. The ACR, however, does not agree that the aggregate number of minutes is more important than the minutes associated with each clinical labor task. The nature of the bottom-up methodology requires evaluation of direct inputs on an individual basis requiring the clinical expertise of the PE subcommittee and the presenters before the committee. We believe it is inappropriate to unilaterally alter individual direct inputs for the sole purpose of equalizing the aggregate minutes. This has the potential to distort relativity across the larger RBRVS, as these codes may serve as crosswalks for new, revalued, or revised codes in the future.

The ACR also recognizes that bundled codes may yield efficiencies for certain staff activities. We believe that these efficiencies are best evaluated by the PE subcommittee based on each individual direct input since clinical expertise is required for these determinations. We do not support the exclusive use of the aggregate minutes to determine efficiencies since the bottom up methodology is based on individual inputs.

Should you have any questions, please feel free to contact ACR RUC staff, Stephanie Le, at 800-227-5463, ext. 4584 or via email sle@acr.org.

Sincerely,



Ezequiel Silva, III, MD
ACR RUC Advisor

cc: Sherry Smith

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Practice Expense Review

April 2014

Bilateral Ocular Screening-PE Only

CMS requested a review of the practice expense to correct the direct practice expense inputs for supplies and equipment. The RUC recommended that direct practice expense inputs be developed for the April 2014 RUC meeting.

The specialty societies determined and the RUC agreed that CPT code 99174 *Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral (Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral)* requires a revision of the code descriptor because of changes in the way that the service is performed. The specialty has requested descriptor changes in order to ensure correct practice expenses for existing CPT code 99174 *Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral* (work RVU = 0.00), which is analyzed in the office, as well as a new code for situations when a similar service is performed offsite. The technology for 99174, has changed and the new code, CPT Code 9917X , reflects the use of ocular screening instruments that perform both the screening and the analysis with report as well as the use of instruments that perform only the screening but require the analysis and report be done at a separate remote site after electronic transfer. Codes are needed to describe the two technologies and to allow the accurate capture of the practice expense of each. **The RUC recommends CPT code 99174 be referred to the CPT Editorial Panel for revision at the May 2014 CPT meeting.**

CPT Code (●New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	XXX	Referral to CPT Editorial Panel May 2014

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American Academy of Pediatrics
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March 7, 2014

Samantha Ashley, MS
Senior Policy Analyst I
Physician Payment and Systems
American Medical Association
AMA Plaza
330 N Wabash Ave
Chicago, IL 60611

Re: CPT Code 99174

Dear Samantha:

The American Academy of Pediatrics (AAP) had initially requested that CPT code 99174 (*Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral*) be brought to the April 2014 RUC meeting to allow refinement of the direct practice expense (PE) inputs based on changes in how the service is typically provided. The RUC kindly granted our request and placed code 99174 on the LOI for PE only.

It has come to our attention through discussion with the American Academy of Ophthalmology (AAO) that changes in how the service is provided require a more robust response – namely revision of the code descriptor via the CPT Editorial Panel process.

As such, the AAP is now withdrawing its request to bring code 99174 to the RUC PE Subcommittee in April 2014 as it plans to work with the AAO on a code change proposal for consideration by the CPT Editorial Panel in May 2014.

Please let me know if you have any questions.

Thank you very much,

Linda Walsh
AAP staff

cc: Michael Repka, MD, AAO CPT Advisor
Cherie L. McNett, AAO staff

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS OPPS/ASC Cap Proposal – Codes Identified by Specialty to Review (Practice Expense Only)

April 2014

Plastic Surgery

Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

This review marks a new type of screen for the RUC, whereby specialty societies bring forward codes from a range of services identified by CMS through a policy proposal. The CMS OPPS/ASC cap proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The expectation was to review a subset of services to demonstrate that the associated practice expenses are not overestimates. Upon review it became apparent that for services that have not been reviewed in ten or more years, simply applying modern standards could result in PE RVU increases. When increasing certain sections of the direct PE inputs while decreasing other, it is difficult to estimate if the changes will result in an overall increase or decrease in the PE RVU. The Practice Expense Subcommittee has used their clinical expertise to accurately value these services, as they do with all services that are brought forward for review. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC is forwarding practice expense recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on completely separate payment systems.

Resource costs in the Medicare physician payment schedule are developed through an extremely thorough "bottom-up" methodology in which the necessary resource costs are added line by line to achieve the actual costs for the physician to provide the care. In contrast, payment to facilities under the OPPS is calculated on the geometric mean of the costs of services in the same ambulatory payment classification (APC). To equate the rigorously developed line item costs associated with specific services performed in the non-facility setting, with charges that are intended to be an average of "similar" services when performed in the facility is severely flawed because the two systems are making payments under vastly different assumptions. The RUC maintains that resource cost data collected under the RBRVS is actually more reliable for two primary reasons. First, pricing in the RBRVS reflects actual costs, while the OPPS/ASC payment system reflects charges that are mathematically manipulated into costs. Second, in the RBRVS, direct resource costs are calculated on a line item basis. This process is extremely thorough and takes into account the clinical intricacies of each service.

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The review of these services generally represents decreased direct practice expense or maintenance of the current inputs, with the exception of the addition of equipment direct PE inputs *mayo stand* (EF015) CPT codes 12041, 12054, 12055 and 12057. Decreases include significant decreases in equipment minutes to conform to current conventions. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	000	PE review only
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	000	PE review only
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	000	PE review only
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	000	PE review only
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	000	PE review only
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	000	PE review only

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12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	000	PE review only
11760	Repair of nail bed	010	PE review only
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	010	PE review only
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	010	PE review only
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	010	PE review only
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	010	PE review only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
12005: Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm

12006: Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm

12007: Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

Global Period: 000 Meeting Date: April, 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   An expert panel was convened to review the existing practice expense items and make recommendations for changes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet patient and ensure appropriate medical records are available; Obtain vital signs; Prepare room, equipment and supplies; prepare and position patient and assist with performance of procedure.

Post-Service Clinical Labor Activities:

Monitor patient following procedure; Check dressings/wounds and provide home care instructions. Clean room and surgical equipment.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 12005**		**CPT Code # 12005**		**CPT Code # 12006**		**CPT Code # 12006**		**CPT Code # 12007**		**CPT Code # 12007**	
3	**Meeting Date:April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**6.0**	**36.0**	**0.0**	**49.0**	**6.0**	**39.0**	**0.0**	**54.0**	**6.0**	**43.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**0.0**	**36.0**	**0.0**	**49.0**	**0.0**	**39.0**	**0.0**	**54.0**	**0.0**	**43.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms														
13	Coordinate pre-surgery services														
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent														
16	Follow-up phone calls & prescriptions														
17	*Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)														
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
27	Sedate/apply anesthesia														
28	*Other Clinical Activity - specify:			**3**				**4**				**4**			
29	**Intra-service**														
30	Assist physician in performing procedure (67%)	L037D	RN/LPN/MTA	**17**		**17**		**20**		**20**		**24**		**24**	
31	Assist physician/moderate sedation (% of physician time)														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 12005**		**CPT Code # 12005**		**CPT Code # 12006**		**CPT Code # 12006**		**CPT Code # 12007**		**CPT Code # 12007**	
3	**Meeting Date:April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
32	**Post-Service**														
33	Monitor pt. following moderate sedation														
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)														
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**4**		**3**		**4**		**3**	
36	Clean Scope														
37	Clean Surgical Instrument Package														
38	Complete diagnostic forms, lab & X-ray requisitions														
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**7**		**3**		**8**		**3**		**9**		**3**	
41	*Other Clinical Activity - *specify:*														
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**														
46	**POST-SERVICE Period**														
47	**Start: Patient leaves office/facility**														
48	Conduct phone calls/call in prescriptions														
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16												
51	99212 27 minutes		27												
52	99213 36 minutes		36												
53	99214 53 minutes		53												
54	99215 63 minutes		63												
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*														
57	**End: with last office visit before end of global period**														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 12005**		**CPT Code # 12005**		**CPT Code # 12006**		**CPT Code # 12006**		**CPT Code # 12007**		**CPT Code # 12007**	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
59	pack, minimum multi-specialty visit	SA048	pack	**2**		**1**		**2**		**1**		**2**		**1**	
60	tray, suturing	SA069	tray	**1**		**1**		**1**		**1**		**1**		**1**	
61	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**		**1**		**1**	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**		**1**		**1**		**1**		**1**	
63	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**	
64	mask, surgical	SB033	item	**2**		**2**		**2**		**2**		**2**		**2**	
65	syringe-needle 3ml 22-26g	SC064	item	**6**		**6**		**8**		**8**		**10**		**10**	
66	cautery, monopolar, electrode tip	SF016	item	**1**		**1**		**1**		**1**		**1**		**1**	
67	suture, nylon, 3-0 to 6-0, c	SF036	item	**2**		**2**		**3**		**3**		**3**		**3**	
68	dressing, 3in x 4in (Telfa, Release)	SG035	item	**2**		**2**		**2**		**2**		**2**		**2**	
69	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**2**		**2**		**2**		**2**		**3**		**3**	
70	tape, surgical paper 1in (Micropore)	SG079	inch	**48**		**48**		**54**		**54**		**66**		**66**	
71	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**20**		**20**		**40**		**40**		**40**		**40**	
72	bacitracin oint (0.9gm uou)	SJ007	item	**2**		**2**		**2**		**2**		**2**		**2**	
73	hydrogen peroxide	SJ028	ml	**40**		**40**		**40**		**40**		**40**		**40**	
74	povidone soln (Betadine)	SJ041	ml	**15**		**15**		**15**		**15**		**15**		**15**	
75	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**2**	
76															
77	**EQUIPMENT**	**CODE**													
78	electrocautery-hyfrecator, up to 45 watts	EQ110		**61**		**44**		**70**		**49**		**81**		**54**	
79	table, exam	EF023		**61**		**44**									
80	light, exam	EQ168		**61**		**44**		**70**		**49**		**81**		**54**	
81	table, power	EF031						**70**		**49**		**81**		**54**	
82															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**6.0**	**40.0**	**6.0**	**49.0**	**6.0**	**43.0**	**6.0**	**54.0**	**6.0**	**47.0**	**6.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**0.0**	**40.0**	**6.0**	**49.0**	**0.0**	**43.0**	**6.0**	**54.0**	**0.0**	**47.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms														
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16	Follow-up phone calls & prescriptions														
17	*Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)														
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
27	Sedate/apply anesthesia														
28	*Other Clinical Activity - specify:			**3**				**4**				**4**			
29	**Intra-service**														
30	Assist physician in performing procedure (67%)	L037D	RN/LPN/MTA	**17**		**17**		**20**		**20**		**24**		**24**	
31	Assist physician/moderate sedation (% of physician time)														

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1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
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5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
32	**Post-Service**														
33	Monitor pt. following moderate sedation														
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)														
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**4**		**3**		**4**		**3**	
36	Clean Scope														
37	Clean Surgical Instrument Package														
38	Complete diagnostic forms, lab & X-ray requisitions														
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**7**		**7**		**8**		**7**		**9**		**7**	
41	*Other Clinical Activity - *specify:*														
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**														
46	**POST-SERVICE Period**														
47	**Start: Patient leaves office/facility**														
48	Conduct phone calls/call in prescriptions														
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16												
51	99212 27 minutes		27												
52	99213 36 minutes		36												
53	99214 53 minutes		53												
54	99215 63 minutes		63												
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*														
57	**End: with last office visit before end of global period**														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14		REFERENCE CODE		UPDATED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 12005**		**CPT Code # 12005**		**CPT Code # 12006**		**CPT Code # 12006**		**CPT Code # 12007**		**CPT Code # 12007**	
3	**Meeting Date:April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK 12.6-20 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR - RPR S/N/A/GEN/TRK 20.1-30 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM		CPT CODE DESCRIPTOR- RPR S/N/A/GEN/TRK >30.0 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
59	pack, minimum multi-specialty visit	SA048	pack	**2**		**1**		**2**		**1**		**2**		**1**	
60	tray, suturing	SA069	tray	**1**		**1**		**1**		**1**		**1**		**1**	
61	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**		**1**		**1**	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**		**1**		**1**		**1**		**1**	
63	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**	
64	mask, surgical	SB033	item	**2**		**2**		**2**		**2**		**2**		**2**	
65	syringe-needle 3ml 22-26g	SC064	item	**6**		**6**		**8**		**8**		**10**		**10**	
66	cautery, monopolar, electrode tip	SF016	item	**1**		**1**		**1**		**1**		**1**		**1**	
67	suture, nylon, 3-0 to 6-0, c	SF036	item	**2**		**2**		**3**		**3**		**3**		**3**	
68	dressing, 3in x 4in (Telfa, Release)	SG035	item	**2**		**2**		**2**		**2**		**2**		**2**	
69	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**2**		**2**		**2**		**2**		**3**		**3**	
70	tape, surgical paper 1in (Micropore)	SG079	inch	**48**		**48**		**54**		**54**		**66**		**66**	
71	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**20**		**20**		**40**		**40**		**40**		**40**	
72	bacitracin oint (0.9gm uou)	SJ007	item	**2**		**2**		**2**		**2**		**2**		**2**	
73	hydrogen peroxide	SJ028	ml	**40**		**40**		**40**		**40**		**40**		**40**	
74	povidone soln (Betadine)	SJ041	ml	**15**		**15**		**15**		**15**		**15**		**15**	
75	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**2**	
76															
77	**EQUIPMENT**	**CODE**													
78	electrocautery-hyfrecator, up to 45 watts	EQ110		**61**		**40**		**70**		**45**		**81**		**50**	
79	table, exam	EF023		**61**		**40**									
80	light, exam	EQ168		**61**		**40**		**70**		**45**		**81**		**50**	
81	table, power	EF031						**70**		**45**		**81**		**50**	
82															

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

12013: Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

12014: Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm

12015: Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm

12016: Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm

Global Period: 000 Meeting Date: April, 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   An expert panel was convened to review the existing practice expense items and make recommendations for changes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet patient and ensure appropriate medical records are available; Obtain vital signs; Prepare room, equipment and supplies; prepare and position patient and assist with performance of procedure.

Post-Service Clinical Labor Activities:

Monitor patient following procedure; Check dressings/wounds and provide home care instructions. Clean room and surgical equipment.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED 4-24-14**			**REFERENCE COD**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12013**		**CPT Code #12013**		**CPT Code #12014**		**CPT Code #12014**		**CPT Code #12015**		**CPT Code #12015**		**CPT Code #12016**		**CPT Code #12016**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**33.0**	**6.0**	**28.0**	**0.0**	**38.0**	**6.0**	**31.0**	**0.0**	**43.0**	**6.0**	**34.0**	**0.0**	**49.0**	**6.0**	**38.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**33.0**	**6.0**	**28.0**	**0.0**	**38.0**	**6.0**	**31.0**	**0.0**	**43.0**	**6.0**	**34.0**	**0.0**	**49.0**	**6.0**	**38.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms																		
13	Coordinate pre-surgery services																		
14	Schedule space and equipment in facility																		
15	Provide pre-service education/obtain consent																		
16	Follow-up phone calls & prescriptions																		
17	*Other Clinical Activity - *specify:*																		
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MT	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MT	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MT	**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**	
27	Sedate/apply anesthesia																		
28	*Other Clinical Activity - specify:			**2**				**3**				**4**				**4**			
29	**Intra-service**																		
30	Assist physician in performing procedure 67%	L037D	RN/LPN/MT	**10**		**10**		**13**		**13**		**16**		**16**		**20**		**20**	
31	Assist physician/moderate sedation (% of physician time)					**0**													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED 4-24-14**			**REFERENCE COD**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**	
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3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
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5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																		
35	Clean room/equipment by physician staff	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**4**		**3**	
36	Clean Scope																		
37	Clean Surgical Instrument Package																		
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MT	**5**		**3**		**6**		**3**		**7**		**3**		**8**		**3**	
41	*Other Clinical Activity - *specify:*																		
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MT	**n/a**	**6**	**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27																
52	99213 36 minutes		36																
53	99214 53 minutes		53																
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED 4-24-14**			**REFERENCE COD**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14	
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3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
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5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
60	tray, suturing	SA069	tray	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
61	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
64	mask, surgical	SB033	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
65	syringe-needle 3ml 22-26g	SC064	item	**2**		**2**		**2**		**2**		**3**		**3**		**6**		**6**	
66	cautery, monopolar, electrode tip	SF016	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
67	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**		**1**		**1**		**2**		**2**		**3**		**3**	
68	dressing, 3in x 4in (Telfa, Release)	SG035	item	**1**		**1**		**1**		**1**		**1**		**1**		**2**		**2**	
69	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**		**1**		**2**		**2**		**2**		**2**	
70	~~steri-strip (6 strip uou)~~	~~SG074~~	~~item~~	~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~					
71	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**		**12**		**12**		**36**		**36**		**48**		**48**	
72	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**	
73	bacitracin oint (0.9gm uou)	SJ007	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	hydrogen peroxide	SJ028	ml	**20**		**20**		**20**		**20**		**20**		**20**		**40**		**40**	
75	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**		**10**		**15**		**15**	
76	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
77	**EQUIPMENT**	**CODE**																	
78	electrocautery-hyfrecator, up to 45 watts	EQ110		**43**		**33**		**54**		**38**		**70**		**43**		**83**		**48**	
79	light, exam	EQ168		**43**		**33**		**54**		**38**		**70**		**43**		**83**		**48**	
80	table, power	EF031		**43**		**33**		**54**		**38**		**70**		**43**		**83**		**48**	
81																			
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3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**33.0**	**6.0**	**30.0**	**6.0**	**38.0**	**6.0**	**33.0**	**6.0**	**43.0**	**6.0**	**36.0**	**6.0**	**49.0**	**6.0**	**40.0**	**6.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**33.0**	**6.0**	**30.0**	**6.0**	**38.0**	**6.0**	**33.0**	**6.0**	**43.0**	**6.0**	**36.0**	**6.0**	**49.0**	**6.0**	**40.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms																		
13	Coordinate pre-surgery services																		
14	Schedule space and equipment in facility																		
15	Provide pre-service education/obtain consent																		
16	Follow-up phone calls & prescriptions																		
17	*Other Clinical Activity - *specify:*																		
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MT	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MT	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MT	**3**		**2**		**3**		**2**		**3**		**2**		**3**		**2**	
27	Sedate/apply anesthesia																		
28	*Other Clinical Activity - specify:			**2**				**3**				**4**				**4**			
29	**Intra-service**																		
30	Assist physician in performing procedure 67%	L037D	RN/LPN/MT	**10**		**10**		**13**		**13**		**16**		**16**		**20**		**20**	
31	Assist physician/moderate sedation (% of physician time)					**0**													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED 4-24-14**			**REFERENCE COD**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**		**REFERENCE CODE**		**REVISED 4-24-14**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12013**		**CPT Code #12013**		**CPT Code #12014**		**CPT Code #12014**		**CPT Code #12015**		**CPT Code #12015**		**CPT Code #12016**		**CPT Code #12016**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																		
35	Clean room/equipment by physician staff	L037D	RN/LPN/MT	**3**		**3**		**3**		**3**		**3**		**3**		**4**		**3**	
36	Clean Scope																		
37	Clean Surgical Instrument Package																		
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MT	**5**		**5**		**6**		**5**		**7**		**5**		**8**		**5**	
41	*Other Clinical Activity - *specify:*																		
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MT	**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**		**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27																
52	99213 36 minutes		36																
53	99214 53 minutes		53																
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED 4-24-14**			**REFERENCE COD**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14		**REFERENCE CODE**		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12013**		**CPT Code #12013**		**CPT Code #12014**		**CPT Code #12014**		**CPT Code #12015**		**CPT Code #12015**		**CPT Code #12016**		**CPT Code #12016**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 2.6-5.0 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 5.1-7.5CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 7.6-12.5 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM		CPT CODE DESCRIPTOR-RPR F/E/E/N/L/M 12.6-20 CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
60	tray, suturing	SA069	tray	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
61	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
64	mask, surgical	SB033	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
65	syringe-needle 3ml 22-26g	SC064	item	**2**		**2**		**2**		**2**		**3**		**3**		**6**		**6**	
66	cautery, monopolar, electrode tip	SF016	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
67	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**		**1**		**1**		**2**		**2**		**3**		**3**	
68	dressing, 3in x 4in (Telfa, Release)	SG035	item	**1**		**1**		**1**		**1**		**1**		**1**		**2**		**2**	
69	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**		**1**		**2**		**2**		**2**		**2**	
70	~~steri-strip (6 strip uou)~~	~~SG074~~	~~item~~	~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~					
71	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**		**12**		**12**		**36**		**36**		**48**		**48**	
72	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**20**		**20**		**20**		**20**		**20**		**20**		**20**		**20**	
73	bacitracin oint (0.9gm uou)	SJ007	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	hydrogen peroxide	SJ028	ml	**20**		**20**		**20**		**20**		**20**		**20**		**40**		**40**	
75	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**		**10**		**15**		**15**	
76	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
77	**EQUIPMENT**	**CODE**																	
78	electrocautery-hyfrecator, up to 45 watts	EQ110		**43**		**27**		**54**		**32**		**70**		**37**		**83**		**42**	
79	light, exam	EQ168		**43**		**27**		**54**		**32**		**70**		**37**		**83**		**42**	
80	table, power	EF031		**43**		**27**		**54**		**32**		**70**		**37**		**83**		**42**	
81																			
82																			

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Repair of nail bed

Global Period: 010 Meeting Date: April, 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   An expert panel was convened to review the existing practice expense items and make recommendations for changes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

These are typically emergency patients – diagnostic and referral forms are completed; Pre-surgical services are coordinated and prescription/follow up calls are made.

Intra-Service Clinical Labor Activities:

Greet patient and ensure appropriate medical records are available; Obtain vital signs; Prepare room, equipment and supplies; prepare and position patient and assist with local anesthesia and performance of procedure.

Post-Service Clinical Labor Activities:

Monitor patient following procedure; Check dressings/wounds and provide home care instructions. Clean room and surgical equipment.

	A	B	C	D	E	F	G
1	**REVISED 4-24-14**			**PEAC 2003**		**Revised 4-16-14**	
2	**more please bold the item name and CMS code.**			**11760**		**11760**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: APMA, ASPS, AAOS**	**CMS Code**	**Staff Type**	Repair of nail bed		Repair of nail bed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**97**	**63**	**82**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**13**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**57**	**6**	**55**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**27**	**27**	**27**	**27**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**0**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**2**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**2**		**2**	
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**22**		**22**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**2**		**2**	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	**10**		**10**	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**1**	**1**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**27**	**27**	**27**	**27**
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1	**REVISED 4-24-14**			**PEAC 2003**		**Revised 4-16-14**	
2	**more please bold the item name and CMS code.**			**11760**		**11760**	
3	**Meeting Date: April 2014** **Tab: 46** **Specialty: APMA, ASPS, AAOS**	**CMS Code**	**Staff Type**	Repair of nail bed		Repair of nail bed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	Unit				
59	pack, cleaning, surgical instruments	SA043	pack	**1**		**1**	
60	pack, minimum multi-specialty visit	SA048	pack	**2**	**1**	**2**	**1**
61	pack, post-op incision care (suture)	SA054	pack	**1**	**1**	**1**	**1**
62	pack, drapes, ortho, small	SA081	pack	**1**		**1**	
63	pack, protective, ortho, small	SA084	pack	**1**		**1**	
64	tray, surgical skin prep, sterile	SA088	tray	**1**		**1**	
65	needle, 18-27g	SC029	item	**2**		**2**	
66	syringe 10-12ml	SC051	item	**1**		**1**	
67	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**	
68	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**	
69	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	**1**		**0**	
70	bandage, Esmarch-Martin, sterile 3in x 9ft	SG015	item	**1**		**0**	
71	penrose drain (0.25in x 4in)	SG067	item	**0**		**1**	
72	dressing, 3in x 3in (Adaptic)	SG034	item	**1**		**1**	
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**	
74	tape, surgical paper 1in (Micropore)	SG079	inch	**6**		**6**	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**		**10**	
76	Saline (sodium chloride 0.9% inj (10ml uou))	SH066	item	**1**		**1**	
77	basin, irrigation	SJ009	item	**1**		**1**	
78	bulb syringe (Asepto)	SJ011	item	**1**		**1**	
79	ethyl chloride spray	SJ025	oz	**1**		**1**	
80	swab-pad, alcohol	SJ053	item	**1**		**1**	
81	povidone soln (Betadine)	SJ041	ml	**0**		**10**	
82	drape, sterile, for Mayo stand	SB012	item	**0**		**1**	
83	**EQUIPMENT**	**CODE**					
84	light, exam	EQ168		**27**	**27**	**27**	**27**
85	table, power	EF031		**84**	**27**	**72**	**27**
86	mayo stand	EF015		**57**		**33**	
87	light, surgical	EF014		**57**		**33**	
88	instrument pack, basic ($500-$1499)	EQ137		**57**		**43**	

	A	B	C	D	E	F	G
1	**REVISED 4-24-14**			**PEAC 2003**		**Revised 4-16-14**	
2	**more please bold the item name and CMS code.**			**11760**		**11760**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: APMA, ASPS, AAOS**	**CMS Code**	**Staff Type**	Repair of nail bed		Repair of nail bed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**97**	**63**	**82**	**63**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**13**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**57**	**6**	**55**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**27**	**27**	**27**	**27**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**0**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**2**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**2**		**2**	
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**22**		**22**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**2**		**2**	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	**10**		**10**	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**1**	**1**	**1**	**1**
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**27**	**27**	**27**	**27**
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1	**REVISED 4-24-14**			**PEAC 2003**		**Revised 4-16-14**	
2	**more please bold the item name and CMS code.**			**11760**		**11760**	
3	**Meeting Date: April 2014** **Tab: 46** **Specialty: APMA, ASPS, AAOS**	**CMS Code**	**Staff Type**	Repair of nail bed		Repair of nail bed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	Unit				
59	pack, cleaning, surgical instruments	SA043	pack	**1**		**1**	
60	pack, minimum multi-specialty visit	SA048	pack	**2**	**1**	**2**	**1**
61	pack, post-op incision care (suture)	SA054	pack	**1**	**1**	**1**	**1**
62	pack, drapes, ortho, small	SA081	pack	**1**		**1**	
63	pack, protective, ortho, small	SA084	pack	**1**		**1**	
64	tray, surgical skin prep, sterile	SA088	tray	**1**		**1**	
65	needle, 18-27g	SC029	item	**2**		**2**	
66	syringe 10-12ml	SC051	item	**1**		**1**	
67	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**	
68	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**	
69	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	**1**		**0**	
70	bandage, Esmarch-Martin, sterile 3in x 9ft	SG015	item	**1**		**0**	
71	penrose drain (0.25in x 4in)	SG067	item	**0**		**1**	
72	dressing, 3in x 3in (Adaptic)	SG034	item	**1**		**1**	
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**	
74	tape, surgical paper 1in (Micropore)	SG079	inch	**6**		**6**	
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**		**10**	
76	Saline (sodium chloride 0.9% inj (10ml uou))	SH066	item	**1**		**1**	
77	basin, irrigation	SJ009	item	**1**		**1**	
78	bulb syringe (Asepto)	SJ011	item	**1**		**1**	
79	ethyl chloride spray	SJ025	oz	**1**		**1**	
80	swab-pad, alcohol	SJ053	item	**1**		**1**	
81	povidone soln (Betadine)	SJ041	ml	**0**		**10**	
82	drape, sterile, for Mayo stand	SB012	item	**0**		**1**	
83	**EQUIPMENT**	**CODE**					
84	light, exam	EQ168		**27**	**27**	**27**	**27**
85	table, power	EF031		**84**	**27**	**72**	**27**
86	mayo stand	EF015		**57**		**33**	
87	light, surgical	EF014		**57**		**33**	
88	instrument pack, basic ($500-$1499)	EQ137		**57**		**43**	

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
12041: Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12054: Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055: Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12057: Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

Global Period: 010 Meeting Date: April, 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   An expert panel was convened to review the existing practice expense items and make recommendations for changes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

These are typically emergency patients – diagnostic and referral forms are completed; Pre-surgical services are coordinated and prescription/follow up calls are made.

Intra-Service Clinical Labor Activities:

Greet patient and ensure appropriate medical records are available; Obtain vital signs; Prepare room, equipment and supplies; prepare and position patient and assist with performance of procedure.

Post-Service Clinical Labor Activities:

Monitor patient following procedure; Check dressings/wounds and provide home care instructions. Clean room and surgical equipment. Coordinate follow-up visits.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	REVISED 4-24-14			REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE CODE		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12041**		**CPT Code #12041**		**CPT Code #12054**		**CPT Code #12054**		**CPT Code # 12055**		**CPT Code #12055**		**CPT Code #12057**		**CPT Code #12057**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**80.0**	**48.0**	**72.0**	**42.0**	**107.0**	**48.0**	**96.0**	**42.0**	**150.0**	**84.0**	**139.0**	**84.0**	**170.0**	**84.0**	**159.0**	**84.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**11.0**	**15.0**	**0.0**	**15.0**	**11.0**	**15.0**	**0.0**	**15.0**	**11.0**	**15.0**	**0.0**	**15.0**	**11.0**	**15.0**	**0.0**	**15.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**42.0**	**6.0**	**45.0**	**0.0**	**69.0**	**6.0**	**69.0**	**0.0**	**76.0**	**6.0**	**76.0**	**6.0**	**96.0**	**6.0**	**96.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/ MTA	**5**		**0**		**5**		**0**		**5**		**0**		**5**		**0**	
13	Coordinate pre-surgery services	L037D	RN/LPN/ MTA	**3**	**10**	**0**	**10**	**3**	**10**	**0**	**10**	**3**	**10**	**0**	**10**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/ MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent																		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/ MTA	**3**		**0**		**3**		**0**		**3**		**0**		**3**		**0**	
17	*Other Clinical Activity - *specify:*																		
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent					**2**	**0**			**2**	**0**			**2**	**0**			**2**	**0**
24	Prepare room, equipment, supplies	L037D	RN/LPN/ MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/ MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/ MTA	**2**		**0**		**2**		**0**		**2**		**0**		**2**		**0**	
28	*Other Clinical Activity - specify:																		
29	**Intra-service**																		
30	Assist physician in performing procedure (67%)	L037D	RN/LPN/ MTA	**14**		**14**		**33**		**33**		**40**		**40**		**60**		**60**	
31	Assist physician/moderate sedation (% of physician time)																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	REVISED 4-24-14			REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE CODE		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12041**		**CPT Code #12041**		**CPT Code #12054**		**CPT Code #12054**		**CPT Code # 12055**		**CPT Code #12055**		**CPT Code #12057**		**CPT Code #12057**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
35	Clean room/equipment by physician staff					**3**		**3**		**3**		**3**		**3**		**3**		**3**	
36	Clean Scope																		
37	Clean Surgical Instrument Package	L037D	RN/LPN/ MTA	**10**		**10**		**15**		**15**		**15**		**15**		**15**		**15**	
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
41	*Other Clinical Activity - *specify:*																		
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/ MTA	**n/a**	**6**	**n/a**	**0**	**n/a**	**6**	**n/a**	**0**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
52	99213 36 minutes		36									**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
53	99214 53 minutes		53																
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**
56	*Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	REVISED 4-24-14			REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE		REVISED 4-24-14		REFERENCE CODE		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12041**		**CPT Code #12041**		**CPT Code #12054**		**CPT Code #12054**		**CPT Code # 12055**		**CPT Code #12055**		**CPT Code #12057**		**CPT Code #12057**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack	2	1	2		2	1	2		3		3		3		3	
60	pack, cleaning, surgical instruments	SA043	pack	1		1		1		1		1		1		1		1	
61	pack, post-op incision care (suture)	SA054	pack	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	2
62	cap, surgical	SB001	item	2		2		2		2		2		2		2		2	
63	drape, sterile, for Mayo stand	SB012	item	1		1		1		1		1		1		1		1	
64	drape, sterile, three-quarter sheet	SB014	item	1		1		1		1		1		1		1		1	
65	drape-cover, sterile, OR light handle	SB016	item	2		2		2		2		2		2		2		2	
66	gloves, sterile	SB024	pair	2		2		2		2		2		2		2		2	
67	gown, staff, impervious	SB027	item	2		2		2		2		2		2		2		2	
68	mask, surgical, with face shield	SB034	item	2		2		2		2		2		2		2		2	
69	shoe covers, surgical	SB039	pair	2		2		2		2		2		2		2		2	
70	needle, 18-27g	SC029	item	1		1		1		1		1		1		1		1	
71	needle, 30g	SC031	item	1		1		1		1		1		1		1		1	
72	syringe 20ml	SC053	item	1		1		1		1		1		1		1		1	
73	cautery, monopolar, electrode tip	SF016	item	1		1		1		1		1		1		1		1	
74	cautery, patient ground pad w-cord	SF021	item	1		1		1		1		1		1		1		1	
75	scalpel with blade, surgical (#10-20)	SF033	item	1		1		1		1		1		1		1		1	
76	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1		2		2		3		3		4		4	
77	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1		2		2		3		3		4		4	
78	dressing, 3in x 4in (Telfa, Release)	SG035	item	1		1		2		2		2		2		3		3	
79	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1		1		2		2		2		2		2		2	
80	tape, surgical paper 1in (Micropore)	SG079	inch	12		12		24		24		24		24		36		36	
81	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	10		10		20		20		20		20		30		30	
82	bacitracin oint (0.9gm uou)	SJ007	item	1		1		2		2		2		2		3		3	
83	povidone soln (Betadine)	SJ041	ml	10		10		10		10		20		20		10		10	
84	swab-pad, alcohol	SJ053	item	2		2		2		2		2		2		2		2	
85	scrub brush (impregnated)	SM023	item	2		2		2		2		2		2		2		2	
86	**EQUIPMENT**	**CODE**																	
87	table, exam	EF023		27	27	27	27	27	27	27	27	63	63	63	63	63	63	63	63
88	light, exam	EQ168		27	27	27	27	27	27	27	27	63	63	63	63	63	63	63	63
89	electrocautery-hyfrecator, up to 45 watts	EQ110		42		21		69		71		76		81		96		111	
90	instrument pack, medium ($1500 and up)	EQ138		42		0		69		80		76		90		96		120	
91	light, surgical	EF014		42		21		69		71		76		81		96		111	
92	**mayo stand - new -**	**EF015**				21				71				81				111	
93	table, power	EF031		42		21		69		71		76		81		96		111	
94	camera, digital (6 mexapixel)	ED004		69	27	27	27	96	27	27	27	139	63	63	63	159	63	63	63

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	REVISED 4-24-14			REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-14	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code #12041**		**CPT Code #12041**		**CPT Code #12054**		**CPT Code #12054**		**CPT Code # 12055**		**CPT Code #12055**		**CPT Code #12057**		**CPT Code #12057**	
3	**Meeting Date: April 2014 Tab: 46 Specialty: ASPS**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR N-HF/GENIT 2.5CM<		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 7.6-12.5CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM 12.6 - 20.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM		CPT CODE DESCRIPTOR-INTMD RPR FACE/MM >30.0CM	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**80.0**	**48.0**	**103.0**	**50.0**	**107.0**	**48.0**	**157.0**	**50.0**	**150.0**	**84.0**	**210.0**	**86.0**	**170.0**	**84.0**	**260.0**	**86.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**	**11.0**	**15.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**42.0**	**6.0**	**65.0**	**8.0**	**69.0**	**6.0**	**119.0**	**8.0**	**76.0**	**6.0**	**136.0**	**8.0**	**96.0**	**6.0**	**186.0**	**8.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/ MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**	
13	Coordinate pre-surgery services	L037D	RN/LPN/ MTA	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/ MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent																		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
17	*Other Clinical Activity - *specify:*																		
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent					**2**	**2**			**2**	**2**			**2**	**2**			**2**	**2**
24	Prepare room, equipment, supplies	L037D	RN/LPN/ MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/ MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/ MTA	**2**		**0**		**2**		**0**		**2**		**0**		**2**		**0**	
28	*Other Clinical Activity - specify:																		
29	**Intra-service**																		
30	Assist physician in performing procedure (67%)	L037D	RN/LPN/ MTA	**14**		**14**		**33**		**33**		**40**		**40**		**60**		**60**	
31	Assist physician/moderate sedation (% of physician time)					**20**				**50**				**60**				**90**	

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5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
35	Clean room/equipment by physician staff					**3**		**3**		**3**		**3**		**3**		**3**		**3**	
36	Clean Scope																		
37	Clean Surgical Instrument Package	L037D	RN/LPN/ MTA	**10**		**10**		**15**		**15**		**15**		**15**		**15**		**15**	
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/ MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
41	*Other Clinical Activity - *specify:*																		
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/ MTA	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
52	99213 36 minutes		36									**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
53	99214 53 minutes		53																
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**	**63.0**
56	*Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	REVISED 4-24-14			REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-1		REFERENCE		REVISED 4-24-14	
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack	**2**	**1**	**2**		**2**	**1**	**2**		**3**		**3**		**3**		**3**	
60	pack, cleaning, surgical instruments	SA043	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
61	pack, post-op incision care (suture)	SA054	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**2**
62	cap, surgical	SB001	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
63	drape, sterile, for Mayo stand	SB012	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
64	drape, sterile, three-quarter sheet	SB014	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
65	drape-cover, sterile, OR light handle	SB016	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
66	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
67	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
68	mask, surgical, with face shield	SB034	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
69	shoe covers, surgical	SB039	pair	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
70	needle, 18-27g	SC029	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
71	needle, 30g	SC031	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
72	syringe 20ml	SC053	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
73	cautery, monopolar, electrode tip	SF016	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	cautery, patient ground pad w-cord	SF021	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
75	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
76	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**2**		**2**		**3**		**3**		**4**		**4**	
77	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	**1**		**1**		**2**		**2**		**3**		**3**		**4**		**4**	
78	dressing, 3in x 4in (Telfa, Release)	SG035	item	**1**		**1**		**2**		**2**		**2**		**2**		**3**		**3**	
79	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**2**		**2**		**2**		**2**		**2**		**2**	
80	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**		**24**		**24**		**24**		**24**		**36**		**36**	
81	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	**10**		**10**		**20**		**20**		**20**		**20**		**30**		**30**	
82	bacitracin oint (0.9gm uou)	SJ007	item	**1**		**1**		**2**		**2**		**2**		**2**		**3**		**3**	
83	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**20**		**20**		**10**		**10**	
84	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
85	scrub brush (impregnated)	SM023	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
86	**EQUIPMENT**	**CODE**																	
87	table, exam	EF023		**27**	**27**	**60**	**27**	**27**	**27**	**90**	**27**	**63**	**63**	**136**	**63**	**63**	**63**	**166**	**63**
88	light, exam	EQ168		**27**	**27**	**60**	**27**	**27**	**27**	**90**	**27**	**63**	**63**	**136**	**63**	**63**	**63**	**166**	**63**
89	electrocautery-hyfrecator, up to 45 watts	EQ110		**42**		**33**		**69**		**63**		**76**		**73**		**96**		**103**	
90	instrument pack, medium ($1500 and up)	EQ138		**42**		**40**		**69**		**75**		**76**		**85**		**96**		**115**	
91	light, surgical	EF014		**42**		**33**		**69**		**63**		**76**		**73**		**96**		**103**	
92	**mayo stand - new -**	**EF015**				**33**				**63**				**73**				**103**	
93	table, power	EF031		**42**		**33**		**69**		**63**		**76**		**73**		**96**		**103**	
94	camera, digital (6 mexapixel)	ED004		**69**	**27**	**60**		**96**	**27**	**90**	**27**	**139**	**63**	**136**	**63**	**159**	**63**	**166**	**63**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS OPPS/ASC Cap Proposal – Codes Identified by Specialty to Review (Practice Expense Only)

April 2014

Otolaryngology-PE Only

Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

This review marks a new type of screen for the RUC, whereby specialty societies bring forward codes from a range of services identified by CMS through a policy proposal. The CMS OPPS/ASC cap proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The expectation was to review a subset of services to demonstrate that the associated practice expenses are not overestimates. Upon review it became apparent that for services that have not been reviewed in ten or more years, simply applying modern standards could result in PE RVU increases. When increasing certain sections of the direct PE inputs while decreasing other, it is difficult to estimate if the changes will result in an overall increase or decrease in the PE RVU. The Practice Expense Subcommittee has used their clinical expertise to accurately value these services, as they do with all services that are brought forward for review. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC is forwarding practice expense recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on completely separate payment systems.

Resource costs in the Medicare physician payment schedule are developed through an extremely thorough "bottom-up" methodology in which the necessary resource costs are added line by line to achieve the actual costs for the physician to provide the care. In contrast, payment to facilities under the OPPS is calculated on the geometric mean of the costs of services in the same ambulatory payment classification (APC). To equate the rigorously developed line item costs associated with specific services performed in the non-facility setting, with charges that are intended to be an average of "similar" services when performed in the facility is severely flawed because the two systems are making payments under vastly different assumptions. The RUC maintains that resource cost data collected under the RBRVS is actually more reliable for two primary reasons. First, pricing in the RBRVS reflects actual costs, while the OPPS/ASC payment system reflects charges that are mathematically manipulated into costs. Second, in the RBRVS, direct resource costs are calculated on a line item basis. This process is extremely thorough and takes into account the clinical intricacies of each service.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Some of the services identified have not been reviewed in many years and were modified to remove and/or add supplies and equipment to reflect changes in the way the service is currently performed. In some cases errors were corrected, such as including cleaning time for instruments. Additionally, practice expense standards that have developed in the years since the services were last reviewed were applied. **The RUC reviewed and approved the direct practice expense inputs with modification as approved by the Practice Expense Subcommittee.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
10021	Fine needle aspiration; without imaging guidance	XXX	PE Review Only
30300	Removal foreign body, intranasal; office type procedure	010	PE Review Only
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	000	PE Review Only
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	000	PE Review Only
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	000	PE Review Only
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	000	PE Review Only
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	000	PE Review Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	000	PE Review Only
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	010	PE Review Only
40804	Removal of embedded foreign body, vestibule of mouth; simple	010	PE Review Only
42809	Removal of foreign body from pharynx	010	PE Review Only
69200	Removal foreign body from external auditory canal; without general anesthesia	000	PE Review Only
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	000	PE Review Only
92511	Nasopharyngoscopy with endoscope (separate procedure)	000	PE Review Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Summary of OPPS CAP PE - Otolaryngology Codes
April 2014 RUC Meeting

CPT Code	Descriptor	Year PE last reviewed	Changes in total staff time		Rationale for Change	Changes in supplies		Rationale for Change	Changes in Equipment		Rationale for Change	Changes in equipment times		Rationale for Change
			Non-Facil	Facil		Non-Facil	Facil		Non-facil	Facil		Non-facil	Facil	
10021	Fine needle aspiration	Feb-01	Y - Decreased	N/A	Reduced all inputs to PE standards and used intra time from MD work since old PE spreadsheets could not be accessed for this code.	Yes	N/A	removed unnecessary inputs for this service and added supplies that are typical for the procedure that were not previously included.	Yes	N/A	added missing piece of equipment needed for this procedure	Yes	N/A	Reduced equipment time per PE rules and added in time for new piece of equipment.
30300	Removal foreign body, intranasal	Jan-03	Y- Decreased	Y - Decreased	reduced all inputs to PE standards and removed unnecessary time in facility column.	Yes	No	Replaced cocaine with lidocaine to be more consistent with other ENT code inputs.	Yes	Yes	Added in two missing pieces of equipment (instruments and light source)	Yes	Yes	Reduced equipment times for all non-facility inputs and added in time for the two new pieces of equipment. Facility time remains unchanged other than adding time for new equipment.
30903	control nasal hemorrhage, anterior	Feb-01	Y - Increased	Y - Increased	Reduced time where needed to comport with PE standards. Increased time for monitoring and added time for cleaning the instruments, per PE standards.	Yes	N/A	Removed unnecessary inputs for this service and added supplies that are typical for the procedure that were not previously included. Type of cautery has changed and included more specific inputs for the types of packing used.	Yes	N/A	Removed outdated equipment and added in misisng items such as SMR cabinet and instruments.	Yes	N/A	Reduced equipment time for all inputs and added in time for two new pieces of equipment.
30905	control nasal hemorrhage, posterior, initial	Feb-01	Y - Increased	Y - Increased	Reduced time where needed to comport with PE standards. Added in 10 minutes to clean the instruments.	Yes	N/A	Removed unnecessary inputs for this service and added supplies that are typical for the procedure that were not previously included. Type of cautery has changed and included more specific inputs for the types of packing used.	Yes	N/A	Removed outdated equipment and added in misisng items such as SMR cabinet, electrocautery hyfrecator and instruments.	Yes	N/A	Reduced equipment time for all inputs and added in time for two new pieces of equipment.
30906	control nasal hemorrhage, posterior, subsequent	Feb-01	Y - Decreased	Y- Increased	Reduced time where needed to comport with PE standards. Added in 10 minutes to clean the instruments. Facility time increased for this code because the discharge management visit was previously omitted, which we believe was an error.	Yes	N/A	Removed unnecessary inputs for this service and added supplies that are typical for the procedure that were not previously included. Type of cautery has changed and included more specific inputs for the types of packing used.	Yes	N/A	Removed outdated equipment and added in misisng items such as SMR cabinet, electrocautery hyfrecator and instruments.	Yes	N/A	Reduced equipment time for all inputs and added in time for two new pieces of equipment.
31295	Nasal/sinus endoscopy; dilation of maxillary sinus	Feb-10	Y - Increased	No	Reduced time where needed to comport with PE standards. Added PE standard time for consent and cleaning the instruments, and increased monitoring time due to risk of bleeding.	Yes	N/A	Removed unnecessary inputs for this service and added one suplly that was previously omitted which is needed to keep the scope clear during this procedure.	Yes	N/A	Removed incorrect scope and inserted the accurate scope for 31295. Added two new piecs of equipment that are needed for procedure: instruments and light source.	Yes	N/A	Reduced equipment time for all inputs and added in time for new pieces of equipment.
31296	Nasal/sinus endoscopy; dilation of frontal sinus	Feb-10	Y - Increased	No	Reduced time where needed to comport with PE standards. Added PE standard time for consent and cleaning the instruments, and increased monitoring time due to risk of bleeding.	Yes	N/A	Removed unnecessary inputs for this service and added one suplly that was previously omitted which is needed to keep the scope clear during this procedure.	Yes	N/A	Added two new piecs of equipment that are needed for procedure: instruments and light source.	Yes	N/A	Reduced equipment time for all inputs and added in time for new pieces of equipment.

Summary of OPPS CAP PE - Otolaryngology Codes
April 2014 RUC Meeting

31297	Nasal/sinus endoscopy; dilation of spenoid sinus	Feb-10	Y - Increased	No	Reduced time where needed to comport with PE standards. Added PE standard time for consent and cleaning the instruments, and increased monitoring time due to risk of bleeding.	Yes	N/A	Removed unnecessary inputs for this service and added one suplly that was previously omitted which is needed to keep the scope clear during this procedure.	Yes	N/A	Added two new piecs of equipment that are needed for procedure: instruments and light source.	Yes	N/A	Reduced equipment time for all inputs and added in time for new pieces of equipment.
41530	Submucosal ablation of the tongue base, radiofrequency	Sep-07	Y - Increased	No	Added in standard PE time for sedate/apply anesthesia and time for monitoring the patient after the procedure.	Yes	No	No changes to supply inputs, but we are providing invoices to show that price of probe has decreased.	Yes	No	No changes to supply inputs, but we are providing invoices to show that price of radiofrequency generator has decreased.	Yes	No	Non-facility reduced all equipment times except for the scope which is increaed to include cleaning time for flexible scopes.
40804	Removal embedded foreign body of mouth	Jan-02	Y - Decreased	Y - Increased	Non-facility modified times to comport with PE standards and added in time to clean instruments. Facility aded in extensive use of staff time for pre-service because scheduled procedure that takes staff time to coordinate in advance.	Yes	Yes	Removed unnecessary inputs and added more appropriate supplies for proedure.	No	No	No equipment input changes.	Yes	Yes	Reduced time for all equipment per PE standards for assigning time.
42809	Removal of foreign body, pharynx	Jan-03	Y - Increased	No	Reduced times where necessary to comport with PE standards. Added standard PE time for greeting and gowning the patient, obtianing vitals, setting up scope, and cleaning the scope and instruments.	Yes	Yes	Added one new supply for patient to spit into during procedure.	Yes	Yes	Removed unnecessary equipment and added a flexible scope which is necessary for this procedure.	Yes	Yes	Reduced all equipment times and added in time for new equipment (scope) in both sites of service.
69200	Removal foreign body form external auditory canal	Jan-03	Y - Increased	Y - Increased	Reduced times where necessary to comport with PE standards. Added standard PE time for cleaning the instruments.	Yes	N/A	Removed unnecessary supplies and addd in suppplies that are needed for this procedure that were missing.	Yes	N/A	Removed unnecessary video system.	Yes	N/A	Reduced all equipment times except for instruments which includes time for cleaning.
69220	Debridement mastoidectomy, simple	Jan-03	Y - Decreased	Y - Decreased	Reduced times where necessary to comport with PE standards. Added in time in non-facility to clean instruments.	Yes	N/A	Removed unnecessary supplies.	Yes	N/A	Removed unnecessary video system.	Yes	N/A	Reduced all equipment times except for instruments which includes time for cleaning.
92511	Nasopharyngoscopy with endoscope	Sep-02	Y - Decreased	No	Reduced times where necessary to comport with PE standards. Added in time in non-facility to clean instruments.	Yes	Yes	Removed unnecessary supplies and added in one supply to replace the film which is an outmoded input based on changes in technology.	No	No	No changes to equipment inputs.	Yes	N/A	Reduced equipment times for all items except the flexible scope which includes time to clean it.

CPT Code: 10021
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Fine needle aspiration; without imaging guidance

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our societies convened an expert panel to review the practice expense for 10021 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 10021 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 10021 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are modifying several supplies including, removing the non sterile globes, lab coat, patient education booklet and bleach and replacing them with a multispecialty pack, sterile globes, phosphate buffered saline, and ethyl alcohol 100%. This is based on what is typically used for this procedure, as some of the prior PE supplies were outdated. Additionally, we are including one new piece of equipment, a sterile drape for the Mayo stand to keep it clean during this procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, clean the room, and provide home care instructions.

Post-Service Clinical Labor Activities: There are no post-service staff inputs for this code.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 10021**		**Reported w/ E/M CPT Code 10021**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Fine needle aspiration; without imaging guidance		Fine needle aspiration; without imaging guidance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**43.0**	**0.0**	**31.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**43.0**	**0.0**	**31.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**0**	**0**	**0**
15	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**
16	Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**2**	**0**	**0**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**8**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**4**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**1**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**0**	**0**
28	*Other Clinical Activity - specify:			**0**	**0**	**0**	**0**
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**17**	**0**	**17**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**0**	**0**	**0**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**2**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**1**	**0**	**2**	**0**
39	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 10021**		**Reported w/ E/M CPT Code 10021**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Fine needle aspiration; without imaging guidance		Fine needle aspiration; without imaging guidance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**0**	**0**
58	gloves, sterile	SB024		**0**	**0**	**2**	**0**
59	phosphate buffered saline (PBS)	SL180	mL	**0**	**0**	**30**	**0**
60	alcohol ethyl 100%	SL154	ml	**0**	**0**	**60**	**0**
61	~~gloves, non-sterile, nitrile~~	~~SB023~~		**~~2~~**	**~~0~~**	**~~2~~**	**~~0~~**
62	~~lab coat, staff~~	~~SB030~~		**~~2~~**	**~~0~~**	**~~2~~**	**~~0~~**
63	needle, 18-27g	SC029		**4**	**0**	**2**	**0**
64	syringe 10-12ml	SC051		**4**	**0**	**2**	**0**
65	bandage, strip 0.75in x 3in (Bandaid)	SG021		**1**	**0**	**1**	**0**
66	dressing, 4in x 4.75in (Tegaderm)	SG037		**1**	**0**	**1**	**0**
67	gauze, sterile 4in x 4in (10 pack uou)	SG056		**1**	**0**	**1**	**0**
68	Emla cream	SH030		**5**	**0**	**5**	**0**
69	swab-pad, alcohol	SJ053		**4**	**0**	**4**	**0**
70	~~patient education booklet~~	~~SK062~~		**~~1~~**	**~~0~~**	**~~1~~**	**~~0~~**
71	~~bleach~~	~~SL020~~		**~~50~~**	**~~0~~**	**~~50~~**	**~~0~~**
72	cup, biopsy-specimen sterile 4oz	SL036		**1**	**0**	**1**	**0**
73	fixative spray	SL071		**0.2**	**0**	**0.2**	**0**
74	slide container (for 20 microscope slides)	SL120		**2**	**0**	**1**	**0**
75	drape, sterile, for Mayo stand	SB012		**0**	**0**	**1**	**0**
76	Slide, microscope	SL122		**0**	**0**	**4**	**0**
77	**EQUIPMENT**	**CODE**					
78	mayo stand	EF015		**46**	**0**	**28**	**0**
79	table, exam	EF023		**46**	**0**	**28**	**0**

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 10021**		**Reported w/ E/M CPT Code 10021**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Fine needle aspiration; without imaging guidance		Fine needle aspiration; without imaging guidance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**43.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**43.0**	**0.0**	**32.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**0**	**0**	**0**
15	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**
16	Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**2**	**0**	**1**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**8**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**4**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**1**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**0**	**0**
28	*Other Clinical Activity - specify:			**0**	**0**	**0**	**0**
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**17**	**0**	**17**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**0**	**0**	**0**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**2**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**1**	**0**	**2**	**0**
39	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 10021**		**Reported w/ E/M CPT Code 10021**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Fine needle aspiration; without imaging guidance		Fine needle aspiration; without imaging guidance	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**0**	**0**
58	gloves, sterile	SB024		**0**	**0**	**2**	**0**
59	phosphate buffered saline (PBS)	SL180	mL	**0**	**0**	**30**	**0**
60	alcohol ethyl 100%	SL154	ml	**0**	**0**	**60**	**0**
61	~~gloves, non-sterile, nitrile~~	~~SB023~~		~~**2**~~	~~**0**~~	~~**2**~~	~~**0**~~
62	~~lab coat, staff~~	~~SB030~~		~~**2**~~	~~**0**~~	~~**2**~~	~~**0**~~
63	needle, 18-27g	SC029		**4**	**0**	**2**	**0**
64	syringe 10-12ml	SC051		**4**	**0**	**2**	**0**
65	bandage, strip 0.75in x 3in (Bandaid)	SG021		**1**	**0**	**1**	**0**
66	dressing, 4in x 4.75in (Tegaderm)	SG037		**1**	**0**	**1**	**0**
67	gauze, sterile 4in x 4in (10 pack uou)	SG056		**1**	**0**	**1**	**0**
68	Emla cream	SH030		**5**	**0**	**5**	**0**
69	swab-pad, alcohol	SJ053		**4**	**0**	**4**	**0**
70	~~patient education booklet~~	~~SK062~~		~~**1**~~	~~**0**~~	~~**1**~~	~~**0**~~
71	~~bleach~~	~~SL020~~		~~**50**~~	~~**0**~~	~~**50**~~	~~**0**~~
72	cup, biopsy-specimen sterile 4oz	SL036		**1**	**0**	**1**	**0**
73	fixative spray	SL071		**0.2**	**0**	**0.2**	**0**
74	slide container (for 20 microscope slides)	SL120		**2**	**0**	**1**	**0**
75	drape, sterile, for Mayo stand	SB012		**0**	**0**	**1**	**0**
76	Slide, microscope	SL122		**0**	**0**	**4**	**0**
77	**EQUIPMENT**	**CODE**					
78	mayo stand	EF015		**46**	**0**	**24**	**0**
79	table, exam	EF023		**46**	**0**	**29**	**0**

CPT Code: 30300
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Removal foreign body, intranasal; office type procedure.

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30300 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30300 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 30300 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for several line items that were previously omitted erroneously. Specifically, for line 22, we are adding in the standard 3 minutes to take 1-3 vitals which occurs during this procedure. Line 32 we are increasing the time 5 minutes as the patient is monitored to ensure the bleeding has been controlled. Line 35 "clean surgical instrument package" we are adding the standard 10 minutes to clean the basic instrument pack.

We are adding in one new supply lidocaine 4% topical in lieu of the previously listed cocaine 4%. This is to ensure consistency across ENT services' practice expense inputs. We are also adding two new pieces of equipment, a basic instrument pack and xenon light source, as these items are needed to examine the nose during the procedure and post-operatively.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the scope, and clean the instrument pack.

Post-Service Clinical Labor Activities: There is one post operative visit following this procedure, a 99212 visit during which the patient's nose and healing is evaluated.

CPT Code: 30300

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Removal foreign body, intranasal; office type procedure

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30300 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30300 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 30300 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 30300. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs. We subtracted 3 minutes from the standard 30 minutes of pre-service staff time, as follow up phone calls and prescriptions are not needed for this procedure. This time was previously included in the PE Facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 30300.

We are adding two new pieces of equipment, a basic instrument pack and a xenon light source both of which are needed to examine the nose during and after the procedure, during the post operative visit.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There is one post-operative visit, a 99212, for this procedure during which the patient's nose is examined and healing evaluated.

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**
****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**

			REFERENCE CODE			
			CPT Code 30300		Reported w/ E/M CPT Code 30300	
Meeting Date: April 2014 REVISED **Tab: 47** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Removal foreign body, intranasal; office type procedure		Removal foreign body, intranasal; office type procedure	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD			**010**	**010**	**010**	**010**
TOTAL CLINICAL LABOR TIME			**93.0**	**67.0**	**87.0**	**39.0**
TOTAL PRE-SERV CLINICAL LABOR TIME			**0.0**	**27.0**	**0.0**	**12.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	**L037D**	**RN/LPN/M**	**59.0**	**6.0**	**60.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME			**34.0**	**34.0**	**27.0**	**27.0**
PRE-SERVICE						
Start: Following visit when decision for surgery or procedure made						
Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**0**
Coordinate pre-surgery services			**0**	**10**	**0**	**0**
Schedule space and equipment in facility			**0**	**5**	**0**	**5**
Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**
Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**
*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD						
Start: When patient enters office/facility for surgery/procedure:						
Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**0**	**0**
Obtain vital signs			**0**	**0**	**0**	**0**
Provide pre-service education/obtain consent			**3**	**0**	**3**	**0**
Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
Setup scope (non facility setting only)			**6**	**0**	**5**	**0**
Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
Sedate/apply anesthesia			**7**	**0**	**2**	**0**
*Other Clinical Activity - specify:						
Intra-service						
Assist physician in performing procedure	**L037D**	**RN/LPN/M**	**13**	**0**	**13**	**0**
Post-Service						
Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**10**	**0**
Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
Clean Scope			**10**	**0**	**10**	**0**
Clean Surgical Instrument Package			**0**	**0**	**10**	**0**
Complete diagnostic forms, lab & X-ray requisitions			**5**	**0**	**0**	**0**
Review/read X-ray, lab, and pathology reports			**3**	**0**	**0**	**0**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**0**	**0**	**0**	**0**
*Other Clinical Activity - *specify:*						
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**0**
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
End: Patient leaves office						
POST-SERVICE Period						
Start: Patient leaves office/facility						
Conduct phone calls/call in prescriptions						
Office visits: List Number and Level of Office Visits			**# visits**	**# visits**	**# visits**	**# visits**
99211 16 minutes		16				
99212 27 minutes		27	**1**	**1**	**1**	**1**
99213 36 minutes		36				
99214 53 minutes		53				
99215 63 minutes		63				
Total Office Visit Time			**27.0**	**27.0**	**27.0**	**27.0**
*Other Clinical Activity - *specify: Unknown, database shows 34 post minutes but only one post visit (99212)*			**7**	**7**	**0**	**0**
End: with last office visit before end of global period						

MEDICAL SUPPLIES**	CODE	UNIT				
pack, minimum multi-specialty visit	SA048	pack	2	1	1	1
pack, basic injection	SA041		1	0	0	0
gloves, non-sterile	SB022		2	1	0	0
canister, suction	SD009		1	0	1	0
tubing, suction, non-latex (6ft uou)	SD132		2	0	1	0
cottonoid	SG031		4	0	0	0
~~cocaine 4% solution, topical~~	~~SH025~~		4	~~0~~	~~0~~	~~0~~
lidocaine 4% solution, topical	SH050		NEW	0	4	0
basin, emesis	SJ010		1	0	1	0
oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		2	1	2	1
swab-pad, alcohol	SJ053		2	0	2	0
atomizer tip shield (RhinoGuard)	SM001		2	1	2	1
cleaning brush, endoscope	SM010		4	2	2	1
endoscope anti-fog solution	SM014		4	2	4	2
enzymatic detergent	SM015		8	4	8	4
glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018		8	4	8	4
glutaraldehyde test strips (Cidex, Metrex)	SM019		2	1	2	1
Cap, surgical	SB001				1	0
drape, sterile, for Mayo stand	SB012				1	0
gloves, sterile	SB024				2	0
gown, staff, impervious	SB027				2	0
mask, surgical	SB033				1	0
underpad 2ft x3 ft (Chux)	SB044				1	0
applicator, sponge-tipped	SG009				3	0
gauze, sterile 4in x 4in	SG055				2	0

EQUIPMENT	CODE					
mayo stand	EF015		56	0	40.0	0
endoscope, rigid, sinoscopy	ES013		83	27	74.0	27.0
light, fiberoptic headlight w-source	EQ170		83	27	0.0	27.0
suction and pressure cabinet, ENT (SMR)	EQ234		83	27	67.0	27.0
chair with headrest, exam, reclining	EF008		83	27	67.0	27.0
video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		83	27	67.0	27.0
instrument pack, basic ($500-$1499)	EQ137		NEW	0	47.0	0.0
light source, xenon	EQ167		NEW	0	67.0	27.0

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**
****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**

			REFERENCE CODE			
			CPT Code 30300		Reported w/ E/M CPT Code 30300	
Meeting Date: April 2014 REVISED **Tab: 47** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Removal foreign body, intranasal; office type procedure		Removal foreign body, intranasal; office type procedure	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD			**010**	**010**	**010**	**010**
TOTAL CLINICAL LABOR TIME			**93.0**	**67.0**	**87.0**	**45.0**
TOTAL PRE-SERV CLINICAL LABOR TIME			**0.0**	**27.0**	**0.0**	**12.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	**L037D**	**RN/LPN/M**	**59.0**	**6.0**	**60.0**	**6.0**
TOTAL POST-SERV CLINICAL LABOR TIME			**34.0**	**34.0**	**27.0**	**27.0**
PRE-SERVICE						
Start: Following visit when decision for surgery or procedure made						
Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**0**
Coordinate pre-surgery services			**0**	**10**	**0**	**0**
Schedule space and equipment in facility			**0**	**5**	**0**	**5**
Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**
Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**
*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD						
Start: When patient enters office/facility for surgery/procedure:						
Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**0**	**0**
Obtain vital signs			**0**	**0**	**0**	**0**
Provide pre-service education/obtain consent			**3**	**0**	**3**	**0**
Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
Setup scope (non facility setting only)			**6**	**0**	**5**	**0**
Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
Sedate/apply anesthesia			**7**	**0**	**2**	**0**
*Other Clinical Activity - specify:						
Intra-service						
Assist physician in performing procedure	**L037D**	**RN/LPN/M**	**13**	**0**	**13**	**0**
Post-Service						
Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**10**	**0**
Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
Clean Scope			**10**	**0**	**10**	**0**
Clean Surgical Instrument Package			**0**	**0**	**10**	**0**
Complete diagnostic forms, lab & X-ray requisitions			**5**	**0**	**0**	**0**
Review/read X-ray, lab, and pathology reports			**3**	**0**	**0**	**0**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**0**	**0**	**0**	**0**
*Other Clinical Activity - *specify:*						
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**6**
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
End: Patient leaves office						
POST-SERVICE Period						
Start: Patient leaves office/facility						
Conduct phone calls/call in prescriptions						
Office visits: List Number and Level of Office Visits			**# visits**	**# visits**	**# visits**	**# visits**
99211 16 minutes		16				
99212 27 minutes		27	**1**	**1**	**1**	**1**
99213 36 minutes		36				
99214 53 minutes		53				
99215 63 minutes		63				
Total Office Visit Time			**27.0**	**27.0**	**27.0**	**27.0**
*Other Clinical Activity - *specify: Unknown, database shows 34 post minutes but only one post visit (99212)*			**7**	**7**	**0**	**0**
End: with last office visit before end of global period						

MEDICAL SUPPLIES**	CODE	UNIT				
pack, minimum multi-specialty visit	SA048	pack	2	1	1	1
pack, basic injection	SA041		1	0	1	0
gloves, non-sterile	SB022		2	1	0	0
canister, suction	SD009		1	0	1	0
tubing, suction, non-latex (6ft uou)	SD132		2	0	1	0
cottonoid	SG031		4	0	0	0
~~cocaine 4% solution, topical~~	~~SH025~~		4	~~0~~	~~0~~	~~0~~
lidocaine 4% solution, topical	SH050		NEW	0	4	0
basin, emesis	SJ010		1	0	1	0
oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		2	1	2	1
swab-pad, alcohol	SJ053		2	0	2	0
atomizer tip shield (RhinoGuard)	SM001		2	1	2	1
cleaning brush, endoscope	SM010		4	2	4	2
endoscope anti-fog solution	SM014		4	2	4	2
enzymatic detergent	SM015		8	4	8	4
glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018		8	4	8	4
glutaraldehyde test strips (Cidex, Metrex)	SM019		2	1	2	1
EQUIPMENT	**CODE**					
mayo stand	**EF015**		56	0	22.0	0
endoscope, rigid, sinoscopy	**ES013**		83	27	71.0	27.0
light, fiberoptic headlight w-source	**EQ170**		83	27	59.0	27.0
suction and pressure cabinet, ENT (SMR)	**EQ234**		83	27	59.0	27.0
chair with headrest, exam, reclining	**EF008**		83	27	59.0	27.0
video system, endoscopy (processor, digital capture, monitor, printer, cart)	**ES031**		83	27	59.0	27.0
instrument pack, basic ($500-$1499)	**EQ137**		NEW	0	29.0	0.0
light source, xenon	**EQ167**		NEW	0	59.0	27.0

CPT Code: 30903
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method.

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30903 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30903 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 30903 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for several line items that were previously omitted erroneously. Specifically, for line 21 "greet and gown the patient and ensure medical records are available" we are adding in the standard 3 minutes since the patient must be gowned as they are presenting with bleeding. For line 22, we are adding in the standard 3 minutes to take 1-3 vitals which occurs during this procedure. Line 27 "sedate/apply anesthesia", we are adding in 2 minutes for sedate/apply anesthesia as the nose needs to be numbed for this procedure. Line 32 we are increasing the time 8 minutes as the patient is monitored for up to an hour to ensure the bleeding has been controlled. Line 35 "clean surgical instrument package" we are adding the standard 10 minutes to clean the basic instrument pack. Last, for post time, we are adding in 3 minutes for a phone call to call in prescriptions needed following this procedure.

We are adding in several new supplies including, a gelfoam dressing, bipolar cautery and associated cord, tubing with frazier tip, canister, suction, oxymetazoaline nasal spray, lidocaine 4% topical, and a Chux underpad. These items are being added because they were previously omitted and are medically necessary to perform the procedure.

Additionally, we are including two new pieces of equipment, the standard ENT SMR cabinet and a basic instrument pack, which are needed to perform the procedure. Overall equipment time decreases, however, time is assigned to the new equipment based on PE standards.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: The staff will make a post-operative phone call to ensure the necessary prescriptions following the procedure.

CPT Code: 30903

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30903 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30903 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 30903 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any time which exceeds the PE Subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

30903 did not previously have any facility staff time inputs which we believe was incorrect given that this procedure is performed in the facility 48% of the time in the emergency room setting. Thus, we are adding a .5 discharge management visit and 3 minutes for post-service phone calls and prescriptions.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: There is no pre-service work for this service.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: Staff conducts a post-operative phone call and calls in prescriptions for the patient.

CPT Code: 30905
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial.

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30905 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30905 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 30905 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for several line items that were previously omitted erroneously. Specifically, for line 21 "greet and gown the patient and ensure medical records are available" we are adding in the standard 3 minutes since the patient must be gowned as they are presenting with bleeding. For line 22, we are adding in the standard 3 minutes to take 1-3 vitals which occurs during this procedure. Line 23 "provide pre-service education/obtain consent", we are adding in 2 minutes as consent must be obtained and this is typically an emergent procedure. Line 27 "sedate/apply anesthesia", we are adding in 2 minutes for sedate/apply anesthesia as the nose needs to be numbed for this procedure. Line 35 "clean surgical instrument package" we are adding the standard 10 minutes to clean the basic instrument pack. Last, for post time, we are adding in 3 minutes for a phone call to call in prescriptions needed following this procedure.

We are adding in several new supplies including, a gelfoam dressing, bipolar cautery and associated cord, tubing with frazier tip, canister, suction, oxymetazoaline nasal spray, lidocaine 4% topical, Merocel dressing and a Chux underpad. These items are being added because they were previously omitted and are medically necessary to perform the procedure.

Additionally, we are including new pieces of equipment, the electrocautery-hyfrecator, standard ENT SMR cabinet and a basic instrument pack, which are needed to perform the procedure. Overall equipment time decreases, however, time is assigned to the new equipment based on PE standards.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: The staff will make a post-operative phone call to ensure the necessary prescriptions following the procedure.

CPT Code: 30905

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30905 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30905 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 30905 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any time which exceeds the PE Subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

30905 did not previously have any facility staff time inputs which we believe was incorrect given that this procedure is performed in the facility 56% of the time in the emergency room setting. Thus, we are adding a .5 discharge management visit and 3 minutes for post-service phone calls and prescriptions.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: There is no pre-service work for this service.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: Staff conducts a post-operative phone call and calls in prescriptions for the patient.

CPT Code: 30906
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent.

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30906 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30906 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 30906 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for several line items that were previously omitted erroneously. Specifically, for line 21 "greet and gown the patient and ensure medical records are available" we are adding in the standard 3 minutes since the patient must be gowned as they are presenting with bleeding. Line 23 "provide pre-service education/obtain consent", we are adding in 2 minutes as consent must be obtained and this is typically an emergent procedure. Line 27 "sedate/apply anesthesia", we are adding in 2 minutes for sedate/apply anesthesia as the nose needs to be numbed for this procedure. Line 35 "clean surgical instrument package" we are adding the standard 10 minutes to clean the basic instrument pack. Last, for post time, we are adding in 3 minutes for a phone call to call in prescriptions needed following this procedure. We would note that the overall staff time is reduced for this code.

We are adding in several new supplies including, bipolar cautery and associated cord, tubing with frazier tip, canister, suction, oxymetazoaline nasal spray, lidocaine 4% topical, and a Chux underpad. These items are being added because they were previously omitted and are medically necessary to perform the procedure.

Additionally, we are including new pieces of equipment, the electrocautery-hyfrecator, standard ENT SMR cabinet and a basic instrument pack, which are needed to perform the procedure. Overall equipment time decreases, however, time is assigned to the new equipment based on PE standards.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: The staff will make a post-operative phone call to ensure the necessary prescriptions following the procedure.

CPT Code: 30906

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 30906 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 30906 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 30906 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending the addition of extensive use of clinical staff for this code when performed in the facility as it is predominantly performed in the office setting which indicates that when it is done in the facility it is a scheduled procedure which takes clinical staff time to schedule space, complete pre-service diagnostic and referral forms, etc.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

As noted above, we are requesting the addition of 30 minutes of pre-service clinical staff time for this code. 30906 did not previously have any facility staff time inputs which we believe was incorrect given that this procedure is performed in the facility 25% of the time in the emergency room setting. Thus, we are adding a .5 discharge management visit and 3 minutes for post-service phone calls and prescriptions.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff complete preservice diagnostic and referral forms, coordinate presurgery services, schedule space and equipment in the facility, provide preservice education and consent, and conduct phone calls and coordinate prescriptions.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: Staff conducts a post-operative phone call and calls in prescriptions for the patient.

CPT Code: 30906

Specialty Society('s) AAO-HNS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 30903**		**CPT Code 30903**		**CPT Code 30905**		**CPT Code 30905**		**CPT Code 30906**		**CPT Code 30906**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**62.0**	**0.0**	**78.0**	**3.0**	**93.0**	**0.0**	**96.0**	**12.0**	**105.0**	**0.0**	**108.0**	**12.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**12.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**62.0**	**0.0**	**75.0**	**0.0**	**93.0**	**0.0**	**93.0**	**0.0**	**105.0**	**0.0**	**105.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**3.0**	**3.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**0**	**0**	**0**	**7**
16	Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
22	Obtain vital signs			**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**8**	**0**	**2**	**0**	**8**	**0**	**2**	**0**	**8**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**4**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**4**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**
28	*Other Clinical Activity - specify: review charts			**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
29	**Intra-service**														
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**30**	**0**	**30**	**0**	**48**	**0**	**48**	**0**	**60**	**0**	**60**	**0**
31	**Post-Service**														
32	Monitor pt. following service/check tubes, monitors, drains			**7**	**0**	**15**	**0**	**15**	**0**	**15**	**0**	**15**	**0**	**15**	**0**
33	Clean room/equipment by physician staff			**7**	**0**	**3**	**0**	**12**	**0**	**3**	**0**	**12**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	**0**	**n/a**	**0**	**n/a**	**0**	**n/a**	**0**	**n/a**	**0**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**														
44	**POST-SERVICE Period**														
45	**Start: Patient leaves office/facility**														
46	Conduct phone calls/call in prescriptions			**0**	**0**	**3**	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16												
49	99212 27 minutes		27												
50	99213 36 minutes		36												
51	99214 53 minutes		53												
52	99215 63 minutes		63												
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*														
55	**End: with last office visit before end of global period**														
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
58	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
59	mask, surgical	SB033		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
60	shoe covers, surgical	SB039		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
61	needle, 18-27g	SC029		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
62	syringe 10-12ml	SC051		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
63	epistaxis balloon	SD071		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
64	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134		**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	~~cautery, monopolar, pencil-handpiece~~	~~SF020~~		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
66	cotton balls, non-sterile	SG030		**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**2**	**0**
67	dressing, 12-7mm (Gelfoam)	SG033		**NEW**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
68	gauze, sterile 4in x 4in	SG055		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
69	packing, gauze w-petrolatum, 0.5in (6yd uou)	SG066		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
70	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
71	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
72	silver nitrate applicator	SJ046		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
73	~~swab-pad, alcohol~~	~~SJ053~~		**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**
74	cautery, bipolar cord	SF012		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
75	cautery, bipolar, pencil-handpiece	SF013		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
76	tubing, suction, non-Latex (2ft.) with Frazier tip	SD214		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
77	canister, suction	SD009		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
78	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
79	lidocaine 4% solution, topical	SH050		**New**	**0**	**4**	**0**	**New**	**0**	**4**	**0**	**New**	**0**	**4**	**0**
80	dressing, Merocel nasal standard	SG044		**0**	**0**	**0**	**0**	**New**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
81	underpad 2ft x 3ft (Chux)	SB044		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
82	**EQUIPMENT**	**CODE**													
83	~~suction machine (Gomco)~~	~~EQ235~~		**0**	**0**	**0**	**0**	**93**	**0**	**0**	**0**	**105**	**0**	**0**	**0**
84	electrocautery-hyfrecator, up to 45 watts	EQ110		**62**	**0**	**50**	**0**	**New**	**0**	**68**	**0**	**New**	**0**	**80**	**0**
85	light, fiberoptic headlight w-source	EQ170		**62**	**0**	**50**	**0**	**93**	**0**	**68**	**0**	**105**	**0**	**80**	**0**
86	chair with headrest, exam, reclining	EF008		**62**	**0**	**110**	**0**	**93**	**0**	**128**	**0**	**105**	**0**	**140**	**0**
87	suction and pressure cabinet, ENT (SMR)	EQ234		**New**	**0**	**110**	**0**	**New**	**0**	**128**	**0**	**New**	**0**	**140**	**0**
88	instrument pack, basic ($500-$1499)	EQ137		**New**	**0**	**54**	**0**	**New**	**0**	**72**	**0**	**New**	**0**	**84**	**0**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 30903**		**CPT Code 30903**		**CPT Code 30905**		**CPT Code 30905**		**CPT Code 30906**		**CPT Code 30906**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**62.0**	**0.0**	**78.0**	**9.0**	**93.0**	**0.0**	**96.0**	**18.0**	**105.0**	**0.0**	**108.0**	**12.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**12.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**62.0**	**0.0**	**75.0**	**6.0**	**93.0**	**0.0**	**93.0**	**6.0**	**105.0**	**0.0**	**105.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**3.0**	**3.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**0**	**0**	**0**	**7**
16	Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
22	Obtain vital signs			**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**8**	**0**	**2**	**0**	**8**	**0**	**2**	**0**	**8**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**4**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**4**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**
28	*Other Clinical Activity - specify: review charts			**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
29	**Intra-service**														
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**30**	**0**	**30**	**0**	**48**	**0**	**48**	**0**	**60**	**0**	**60**	**0**
31	**Post-Service**														
32	Monitor pt. following service/check tubes, monitors, drains			**7**	**0**	**15**	**0**	**15**	**0**	**15**	**0**	**15**	**0**	**15**	**0**
33	Clean room/equipment by physician staff			**7**	**0**	**3**	**0**	**12**	**0**	**3**	**0**	**12**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	**6**	**n/a**	**0**	**n/a**	**6**	**n/a**	**0**	**n/a**	**0**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**														
44	**POST-SERVICE Period**														
45	**Start: Patient leaves office/facility**														
46	Conduct phone calls/call in prescriptions			**0**	**0**	**3**	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16												
49	99212 27 minutes		27												
50	99213 36 minutes		36												
51	99214 53 minutes		53												
52	99215 63 minutes		63												
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*														
55	**End: with last office visit before end of global period**														
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
58	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
59	mask, surgical	SB033		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
60	shoe covers, surgical	SB039		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
61	needle, 18-27g	SC029		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
62	syringe 10-12ml	SC051		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
63	epistaxis balloon	SD071		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
64	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134		**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	~~cautery, monopolar, pencil-handpiece~~	~~SF020~~		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
66	cotton balls, non-sterile	SG030		**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**2**	**0**
67	dressing, 12-7mm (Gelfoam)	SG033		**NEW**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
68	gauze, sterile 4in x 4in	SG055		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
69	packing, gauze w-petrolatum, 0.5in (6yd uou)	SG066		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
70	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
71	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
72	silver nitrate applicator	SJ046		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
73	~~swab-pad, alcohol~~	~~SJ053~~		**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**
74	cautery, bipolar cord	SF012		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
75	cautery, bipolar, pencil-handpiece	SF013		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
76	tubing, suction, non-Latex (2ft.) with Frazier tip	SD214		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
77	canister, suction	SD009		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
78	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
79	lidocaine 4% solution, topical	SH050		**New**	**0**	**4**	**0**	**New**	**0**	**4**	**0**	**New**	**0**	**4**	**0**
80	dressing, Merocel nasal standard	SG044		**0**	**0**	**0**	**0**	**New**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
81	underpad 2ft x 3ft (Chux)	SB044		**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**	**New**	**0**	**1**	**0**
82	**EQUIPMENT**	**CODE**													
83	~~suction machine (Gomco)~~	~~EQ235~~		**0**	**0**	**0**	**0**	**93**	**0**	**0**	**0**	**105**	**0**	**0**	**0**
84	electrocautery-hyfrecator, up to 45 watts	EQ110		**62**	**0**	**54**	**0**	**New**	**0**	**72**	**0**	**New**	**0**	**84**	**0**
85	light, fiberoptic headlight w-source	EQ170		**62**	**0**	**54**	**0**	**93**	**0**	**72**	**0**	**105**	**0**	**84**	**0**
86	chair with headrest, exam, reclining	EF008		**62**	**0**	**54**	**0**	**93**	**0**	**72**	**0**	**105**	**0**	**84**	**0**
87	suction and pressure cabinet, ENT (SMR)	EQ234		**New**	**0**	**54**	**0**	**New**	**0**	**72**	**0**	**New**	**0**	**84**	**0**
88	instrument pack, basic ($500-$1499)	EQ137		**New**	**0**	**61**	**0**	**New**	**0**	**79**	**0**	**New**	**0**	**91**	**0**

CPT Code: 31295
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31295 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31295 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 31295 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Existing PE indicate that use of clinical staff time is "extensive" for 31295 and we agree. This procedure is typically scheduled and therefore, requires more preparation the day prior to the procedure. Therefore, we are maintaining the pre-service staff time recommendations for this code in the non-facility setting.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 23 "provide pre-service education/obtain consent" we are adding in the standard 2 minutes since consent and a time out are necessary on the day of the procedure. Similarly, on line 35 "clean instruments" we are adding the standard 10 minutes to clean the basic surgical instrument pack which has been added and is discussed below. We are also increasing the time for monitoring after this procedure from 2 to the standard 15 minutes for one hour of monitoring which is needed as there is significant risk of bleeding following this procedure.

We are adding one new supply, endoscope, anti-fog solution which is required to keep the scope clear while it is in the nose and patients continue to breathe.

For equipment time, we removed the flexible scope and inserted a rigid endoscope which is typically utilized for this procedure. Additionally, we included a basic instrument pack which his needed to perform the procedure and a xenon light source.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The clinical staff pre time activities include completing pre-service diagnostic and referral forms, coordinating pre-surgery services, obtaining pre-service consent and conducting pre-service education, and conducting follow up phone calls and prescriptions.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the rigid scope, clean the basic instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: Staff will conduct a post procedure call to call in prescriptions.

CPT Code: 31295

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Nasal/Sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31295 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31295 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 31295 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 31295 which was previously included. This is based on the fact that this is a scheduled procedure which requires counseling, scheduling, and pre procedure medications. This time was included in previous facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 31295.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are no post-service staff activities for this procedure.

CPT Code: 31296
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31296 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31296 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 31296 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Existing PE indicate that use of clinical staff time is "extensive" for 31296 and we agree. This procedure is typically scheduled and therefore, requires more preparation the day prior to the procedure. Therefore, we are maintaining the pre-service staff time recommendations for this code in the non-facility setting.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 23 "provide pre-service education/obtain consent" we are adding in the standard 2 minutes since consent and a time out are necessary on the day of the procedure. Similarly, on line 35 "clean instruments" we are adding the standard 10 minutes to clean the basic surgical instrument pack which has been added and is discussed below. We are also increasing the time for monitoring after this procedure from 2 to the standard 15 minutes for one hour of monitoring which is needed as there is significant risk of bleeding following this procedure.

We are adding one new supply, endoscope, anti-fog solution which is required to keep the scope clean while it is in the nose and the patient continues breathing.

For equipment time, we removed the flexible scope and inserted a rigid endoscope which is typically utilized for this procedure. Additionally, we included a basic instrument pack which his needed for this procedure and a xenon light source.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The clinical staff pre time activities include completing pre-service diagnostic and referral forms, coordinating pre-surgery services, obtaining pre-service consent and conducting pre-service education, and conducting follow up phone calls and prescriptions.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the rigid scope, clean the basic instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: Staff will conduct a post procedure call to call in prescriptions.

CPT Code: 31296

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Nasal/Sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31296 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31296 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 31296 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 31296 which was previously included. This is based on the fact that this is a scheduled procedure which requires counseling, scheduling, and pre procedure medications. This is consistent with the previous facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 31296.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are no post-service staff activities for this procedure.

CPT Code: 31297
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31297 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31297 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 31297 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Existing PE indicate that use of clinical staff time is "extensive" for 31297 and we agree. This procedure is typically scheduled and therefore, requires more preparation the day prior to the procedure. Therefore, we are maintaining the pre-service staff time recommendations for this code in the non-facility setting.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 23 "provide pre-service education/obtain consent" we are adding in the standard 2 minutes since consent and a time out are necessary on the day of the procedure. Similarly, on line 35 "clean instruments" we are adding the standard 10 minutes to clean the basic surgical instrument pack which has been added and is discussed below. We are also increasing the time for monitoring after this procedure from 2 to the standard 15 minutes for one hour of monitoring which is needed as there is significant risk of bleeding following this procedure.

We are adding one new supply, endoscope, anti-fog solution which is required to keep the scope clear while it is in the patient's nose and they continue to breathe.

For equipment time, we removed the flexible scope and inserted a rigid endoscope which is typically utilized for this procedure. Additionally, we included a basic instrument pack which his needed for this procedure and a xenon light source.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The clinical staff pre time activities include completing pre-service diagnostic and referral forms, coordinating pre-surgery services, obtaining pre-service consent and conducting pre-service education, and conducting follow up phone calls and prescriptions.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the rigid scope, clean the basic instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: Staff will conduct a post procedure call to call in prescriptions.

CPT Code: 31297

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Nasal/Sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 31297 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 31297 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 31297 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 31297 which was previously included. This is based on the fact that this is a scheduled procedure which requires counseling, scheduling, and pre procedure medications. This is consistent with the facility inputs previously included in this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 31297.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are no post-service staff activities for this procedure.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 31295**		**CPT Code 31295**		**CPT Code 31296**		**CPT Code 31296**		**CPT Code 31297**		**CPT Code 31297**	
3	**Meeting Date: April 2014 Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine		Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine		Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**104.0**	**36.0**	**93.0**	**30.0**	**94.0**	**36.0**	**103.0**	**30.0**	**92.0**	**36.0**	**101.0**	**30.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**9.0**	**30.0**	**18.0**	**30.0**	**9.0**	**30.0**	**18.0**	**30.0**	**9.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**83.0**	**6.0**	**81.0**	**0.0**	**73.0**	**6.0**	**91.0**	**0.0**	**71.0**	**6.0**	**89.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**5**	**5**	**5**	**0**	**5**	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**3**	**7**	**7**	**7**	**3**	**7**	**7**	**7**	**3**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
22	Obtain vital signs			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**5**	**0**	**2**	**0**	**5**	**0**	**2**	**0**	**5**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:														
29	**Intra-service**														
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**20**	**0**	**20**	**0**	**30**	**0**	**30**	**0**	**28**	**0**	**28**	**0**
31	**Post-Service**														
32	Monitor pt. following service/check tubes, monitors, drains			**15**	**0**	**15**	**0**	**2**	**0**	**15**	**0**	**2**	**0**	**15**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
34	Clean Scope			**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**8**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*														
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**0**	**n/a**	**6**	**n/a**	**0**	**n/a**	**6**	**n/a**	**0**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**														
44	**POST-SERVICE Period**														
45	**Start: Patient leaves office/facility**														
46	Conduct phone calls/call in prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16												
49	99212 27 minutes		27												
50	99213 36 minutes		36												
51	99214 53 minutes		53												
52	99215 63 minutes		63												
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*														
55	**End: with last office visit before end of global period**														
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
58	pack, cleaning and disinfecting, endoscope	SA042		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
59	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	SA106		**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**
60	drape, sterile, for Mayo stand	SB012		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
61	gloves, sterile	SB024		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
62	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
63	mask, surgical	SB033		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
64	~~towel, non-sterile~~	~~SB042~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
65	underpad 2ft x 3ft (Chux)	SB044		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
66	needle, 18-26g 1.5-3.5in, spinal	SC028		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
67	needle, 18-27g	SC029		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
68	syringe 10-12ml	SC051		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
69	syringe 50-60ml	SC056		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
70	canister, suction	SD009		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
71	tubing, suction, non-latex (6ft uou)	SD132		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
72	tubing, suction, non-latex (2ft) with Frazier tip (1)	SD214		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
73	cottonoid	SG031		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
74	gauze, sterile 4in x 4in (10 pack uou)	SG056		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
75	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046		**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**
76	lidocaine 4% soln, topical (Xylocaine)	SH050		**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
77	water, sterile for irrigation (250-1000ml uou)	SH074		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
78	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
79	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**3**	**0**	**3**	**0**	**3**	**0**	**1**	**0**	**3**	**0**	**1**	**0**
80	~~swab-pad, alcohol~~	~~SJ053~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
81	cup, medicine (1oz size)	SL037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cup-container, sterile, graduated 1000ml	SL038		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
83	tubed culture media	SL146		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
84	atomizer tip shield (RhinoGuard)	SM001		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
85	endoscope, anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
86	**EQUIPMENT**	**CODE**													
87	~~fiberscope, flexible, sinoscopy~~	~~ES035~~		~~**80**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
88	endoscope, rigid, sinoscopy	ES013		**NEW**	**0**	**47**	**0**	**70**	**0**	**57**	**0**	**68**	**0**	**55**	**0**
89	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**53**	**0**	**43**	**0**	**63**	**0**	**53**	**0**	**61**	**0**	**51**	**0**
90	light, fiberoptic headlight w-source	EQ170		**53**	**0**	**43**	**0**	**63**	**0**	**53**	**0**	**61**	**0**	**51**	**0**
91	chair with headrest, exam, reclining	EF008		**53**	**0**	**103**	**0**	**63**	**0**	**113**	**0**	**61**	**0**	**111**	**0**
92	suction and pressure cabinet, ENT (SMR)	EQ234		**53**	**0**	**103**	**0**	**63**	**0**	**113**	**0**	**61**	**0**	**111**	**0**
93	mayo stand	EF015		**53**	**0**	**43**	**0**	**63**	**0**	**53**	**0**	**61**	**0**	**51**	**0**
94	instrument pack, basic ($500-$1499)	EQ137		**NEW**	**0**	**47**	**0**	**NEW**	**0**	**57**	**0**	**NEW**	**0**	**55**	**0**
95	light source, xenon	EQ167		**NEW**	**0**	**43**	**0**	**NEW**	**0**	**53**	**0**	**NEW**	**0**	**51**	**0**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 31295**		**CPT Code 31295**		**CPT Code 31296**		**CPT Code 31296**		**CPT Code 31297**		**CPT Code 31297**	
3	**Meeting Date: April 2014 Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine		Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine		Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**104.0**	**36.0**	**105.0**	**36.0**	**94.0**	**36.0**	**115.0**	**36.0**	**92.0**	**36.0**	**113.0**	**36.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**83.0**	**6.0**	**84.0**	**6.0**	**73.0**	**6.0**	**94.0**	**6.0**	**71.0**	**6.0**	**92.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
22	Obtain vital signs			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
28	*Other Clinical Activity - specify:														
29	**Intra-service**														
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**20**	**0**	**20**	**0**	**30**	**0**	**30**	**0**	**28**	**0**	**28**	**0**
31	**Post-Service**														
32	Monitor pt. following service/check tubes, monitors, drains			**15**	**0**	**15**	**0**	**2**	**0**	**15**	**0**	**2**	**0**	**15**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
34	Clean Scope			**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**8**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*														
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**		**n/a**	**0**	**n/a**	
43	**End: Patient leaves office**														
44	**POST-SERVICE Period**														
45	**Start: Patient leaves office/facility**														
46	Conduct phone calls/call in prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16												
49	99212 27 minutes		27												
50	99213 36 minutes		36												
51	99214 53 minutes		53												
52	99215 63 minutes		63												
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*														
55	**End: with last office visit before end of global period**														
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
58	pack, cleaning and disinfecting, endoscope	SA042		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
59	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	SA106		**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**	**0.5**	**0**
60	drape, sterile, for Mayo stand	SB012		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
61	gloves, sterile	SB024		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
62	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
63	mask, surgical	SB033		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
64	~~towel, non-sterile~~	~~SB042~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
65	underpad 2ft x 3ft (Chux)	SB044		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
66	needle, 18-26g 1.5-3.5in, spinal	SC028		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
67	needle, 18-27g	SC029		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
68	syringe 10-12ml	SC051		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
69	syringe 50-60ml	SC056		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
70	canister, suction	SD009		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
71	tubing, suction, non-latex (6ft uou)	SD132		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
72	tubing, suction, non-latex (2ft) with Frazier tip (1)	SD214		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
73	cottonoid	SG031		**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
74	gauze, sterile 4in x 4in (10 pack uou)	SG056		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
75	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046		**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**	**10**	**0**
76	lidocaine 4% soln, topical (Xylocaine)	SH050		**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
77	water, sterile for irrigation (250-1000ml uou)	SH074		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
78	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
79	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
80	~~swab-pad, alcohol~~	~~SJ053~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
81	cup, medicine (1oz size)	SL037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cup-container, sterile, graduated 1000ml	SL038		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
83	tubed culture media	SL146		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
84	atomizer tip shield (RhinoGuard)	SM001		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
85	endoscope, anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
86	**EQUIPMENT**	**CODE**													
87	~~fiberscope, flexible, sinoscopy~~	~~ES035~~		~~**80**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
88	endoscope, rigid, sinoscopy	ES013		**NEW**	**0**	**44**	**0**	**70**	**0**	**54**	**0**	**68**	**0**	**52**	**0**
89	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**53**	**0**	**50**	**0**	**63**	**0**	**60**	**0**	**61**	**0**	**58**	**0**
90	light, fiberoptic headlight w-source	EQ170		**53**	**0**	**50**	**0**	**63**	**0**	**60**	**0**	**61**	**0**	**58**	**0**
91	chair with headrest, exam, reclining	EF008		**53**	**0**	**50**	**0**	**63**	**0**	**60**	**0**	**61**	**0**	**58**	**0**
92	suction and pressure cabinet, ENT (SMR)	EQ234		**53**	**0**	**50**	**0**	**63**	**0**	**60**	**0**	**61**	**0**	**58**	**0**
93	mayo stand	EF015		**53**	**0**	**32**	**0**	**63**	**0**	**60**	**0**	**61**	**0**	**40**	**0**
94	instrument pack, basic ($500-$1499)	EQ137		**NEW**	**0**	**42**	**0**	**NEW**	**0**	**52**	**0**	**NEW**	**0**	**47**	**0**
95	light source, xenon	EQ167		**NEW**	**0**	**50**	**0**	**NEW**	**0**	**60**	**0**	**NEW**	**0**	**58**	**0**

CPT Code: 41530
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session.

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 41530 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 41530 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 41530 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 27 "sedate/apply anesthesia" we are adding in the standard 2 minutes since a topical/local anesthesia is used for this procedure. Similarly, on line 32 "monitor patient following service/check tubes, monitors, drains" we are adding the standard 15 minutes per hour of monitoring for the staff to monitor the patient and ensure they recover from anesthesia appropriately.

We are not modifying any of the supplies or equipment, however, we are providing updated invoices for the probe, radiofrequency and the radiofrequency generator, as we believe the prices of these inputs has decreased substantially and should be updated.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: We are recommending maintenance of the extensive use of clinical staff during the pre-service period for this code. This time includes completion of pre-service diagnostic and referral forms, coordinating pre-surgery services, providing pre-service education/obtaining consent, and follow up phone calls and prescriptions.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 3-5 vital signs, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the flexible scope, and provide home care instructions.

Post-Service Clinical Labor Activities: There are two post-operative visits that take place following this service, a 99212 and a 99213. During these visits swallowing function and healing is assessed as well as the patient's response to the treatment based on symptoms.

CPT Code: 41530

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 41530 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 41530 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 41530 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 41530. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 41530.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are two post-operative visits that take place following this service, a 99212 and a 99213. During these visits swallowing function and healing is assessed as well as the patient's response to the treatment based on symptoms.

CPT Code: 41530

Specialty Society('s) AAO-HNS

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 41530**		**Reported w/ E/M CPT Code 41530**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session		Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**164.0**	**99.0**	**162.0**	**99.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**7.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**83.0**	**6.0**	**92.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**63.0**	**63.0**	**63.0**	**63.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**0**	**0**
22	Obtain vital signs			**5**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**5**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**0**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**30**	**0**	**30**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**0**	**0**	**15**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**30**	**0**	**30**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*			**0**	**0**		
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27	**1**	**1**	**1**	**1**
50	99213 36 minutes		36	**1**	**1**	**1**	**1**
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**63.0**	**63.0**	**63.0**	**63.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 41530**		**Reported w/ E/M CPT Code 41530**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session		Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**3**	**2**	**2**	**2**
58	**pack, cleaning and disinfecting, endoscope**	SA042		**3**	**2**	**3**	**2**
59	**gloves, sterile**	**SB024**		**2**	**0**	**2**	**0**
60	**gown, staff, impervious**	**SB027**		**2**	**0**	**2**	**0**
61	**mask, surgical, with face shield**	**SB034**		**4**	**2**	**4**	**2**
62	**drape, sterile, split-sheet**	**SB046**		**1**	**0**	**1**	**0**
63	~~**needle, 18-27g**~~	~~**SC029**~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
64	~~**syringe 30 ml**~~	~~**SC054**~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
65	**canister, suction**	**SD009**		**3**	**2**	**3**	**2**
66	**catheter, suction**	**SD031**		**3**	**2**	**3**	**2**
67	**electrode, ground**	**SD059**		**1**	**0**	**1**	**0**
68	**endosheath**	**SD070**		**3**	**2**	**3**	**2**
69	**probe, radiofrequency, 3 array (StarBurstSDE)**	**SD109**		**1**	**0**	**1**	**0**
70	**suction tip, Yankauer**	**SD122**		**3**	**2**	**2**	**2**
71	**tubing, suction, non-latex (6ft uou)**	**SD132**		**3**	**2**	**2**	**2**
72	**cottonoid**	**SG031**		**3**	**2**	**3**	**2**
73	**chlorhexidine 0.12% (Peridex)**	**SH023**		**1**	**0**	**1**	**0**
74	**lidocaine 4% soln, topical (Xylocaine)**	**SH050**		**3**	**2**	**3**	**2**
75	**sodium chloride 0.9% inj bacteriostatic (30ml uou)**	**SH068**		**1**	**0**	**1**	**0**
76	**sodium bicarbonate 8.4% inj w-needle (1ml uou)**	**SH090**		**1**	**0**	**1**	**0**
77	**basin, emesis**	**SJ010**		**3**	**2**	**3**	**2**
78	**oxymetazoline nasal spray (Afrin) (15ml uou)**	**SJ037**		**3**	**2**	**3**	**2**
79	**tongue depressor**	**SJ061**		**7**	**2**	**7**	**2**
80	**measuring tape, paper**	**SK048**		**1**	**0**	**1**	**0**
81	**skin marking ink (tattoo)**	**SK073**		**1**	**0**	**1**	**0**
82	**EQUIPMENT**	**CODE**					
83	radiofrequency generator (NEURO)	EQ214		**83**	**0**	**39.0**	**0.0**
84	pulse oximeter w-printer	EQ211		**83**	**0**	**39.0**	**0.0**
85	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**146**	**63**	**117.0**	**63.0**
86	chair with headrest, exam, reclining	EF008		**146**	**63**	**117.0**	**63.0**
87	suction and pressure cabinet, ENT (SMR)	EQ234		**146**	**63**	**117.0**	**63.0**
88	fiberscope, flexible, rhinolaryngoscopy	ES020		**146**	**63**	**194.0**	**63.0**
89	light, fiberoptic headlight w-source	EQ170		**146**	**63**	**117.0**	**63.0**

CPT Code: 40804
Specialty Society('s) AAO-HNS / AAOMS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Removal of embedded foreign body, vestibule of mouth; simple

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our socieies convened an expert panel to review the practice expense for 40804 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 40804 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 40804 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for several line items that were previously omitted erroneously. Specifically, for line 23 "provide pre-service education/obtain consent" we are adding in the standard 2 minutes since a time out must take place and the patient will must give consent for the procedure. Line 27 "sedate/apply anesthesia", we are adding in 2 minutes for sedate/apply anesthesia as the mouth needs to be numbed for this procedure. Line 35 "clean surgical instrument package" we are adding the standard 10 minutes to clean the basic instrument pack.

We are adding in one new supply to replace the prior dental needle and syringe. The new item is a syringe-needle 10 ml.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: There is a post-operative phone call as well as one post service visit, a 99212, which occurs following this procedure to evaluate how the patient is healing. Would note that the prior PE listed only 27 minutes of post time for post-operative visits, but listed two visits. We believe it is clinically appropriate to see the patient back once after this procedure, and are therefore recommending retention of the previous visit time of 27 minutes for one post-visit (99212).

CPT Code: 40804

Specialty Society('s) AAO-HNS/ AAOMS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Removal of embedded foreign body, vestibule of mouth; simple

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our societies convened an expert panel to review the practice expense for 40804 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 40804 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 40804 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 40804. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, pre-service education and consent, and a follow up phone call/prescriptions occurs.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending an increase over current facility inputs for CPT 40804 to comport with the standard times for 010 globals when extensive staff time is needed in the facility for pre-service work.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education, obtains pre-service consent, and conducts follow up phone calls/prescriptions.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There is a post-operative phone call as well as one post service visit, a 99212, which occurs following this procedure to evaluate how the patient is healing. Would note that the prior PE listed only 27 minutes of post time for post-operative visits, but listed two visits. We believe it is clinically appropriate to see the patient back once after this procedure, and are therefore recommending retention of the previous visit time of 27 minutes for one post-visit (99212).

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 40804**		**Reported w/ E/M CPT Code 40804**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS / AAOMS**	**CMS Code**	**Staff Type**	Removal of embedded foreign body, vestibule of mouth; simple		Removal of embedded foreign body, vestibule of mouth; simple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**125.0**	**79.0**	**92.0**	**70.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**0.0**	**27.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**64.0**	**6.0**	**49.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**43.0**	**43.0**	**43.0**	**43.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**0**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**2**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**5**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**4**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**20**	**0**	**20**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**5**	**0**
33	Clean room/equipment by physician staff			**5**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**10**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**2**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**0**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**0**	**0**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16	**1**	**1**	**1**	**1**
49	99212 27 minutes		27	**1**	**1**	**1**	**1**
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**43.0**	**43.0**	**43.0**	**43.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	~~*Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 40804		Reported w/ E/M CPT Code 40804	
3	Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS / AAOMS	CMS Code	Staff Type	Removal of embedded foreign body, vestibule of mouth; simple		Removal of embedded foreign body, vestibule of mouth; simple	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010
56	MEDICAL SUPPLIES**	CODE	UNIT				
57	pack, cleaning, surgical instruments	SA043	pack	1	0	1	0
58	pack, minimum multi-specialty visit	SA048		3	2	2	2
59	pack, post-op incision care (suture)	SA054		1	1	1	1
60	cap, surgical	SB001		2	0	2	0
61	drape, sterile barrier 16in x 29in	SB007		2	0	2	0
62	drape, sterile, for Mayo stand	SB012		1	0	1	0
63	gloves, sterile	SB024		2	0	2	0
64	gown, staff, impervious	SB027		2	0	2	0
65	mask, surgical, with face shield	SB034		2	0	2	0
66	shoe covers, surgical	SB039		2	0	2	0
67	needle, blunt tip	SC034		1	0	1	0
68	~~needle, dental~~	~~SC037~~		~~1~~	~~0~~	~~1~~	~~0~~
69	~~syringe 50-60ml~~	~~SC056~~		~~1~~	~~0~~	~~1~~	~~0~~
70	syringe-needle 10ml 26g	SC063		NEW	0	1	0
71	canister, suction	SD009		2	1	1	0
72	~~tubing, suction, non-latex (6ft uou)~~	~~SD132~~		~~2~~	~~1~~	~~0~~	~~0~~
73	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134		2	1	2	0
74	cautery, monopolar, electrode, needle	SF018		1	0	1	0
75	cautery, patient ground pad w-cord	SF021		1	0	1	0
76	scalpel with blade, surgical (#10-20)	SF033		1	0	1	0
77	suture, vicryl, 3-0 to 6-0, p, ps	SF040		1	0	1	0
78	applicator, sponge-tipped	SG009		1	0	1	0
79	gauze, sterile 4in x 4in (10 pack uou)	SG056		1	0	1	0
80	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049		6	0	6	0
81	lidocaine 4% soln, topical (Xylocaine)	SH050		2	0	2	0
82	sodium chloride 0.9% inj (250-1000ml uou)	SH067		1	0	1	0
83	basin, emesis	SJ010		1	0	1	0
84	hydrogen peroxide	SJ028		30	0	30	0
85	swab-pad, alcohol	SJ053		2	0	2	0
86	cup, biopsy-specimen sterile 4oz	SL036		1	0	1	0
87	EQUIPMENT	CODE					
88	instrument pack, basic ($500-$1499)	EQ137		59	0	38.0	0.0
89	electrocautery-hyfrecator, up to 45 watts	EQ110		59	0	39.0	0.0
90	suction and pressure cabinet, ENT (SMR)	EQ234		86	27	39.0	0.0
91	light, fiberoptic headlight w-source	EQ170		102	43	82.0	43.0
92	chair with headrest, exam, reclining	EF008		102	43	82.0	43.0

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 40804**		**Reported w/ E/M CPT Code 40804**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS / AAOMS**	**CMS Code**	**Staff Type**	Removal of embedded foreign body, vestibule of mouth; simple		Removal of embedded foreign body, vestibule of mouth; simple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**125.0**	**79.0**	**92.0**	**76.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**0.0**	**27.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**64.0**	**6.0**	**49.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**43.0**	**43.0**	**43.0**	**43.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**0**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**2**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**5**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**4**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**20**	**0**	**20**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**5**	**0**
33	Clean room/equipment by physician staff			**5**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**10**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**2**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**0**	**0**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16	**1**	**1**	**1**	**1**
49	99212 27 minutes		27	**1**	**1**	**1**	**1**
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**43.0**	**43.0**	**43.0**	**43.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	~~*Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 40804		Reported w/ E/M CPT Code 40804	
3	**Meeting Date: April 2014 REVISED** **Tab: 47** **Specialty: AAO-HNS / AAOMS**	CMS Code	Staff Type	Removal of embedded foreign body, vestibule of mouth; simple		Removal of embedded foreign body, vestibule of mouth; simple	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010
56	MEDICAL SUPPLIES**	CODE	UNIT				
57	pack, cleaning, surgical instruments	SA043	pack	1	0	1	0
58	pack, minimum multi-specialty visit	SA048		3	2	2	2
59	pack, post-op incision care (suture)	SA054		1	1	1	1
60	cap, surgical	SB001		2	0	2	0
61	drape, sterile barrier 16in x 29in	SB007		2	0	2	0
62	drape, sterile, for Mayo stand	SB012		1	0	1	0
63	gloves, sterile	SB024		2	0	2	0
64	gown, staff, impervious	SB027		2	0	2	0
65	mask, surgical, with face shield	SB034		2	0	2	0
66	shoe covers, surgical	SB039		2	0	2	0
67	needle, blunt tip	SC034		1	0	1	0
68	~~needle, dental~~	~~SC037~~		~~1~~	~~0~~	~~1~~	~~0~~
69	~~syringe 50-60ml~~	~~SC056~~		~~1~~	~~0~~	~~1~~	~~0~~
70	syringe-needle 10ml 26g	SC063		NEW	0	1	0
71	canister, suction	SD009		2	1	2	0
72	~~tubing, suction, non-latex (6ft uou)~~	~~SD132~~		~~2~~	~~1~~	~~0~~	~~0~~
73	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134		2	1	2	0
74	cautery, monopolar, electrode, needle	SF018		1	0	1	0
75	cautery, patient ground pad w-cord	SF021		1	0	1	0
76	scalpel with blade, surgical (#10-20)	SF033		1	0	1	0
77	suture, vicryl, 3-0 to 6-0, p, ps	SF040		1	0	1	0
78	applicator, sponge-tipped	SG009		1	0	1	0
79	gauze, sterile 4in x 4in (10 pack uou)	SG056		1	0	1	0
80	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049		6	0	6	0
81	lidocaine 4% soln, topical (Xylocaine)	SH050		2	0	2	0
82	sodium chloride 0.9% inj (250-1000ml uou)	SH067		1	0	1	0
83	basin, emesis	SJ010		1	0	1	0
84	hydrogen peroxide	SJ028		30	0	30	0
85	swab-pad, alcohol	SJ053		2	0	2	0
86	cup, biopsy-specimen sterile 4oz	SL036		1	0	1	0
87	EQUIPMENT	CODE					
88	instrument pack, basic ($500-$1499)	EQ137		59	0	36.0	0.0
89	electrocautery-hyfrecator, up to 45 watts	EQ110		59	0	29.0	0.0
90	suction and pressure cabinet, ENT (SMR)	EQ234		86	27	61.0	27.0
91	light, fiberoptic headlight w-source	EQ170		102	43	77.0	43.0
92	chair with headrest, exam, reclining	EF008		102	43	77.0	43.0

CPT Code: 42809
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Removal of foreign body from pharynx.

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 42809 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 42809 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 42809 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in time for greeting and gowning the patient and ensuring appropriate medical records are available, the standard of 3 minutes for these activities has been included. Similarly we are including time to take the patient's vitals (1-3 are taken), of 3 minutes. We are also adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 34 "clean scope" we are adding in the standard 30 minutes to clean the flexible fiberscope used for this procedure. Similarly, on line 34 "clean instrument pack" we are adding the standard 15 minutes to clean the medium instrument pack.

We are adding one new supply, an emesis basin which the patient spits into, as difficulty swallowing from the foreign body is common.

For equipment, we are adding a flexible scope and increasing the minutes for the exam chair as it is used during the post operative visit as well as during the procedure. Time has also been included for the period during which the flexible scope is set up, in use during the procedure, and being cleaned following the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will greet and gown the patient, obtain 1-3 vital signs,

provide education and obtain consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the flexible scope, clean the medium instrument pack, complete diagnostic forms, and provide home care instructions.

Post-Service Clinical Labor Activities: One post-operative visit occurs following this procedure, a 99212, to evaluate the patient's healing and recovery.

CPT Code: 42809

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Removal of foreign body from pharynx

Global Period: 010 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 42809 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 42809 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 42809 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 42809. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 42809.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: During the post-service period one office visit is conducted, a 99212, to assess the patient's healing and recovery.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 42809**		**CPT Code 42809**	
3	**Meeting Date: April 2014 REVISED** **Tab: 47** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Removal of foreign body from pharynx		Removal of foreign body from pharynx	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**73.0**	**63.0**	**117.0**	**42.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**30.0**	**0.0**	**15.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**46.0**	**6.0**	**90.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**27.0**	**27.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**10**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**0**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**2**	**0**	**3**	**0**
22	Obtain vital signs			**3**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**4**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**17**	**0**	**17**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**5**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**30**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**0**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**0**	**0**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27	**1**	**1**	**1**	**1**
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**27.0**	**27.0**	**27.0**	**27.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 42809		CPT Code 42809	
3	Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS	CMS Code	Staff Type	Removal of foreign body from pharynx		Removal of foreign body from pharynx	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010
56	MEDICAL SUPPLIES**	CODE	UNIT				
57	pack, basic injection	SA041	pack	1	0	1	0
58	pack, minimum multi-specialty visit	SA048		2	1	2	1
59	canister, suction	SD009		1	0	1	0
60	suction tip, Yankauer	SD122		1	0	1	0
61	tubing, suction, non-latex (6ft uou)	SD132		2	0	2	0
62	applicator, sponge-tipped	SG009		1	0	1	0
63	lidocaine 4% soln, topical (Xylocaine)	SH050		2	0	2	0
64	emesis basin	SJ010		NEW	0	1	0
65	swab-pad, alcohol	SJ053		2	0	2	0
66	EQUIPMENT	CODE					
67	mayo stand	EQ110		46	0	47	0
68	~~electrocautery-hyfrecator, up to 45 watts~~	~~EQ138~~		46	0	~~0~~	~~0~~
69	instrument pack, basic ($500-$1499)	EQ137		73	0	51.0	0.0
70	light, fiberoptic headlight w-source	EQ234		73	27	74.0	0.0
71	suction and pressure cabinet, ENT (SMR)	EF008		73	27	47.0	27.0
72	chair with headrest, exam, reclining	EF015		73	27	74.0	27.0
73	fiberscope, flexible, rhinolaryngoscopy	ES020		NEW	0	128.0	27.0

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 42809**		**CPT Code 42809**	
3	**Meeting Date: April 2014 REVISED** **Tab: 47** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Removal of foreign body from pharynx		Removal of foreign body from pharynx	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**73.0**	**63.0**	**117.0**	**48.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**30.0**	**0.0**	**15.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**46.0**	**6.0**	**90.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**27.0**	**27.0**	**27.0**	**27.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**10**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**0**	**3**	**0**	**3**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**2**	**0**	**3**	**0**
22	Obtain vital signs			**3**	**0**	**3**	**0**
23	Provide pre-service education/obtain consent			**4**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**17**	**0**	**17**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**5**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**30**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**
37	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**0**	**0**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27	**1**	**1**	**1**	**1**
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**27.0**	**27.0**	**27.0**	**27.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 42809		CPT Code 42809	
3	Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS	CMS Code	Staff Type	Removal of foreign body from pharynx		Removal of foreign body from pharynx	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010
56	MEDICAL SUPPLIES**	CODE	UNIT				
57	pack, basic injection	SA041	pack	1	0	1	0
58	pack, minimum multi-specialty visit	SA048		2	1	2	2
59	canister, suction	SD009		1	0	1	0
60	suction tip, Yankauer	SD122		1	0	1	0
61	tubing, suction, non-latex (6ft uou)	SD132		2	0	2	0
62	applicator, sponge-tipped	SG009		1	0	1	0
63	lidocaine 4% soln, topical (Xylocaine)	SH050		2	0	2	0
64	emesis basin	SJ010		NEW	0	1	0
65	swab-pad, alcohol	SJ053		2	0	2	0
66	EQUIPMENT	CODE					
67	mayo stand	EQ110		46	0	26	0
68	~~electrocautery-hyfrecator, up to 45 watts~~	~~EQ138~~		46	0	~~0~~	~~0~~
69	instrument pack, basic ($500-$1499)	EQ137		73	0	60.0	0.0
70	light, fiberoptic headlight w-source	EQ234		73	27	58.0	27.0
71	suction and pressure cabinet, ENT (SMR)	EF008		73	27	58.0	27.0
72	chair with headrest, exam, reclining	EF015		73	27	58.0	27.0
73	fiberscope, flexible, rhinolaryngoscopy	ES020		NEW	0	115.0	27.0

CPT Code: 69200
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Removal foreign body from external auditory canal; without general anesthesia.

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 69200 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 69200 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 69200 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 22, we are adding in the standard 3 minutes to take 1-3 vitals which occurs during this procedure. Similarly, for line 35 "clean surgical instrument package" we are adding the standard 15 minutes to clean the medium instrument pack.

We are adding in some new supplies including, a standard multi-specialty pack, phosphate buffered saline, a 20 ml syringe, and 1-2% injectable lidocaine. This is in lieu of the previously listed phenol applicator kit and injection pack.

Additionally, we are including the equipment time for one line item, the medium instrument pack, has increased 5 minutes over previous time on account of the standardized cleaning time of 15 minutes for this equipment. The remainder of the equipment time has been reduced for all other inputs for this code.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will obtain 1-3 vital signs, provide education and obtain consent, prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia,

assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions.

Post-Service Clinical Labor Activities: There is no post operative work for this procedure.

CPT Code: 69200

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Removal foreign body from external auditory canal; without general anesthesia

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 69200 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 69200 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 69200 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 69200. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs. This time was included in the previous facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending an increase of 6 minutes of intraservice staff time over current facility inputs for CPT 69200. This is to account for the half a discharge management visit that is conducted to discharge the patient from the facility following the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent, and conducts follow up phone calls and prescriptions.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: Staff will conduct one post-service phone call to call in prescriptions.

CPT Code: 69200

Specialty Society('s) AAO-HNS

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 69200		Reported w/ E/M CPT Code 69200	
3	Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS	CMS Code	Staff Type	Removal foreign body from external auditory canal; without general anesthesia		Removal foreign body from external auditory canal; without general anesthesia	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000
6	TOTAL CLINICAL LABOR TIME			32.0	33.0	37.0	18.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	30.0	0.0	12.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	32.0	0.0	37.0	6.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	3.0	0.0	0.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms			0	5	0	0
13	Coordinate pre-surgery services			0	10	0	0
14	Schedule space and equipment in facility			0	5	0	5
15	Provide pre-service education/obtain consent			0	7	0	7
16	Follow-up phone calls & prescriptions			0	3	0	0
17	*Other Clinical Activity - *specify:*			0	0	0	0
18	End: When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available			0	0	0	0
22	Obtain vital signs			0	0	0	0
23	Provide pre-service education/obtain consent			2	0	2	0
24	Prepare room, equipment, supplies			2	0	2	0
25	Setup scope (non facility setting only)			0	0	0	0
26	Prepare and position patient/ monitor patient/ set up IV			2	0	2	0
27	Sedate/apply anesthesia			2	0	2	0
28	*Other Clinical Activity - specify:						
29	Intra-service						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	10	0	10	0
31	Post-Service						
32	Monitor pt. following service/check tubes, monitors, drains			3	0	3	0
33	Clean room/equipment by physician staff			3	0	3	0
34	Clean Scope			0	0	0	0
35	Clean Surgical Instrument Package			0	0	10	0
36	Complete diagnostic forms, lab & X-ray requisitions			5	0	0	0
37	Review/read X-ray, lab, and pathology reports			0	0	0	0
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			3	0	3	0
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	0	n/a	6
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	0	n/a	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a	0	n/a	
43	End: Patient leaves office						
44	POST-SERVICE Period						
45	Start: Patient leaves office/facility						
46	Conduct phone calls/call in prescriptions			0	3	0	0
47	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Total Office Visit Time			0.0	0.0	0.0	0.0
54	*Other Clinical Activity - *specify:*						
55	End: with last office visit before end of global period						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	~~*Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 69200		Reported w/ E/M CPT Code 69200	
3	Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS	CMS Code	Staff Type	Removal foreign body from external auditory canal; without general anesthesia		Removal foreign body from external auditory canal; without general anesthesia	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000
56	MEDICAL SUPPLIES**	CODE	UNIT				
57	pack, minimum multi-specialty visit	SA048	pack	NEW	0	0	0
58	~~kit, phenol applicator~~	~~SA023~~		~~1~~	~~0~~	~~1~~	~~0~~
59	~~pack, basic injection~~	~~SA041~~		~~1~~	~~0~~	~~1~~	~~0~~
60	phosphate buffered saline (PBS)	SL180	ml	NEW	0	50	0
61	syringe 20ml	SC053		NEW	0	1	0
62	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	NEW	0	5	0
63	canister, suction	SD009		1	0	1	0
64	tubing, suction, non-latex (6ft uou)	SD132		2	0	2	0
65	cotton balls, non-sterile	SG030		1	0	1	0
66	oto-wick	SG059		1	0	1	0
67	neomycin-polymyxin-hc otic soln (Cortisporin)	SH053		2	0	2	0
68	basin, emesis	SJ010		1	0	1	0
69	~~paper, photo printing (8.5 x 11)~~	~~SK058~~		~~2~~	~~0~~	~~0~~	~~0~~
70	EQUIPMENT	CODE					
71	mayo stand	EF015		34	0	19	0
72	instrument pack, basic ($500-1499)	EQ137		34	0	26	0
73	light, fiberoptic headlight w-source	EQ170		34	0	22	0
74	suction and pressure cabinet, ENT (SMR)	EQ234		34	0	22	0
75	chair with headrest, exam, reclining	EF008		34	0	22	0
76	microscope, operating	EQ183		34	0	22	0
77	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~		~~34~~	~~0~~	~~0~~	~~0~~

CPT Code: 69220
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Debridement, mastoidectomy cavity, simple (eg, routine cleaning)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 69220 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 69220 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 69220 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard time for one line item that was previously omitted erroneously. Specifically, on line 35 "clean surgical instrument package", we are adding in the standard 15 minutes for cleaning the medium instrument package.

For equipment time, there is an increase of 2 minutes for the time the instrument pack is in use which is attributed to the addition of the cleaning time for the medium instrument pack which was not previously included in this code and must be done by staff. The rest of the equipment time has been reduced substantially from prior inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will gown the patient, as vomiting is a risk during this procedure. Staff will prepare the room, equipment and supplies, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, clean the instrument pack, and provide home care instructions prior to the patient leaving the office.

Post-Service Clinical Labor Activities: There is no post service staff work for this code.

CPT Code: 69220

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Debridement, mastoidectomy cavity, simple (eg, routine cleaning)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 69220 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 69220 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 69220 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 69220. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs. This time was included in the previous facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending a 6 minute increase over current facility inputs for CPT 69220, as they must be discharged if the procedure is performed in the facility setting.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intra-service staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are no post-service staff activities for this procedure.

CPT Code: 69220

Specialty Society('s) AAO-HNS

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 69220**		**Reported w/ E/M CPT Code 69220**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)		Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**54.0**	**33.0**	**38.0**	**18.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**0.0**	**12.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**33.0**	**0.0**	**38.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**0**
13	Coordinate pre-surgery services			**3**	**10**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**0**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**0**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**0**	**0**
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**10**	**0**	**10**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**3**	**0**	**3**	**0**
33	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**0**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**15**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**2**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**3**	**3**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**"Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 69220**		**Reported w/ E/M CPT Code 69220**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)		Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**0**	**0**
58	~~kit, phenol applicator~~	~~SA023~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
59	~~pack, basic injection~~	~~SA041~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
60	canister, suction	SD009		**1**	**0**	**1**	**0**
61	tubing, suction, non-latex (6ft uou)	SD132		**2**	**0**	**2**	**0**
62	cotton balls, non-sterile	SG030		**1**	**0**	**1**	**0**
63	neomycin-polymyxin-hc otic soln (Cortisporin)	SH053		**2**	**0**	**2**	**0**
64	silver nitrate applicator	SJ046		**2**	**0**	**2**	**0**
65	basin, emesis	SJ010		**1**	**0**	**1**	**0**
66	~~paper, photo printing (8.5 x 11)~~	~~SK058~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
67	**EQUIPMENT**	**CODE**					
68	**mayo stand**	**EF015**		**34**	**0**	**17**	**0**
69	**instrument pack, medium ($1500 and up)**	**EQ138**		**34**	**0**	**29**	**0**
70	~~**light, fiberoptic headlight w-source**~~	~~**EQ170**~~		~~**34**~~	~~**0**~~	~~**20**~~	~~**0**~~
71	**suction and pressure cabinet, ENT (SMR)**	**EQ234**		**34**	**0**	**20**	**0**
72	**chair with headrest, exam, reclining**	**EF008**		**34**	**0**	**20**	**0**
73	**microscope, operating**	**EQ183**		**34**	**0**	**20**	**0**
74	~~**video system, endoscopy (processor, digital capture, monitor, printer, cart)**~~	~~**ES031**~~		~~**34**~~	~~**0**~~	~~**0**~~	~~**0**~~

CPT Code: 92511
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Nasopharyngoscopy with endoscope (separate procedure)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 92511 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 92511 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:
The practice expense inputs were revised using the previous inputs for 92511 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are not recommending any inputs above the PE subcommittee standards for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in the standard times for two line items that were previously omitted erroneously. Specifically, for line 25 "set up scope" we are adding in the standard 5 minutes since a flexible fiberscope is used for this procedure. Similarly, on line 34 "clean scope" we are adding the standard 30 minutes to clean the flexible fiberscope. This does not, however, increase the intraservice clinical staff time, or the total clinical staff time over the prior inputs.

We are adding one new supply, paper photo printing in lieu of the film/Polaroid which has become outmoded as technology has changed.

For equipment time, there is an increase of 9 minutes for the time the flexible scope is in use which is attributed to the addition of the cleaning time for the scope which was not previously included in this code and must be done by staff. The rest of the equipment time has been reduced substantially from prior inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: there are no pre-service inputs for this code.

Intra-Service Clinical Labor Activities: Staff will obtain 1-3 vital signs, provide education and obtain

consent, prepare the room, equipment and supplies, set up the scope, prepare and position the patient, apply anesthesia, assist the physician in performing the procedure, monitor the patient following the procedure, clean the room, and clean the flexible scope.

Post-Service Clinical Labor Activities: There is no post service staff work for this code.

CPT Code: 92511

Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Nasopharyngoscopy with endoscope (separate procedure)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our society convened an expert panel to review the practice expense for 92511 which included our RUC Advisors, Alternate Advisors and clinical experts who specialize in the procedure. The practice expense inputs were revised using the prior inputs for 92511 as a reference.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The practice expense inputs were revised using the previous inputs for 92511 as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending extensive use of staff time standard inputs for the pre-service period for CPT 92511. This is based on the fact that when this service is performed in the facility setting referral forms must be completed, it must be scheduled, along with the space, and pre-service education and consent occurs. This time was included in the previous facility inputs for this code.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not recommending any increases over current facility inputs for CPT 92511.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: During the pre-service period staff completes diagnostic and referral forms for the procedure, schedules the space in the facility, coordinates pre-surgery services, conducts pre-service education and obtains pre-service consent.

Intra-Service Clinical Labor Activities: The only intraservice staff time is a half a discharge management visit from the facility following the procedure.

Post-Service Clinical Labor Activities: There are no post-service staff activities for this procedure.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code 92511**		**Reported w/ E/M CPT Code 92511**	
3	**Meeting Date: April 2014 REVISED Tab: 47 Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Nasopharyngoscopy with endoscope (separate procedure)		Nasopharyngoscopy with endoscope (separate procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**63.0**	**33.0**	**56.0**	**18.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**0.0**	**12.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**45.0**	**0.0**	**56.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**0**	**0**
13	Coordinate pre-surgery services			**3**	**10**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**0**	**0**
17	*Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**0**	**0**
22	Obtain vital signs			**3**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent			**2**	**0**	**2**	**0**
24	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**
25	Setup scope (non facility setting only)			**0**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**
27	Sedate/apply anesthesia			**2**	**0**	**2**	**0**
28	*Other Clinical Activity - specify:			**0**	**0**	**0**	**0**
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**5**	**0**	**5**	**0**
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains			**5**	**0**	**5**	**0**
33	Clean room/equipment by physician staff			**10**	**0**	**3**	**0**
34	Clean Scope			**0**	**0**	**30**	**0**
35	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**
36	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**0**	**0**
37	Review/read X-ray, lab, and pathology reports			**5**	**0**	**0**	**0**
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**0**	**0**
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**0**	**n/a**	**6**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**0**	**n/a**	**0**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**0**	**n/a**	**0**
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions			**0**	**3**	**0**	**0**
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
54	*Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	~~*Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			CPT Code 92511		Reported w/ E/M CPT Code 92511	
3	**Meeting Date: April 2014 REVISED** **Tab: 47** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Nasopharyngoscopy with endoscope (separate procedure)		Nasopharyngoscopy with endoscope (separate procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**0**	**0**
58	drape, non-sterile, sheet 40in x 60in	SB006		**1**	**0**	**1**	**0**
59	drape, sterile, for Mayo stand	SB012		**1**	**0**	**1**	**0**
60	~~gloves, sterile~~	~~SB024~~		~~**4**~~	~~**0**~~	~~**0**~~	~~**0**~~
61	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**
62	mask, surgical	SB033		**2**	**0**	**2**	**0**
63	underpad 2ft x 3ft (Chux)	SB044		**1**	**0**	**1**	**0**
64	~~needle, 18-27g~~	~~SC029~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
65	~~syringe 5-6ml~~	~~SC057~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
66	canister, suction	SD009		**1**	**0**	**1**	**0**
67	endosheath	SD070		**1**	**0**	**1**	**0**
68	tubing, suction, non-latex (6ft uou)	SD132		**2**	**0**	**2**	**0**
69	cottonoid	SG031		**3**	**0**	**3**	**0**
70	gauze, sterile 4in x 4in	SG055		**4**	**0**	**4**	**0**
71	~~lidocaine 1% w-epi inj (Xylocaine w-epi)~~	~~SH046~~		~~**2**~~	~~**0**~~	~~**0**~~	~~**0**~~
72	lidocaine 2% jelly, topical (Xylocaine)	SH048		**5**	**0**	**0**	**0**
73	basin, emesis	SJ010		**1**	**0**	**1**	**0**
74	Cetacaine spray (56gm size bottle)	SJ012		**1**	**0**	**1**	**0**
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**
76	swab-pad, alcohol	SJ053		**2**	**0**	**2**	**0**
77	~~film, type 667 Polaroid (per exposure)~~	~~SK032~~		~~**1**~~	~~**0**~~	~~**0**~~	~~**0**~~
78	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**
79	paper, photo printing (8.5 x 11)	SK058		**NEW**	**0**	**1**	**0**
80	endoscope anti-fog solution	SM014		**1**	**0**	**1**	**0**
81	**EQUIPMENT**	**CODE**					
82	fiberscope, flexible, rhinolaryngoscopy	ES020		**60**	**0**	**46.0**	**0**
83	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		**60**	**0**	**19.0**	**0**
84	light, fiberoptic headlight w-source	EQ170		**60**	**0**	**19.0**	**0**
85	chair with headrest, exam, reclining	EF008		**60**	**0**	**19.0**	**0**
86	light source, xenon	EQ167		**NEW**	**0**	**19.0**	**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS OPPS/ASC Cap Proposal – Codes Identified by Specialty to Review (Practice Expense Only)

April 2014

Pathology-PE Only

Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

This review marks a new type of screen for the RUC, whereby specialty societies bring forward codes from a range of services identified by CMS through a policy proposal. The CMS OPPS/ASC cap proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The expectation was to review a subset of services to demonstrate that the associated practice expenses are not overestimates. Upon review it became apparent that for services that have not been reviewed in ten or more years, simply applying modern standards could result in PE RVU increases. When increasing certain sections of the direct PE inputs while decreasing other, it is difficult to estimate if the changes will result in an overall increase or decrease in the PE RVU. The Practice Expense Subcommittee has used their clinical expertise to accurately value these services, as they do with all services that are brought forward for review. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC is forwarding practice expense recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on completely separate payment systems.

Resource costs in the Medicare physician payment schedule are developed through an extremely thorough "bottom-up" methodology in which the necessary resource costs are added line by line to achieve the actual costs for the physician to provide the care. In contrast, payment to facilities under the OPPS is calculated on the geometric mean of the costs of services in the same ambulatory payment classification (APC). To equate the rigorously developed line item costs associated with specific services performed in the non-facility setting, with charges that are intended to be an average of "similar" services when performed in the facility is severely flawed because the two systems are making payments under vastly different assumptions. The RUC maintains that resource cost data collected under the RBRVS is actually more reliable for two primary reasons. First, pricing in the RBRVS reflects actual costs, while the OPPS/ASC payment system reflects charges that are mathematically manipulated into costs. Second, in the RBRVS, direct resource costs are calculated on a line item basis. This process is extremely thorough and takes into account the clinical intricacies of each service.

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Some of the services identified have not been reviewed in many years and were modified to adjust clinical staff time and remove and/or add supplies and equipment to reflect changes in the way the service is currently performed. **The RUC reviewed and approved the direct practice expense inputs with modification as approved by the Practice Expense Subcommittee.**

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	XXX	PE Review Only
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	XXX	PE Review Only
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	XXX	PE Review Only
88160	Cytopathology, smears, any other source; screening and interpretation	XXX	PE Review Only
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	XXX	PE Review Only
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	XXX	PE Review Only
88182	Flow cytometry, cell cycle or DNA analysis	XXX	PE Review Only

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88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	XXX	PE Review Only
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	ZZZ	PE Review Only
88321	Consultation and report on referred slides prepared elsewhere	XXX	PE Review Only
88323	Consultation and report on referred material requiring preparation of slides	XXX	PE Review Only
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	XXX	PE Review Only
88329	Pathology consultation during surgery;	XXX	PE Review Only
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	XXX	PE Review Only
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	XXX	PE Review Only
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	XXX	PE Review Only

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88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	XXX	PE Review Only
88355	Morphometric analysis; skeletal muscle	XXX	PE Review Only
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	XXX	PE Review Only
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	XXX	PE Review Only
88362	Nerve teasing preparations	XXX	PE Review Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Financial Disclosure Review
April 2, 2014

Same presentation restrictions apply to Doctor Lee Hilborne as decided by the Financial Disclosure Review Workgroup in January 2014, for the April 2014 meeting:

Tab 21 Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) (88342, 88343, 8834X, 88360, 88361, 88368, 8836X2, 8836X6, 8836X3, 8836X1, 8836X4, 8836X9)

Tab 37 Morphometric Analysis (88356)

Tab 48 Pathology (88104, 88106, 88108, 88160, 88161, 88162, 88182, 88184, 88323, 88325, 88329, 88331, 88333, 88334, 88355, 88360, 88361, 88362)

Doctor Hilborne's financial interests indicated are: Quest Diagnostics, Employee, Medical Director, Stockholder, >$10,000 with approximately 500 shares (at $50 a share).

The RUC Financial Disclosure Review Workgroup discussed the disclosure and voted that Doctor Hilborne may provide a brief (less than 5 minutes) description of how the procedure is performed. The presenter must then leave the RUC table, but may answer questions from the floor limited to the procedure itself.

Financial Disclosure Review Workgroup
Via e-mail – January 10, 2014
Members: Doctors Margie Andreae, Ronald Burd, Len Lichtenfeld, Greg Przybylski and James Waldorf.

Tab 29 Microdissection (88380 & 88381)
Doctor Lee Hilborne from the American Society for Clinical Pathology (ASCP) indicated a financial interest for upcoming Tab 29 Microdissection, CPT codes 88380 and 88381 in which the RUC is to review at the January 2014 meeting.

Doctor Hilborne's financial interests indicated are: Quest Diagnostics, Employee, Medical Director, Stockholder, >$10,000 with approximately 500 shares (at $50 a share).

The RUC Financial Disclosure Review Workgroup discussed the disclosure and voted that Doctor Hilborne may provide a brief (less than 5 minutes) description of how the procedure is performed. The presenter must then leave the RUC table, but may answer questions from the floor limited to the procedure itself.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88104 – Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106 - Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
88108 - Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. The expert panel included multiple members from CAP and ASC who also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
The 88104 and 88160 series are codes that were reviewed by PEAC in 1999 and 2001 respectively. The 88160 series are very low volume codes there is significant change in practice since the previous review.
1 – The use of laboratory information systems is now typical. Whereas cytology programs were late to the table compared with general anatomic pathology programs, but are now typical. At time of prior review (1999) hand written reports were typical. Now there are computer generated reports with all the LIS entry and associated labor.
2 - Standards for Non-GYN specimen preparation have significantly changed with current regulations requiring procedures to prevent cross contamination of material between cases during the preparation/staining process
3 – In addition, the current practice expense inputs are very inaccurate especially for 88104. Several clinical labor steps and processes were either inadvertently included or are now requirements under strict laboratory standards.
4 - Screening times for smears are time consuming with typical times of 8 minutes per slide.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for

previous errors or items accidently left off of the original recommendations which were made years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Laboratory technicians order, restock, and distribute specimen containers with requisition forms.
Histotechnologists and higher level laboratory technicians accession the specimen in laboratory information systems including the following: Unwrap and/or remove specimen/ bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against specimen/ bottle to see if patient name and/or specimen location (s) match each other. They also distribute requisition form and specimen to grossing station. They also describe and document gross specimen in laboratory information system. In addition, histotechs or cytotechnologists prepare specimen air dried and alcohol fixed slides (includes preparing wet smears, millipore filter preparation, cytospin preparation, stain quality evaluation, specimen tracking logs, labeling)
Cytotechnologists perform the time consuming screening functions. They confirm patient ID, organize work, verify and review history. Cytotechs enter their screening diagnosis in laboratory information system for review by the pathologist, complete workload recording logs, manage any relevant utilization review/quality assurance activities and regulatory compliance documentation including timed workload restrictions

Intra-Service Clinical Labor Activities:
Histotechnologists and higher level trained laboratory technicians assemble and deliver slides with paperwork to pathologists

Post-Service Clinical Labor Activities:
Histotechnologists and higher level laboratory technicians prepare, pack and transport specimens and records for in-house storage and external storage (where applicable). They also dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste
Histotechnologists and higher level laboratory technicians are necessary to adequately clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure) and submit/receive material for consultation.

CPT Code:_88104, 88106, 88108
Specialty Society('s)_CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88104 – Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106 - Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
88108 - Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. The expert panel included multiple members from CAP and ASC who also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H	I
1				**88104**	**88104**	**88106**	**88106**	**88108**	**88108**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
3				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**ALL Staff --TOTAL CLINICAL LABOR TIME---**			**43.0**	**60.0**	**31.0**	**53.0**	**31.0**	**47.0**
7	**TOTAL CLINICAL LABOR TIME**	L035A	Lab/Histo	**17.0**	**22.5**	**5.0**	**31.5**	**5.0**	**25.5**
8	**TOTAL CLINICAL LABOR TIME**	L045A	Cytotech	**26.0**	**36.0**	**26.0**	**20.0**	**26.0**	**20.0**
9	**TOTAL CLINICAL LABOR TIME**	L033A	Lab tech	**0.0**	**1.5**	**0.0**	**1.5**	**0.0**	**1.5**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L035A	Lab/Histo	**17.0**	**19.0**	**2.0**	**28.0**	**2.0**	**22.0**
11	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L045A	Cytotech	**26.0**	**36.0**	**23.5**	**20.0**	**23.5**	**20.0**
12	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L033A	Lab tech	**0.0**	**0.5**	**0.0**	**0.5**	**0.0**	**0.5**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L035A	Lab/Histo	**0.0**	**0.5**	**0.0**	**0.5**	**0.0**	**0.5**
14	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L045A	Cytotech	**0.0**	**0.0**	**0.5**	**0.0**	**0.5**	**0.0**
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L035A	Lab/Histo	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
16	**TOTAL POST-SERV CLINICAL LABOR TIME**	L045A	Cytotech	**0.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
17	**TOTAL POST-SERV CLINICAL LABOR TIME**	L033A	Lab tech	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
18	**PRE-SERVICE**								
19	**Start: Following visit when decision for surgery or procedure made**								
20	Order, restock, and distribute specimen containers with requisition forms.	L035A	Lab tech		**0.5**		**0.5**		**0.5**
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Setup scope (non facility setting only)								
23	*Other Clinical Activity - specify: from April 1999	L035A	Lab/Histotech	**17**					
24	*Other Clinical Activity - specify: from April 1999	L045A	Cytotech	**26**					
25	Prepare specimen containers/preload fixative/label containers/distribute requisition form(s) to physician	L035A	Lab/Histotech		**0**	**2**	**0**	**2**	**0**
26	Accession specimen/prepare for examination					**4**		**4**	
27	Other Clinical Activity (please specify) Prepare specimen for manual/automated processing					**1**		**1**	
28	Other Clinical Activity (please specify) Process specimen for slide preparation (includes,processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, qualtiy control function, maintaining specimen tracklng, logs, and labeling).					**33**		**22.5**	

	A	B	C	D	E	F	G	H	I
1				**88104**	**88104**	**88106**	**88106**	**88108**	**88108**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
3				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
29	Accession specimen in laboratory information system including the following:Unwrap and/or remove specimen/ bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against specimen/ bottle to see If patient name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station.	L035A	Lab/Histotech		**4**		**4**		**4**
30	Describe and document gross specimen in laboratory information system	L035A	Lab/Histotech		**2**		**2**		**2**
31	Prepare specimen air dried and alcohol fixed slides (includes preparing wet smears, millipore filter preparation, cytospin preparation, stain quality evaluation, specimen tracking logs, labeling)	L035A	Lab/Histotech		**6**		**15**		**12**
32	Stain air dried slides with modified Wright stain and coverslip. Review slides for malignancy/high cellularity (cross contamination)	L035A	Lab/Histotech		**3**		**3**		**0**
33	Other Clinical Activity (please specify): Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program. Prepare automated coverslipper, remove slides from stainer and place on coverslipper or manually coverslip. Remove slide from coverslipper; confirm patient ID, organize work, send slides to cytotech for screening	L035A	Lab/Histotech		**4**		**4**		**4**
34	Perform screening function (where applicable)	L045A	Cytotech		**32**	**20**	**16**	**16**	**16**
35	Other Clinical Activity: **(detailed on the two lines below, A+B)**	L045A	Cytotech		**4**		**4**		**4**
36	A. Confirm patient ID, organize work, verify and review history	L045A	Cytotech		**2**		**2**		**2**
37	B: Enter screening diagnosis in laboratory information system, complete workload recording logs, manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.	L045A	Cytotech		**2**		**2**		**2**
38	Other Clinical Activity (please specify): Retrieve prior material, confirm patient ID, organize work, verify and review history	L045A	Cytotech		**0**	**3.5**	**0**	**7.5**	**0**
39	**End: When patient enters office/facility for surgery/procedure**								
40	**SERVICE PERIOD**								
41	**Start: When containers/requisitions prepared for physician**								
42	Assemble and deliver slides with paperwork to pathologists	L035A	Lab/Histotech		**0.5**		**0.5**		**0.5**
43	Assemble and deliver slides with paperwork to pathologists	L045A	Cytotech		**0**	**0.5**	**0**	**0.5**	**0**
44	Clean room/equipment while performing service								
45	Coordinate care								
46	Other Activity (please specify)								
47	**End: When specimen examination by pathologist is complete**								

	A	B	C	D	E	F	G	H	I
1				**88104**	**88104**	**88106**	**88106**	**88108**	**88108**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
3				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
48	**POST-SERVICE Period**								
49	**Start: When specimen examination by pathologist is complete**								
50	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L035A	Lab/Histotech		**1**	**1**	**1**	**1**	**1**
51	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L035A	Lab/Histotech		**1**	**1**	**1**	**1**	**1**
52	equipment maintenance that must be done after the procedure)	L035A	Lab/Histotech		**1**	**1**	**1**	**1**	**1**
53	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L045A	Cytotech		**0**	**2**	**0**	**2**	**0**
54	Recycle xylene from stainer	L033A	Lab Tech		**1**		**1**		**1**
55	**End: When specimen, chemical waste and record handling is complete**								

	A	B	C	D	E	F	G	H	I
1				**88104**	**88104**	**88106**	**88106**	**88108**	**88108**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
3				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
57	cytology, preservative and vial (Preserv-cyt) - 30 ml	SL040	item						4
58	Shannon cyto funnel, cytospin	Invoice	item						2
59	cytology, specimen filter (Transcyt)	SL041	item				**1**		
60	fixative spray for cytospin	Invoice	ml		0		**0**		**0.2**
61	slide, microscope coated cytospin (single circle)	Invoice	item						**2**
62	gloves, non-sterile	SB022	pair		**2**	1	2	1	2
63	gloves, non-sterile, nitrile	SB023	pair	1					
64	gown,staff,impermeable	sb027			1		1		1
65	lab coat, staff	SB030	item	1		1		1	
66	mask, surgical, with face shield	SB034	item		**1**		**1**		
67	underpad 2ft x 3ft (Chux)	SB044	item			1			
68	eye shield, non-fog	SG049	item	1		1		1	
69	towel, paper (Bounty) (per sheet)	SK082	item	4	0				
70	bleach	SL020	ml	50	50	50	50	50	10
71	centrifuge tube	SL024	item					1	1
72	clearing agent (Histo-clear)	SL026	ml	8		8		8	
73	cover slip, glass	SL030	item	4	4	2	2	2	2
74	cup, biopsy-specimen sterile 4oz	SL036	item		**1**		1		0
75	cytology, lysing soln (CytoLyt)	SL039	ml					3	
76	cytology, preservative and vial (Preserv-cyt)	SL040	item				**0**	1	0
77	cytology, specimen filter (Transcyt)	SL041	item			2		2	
78	cytology, transport prefilled container	SL042	item			1		1	
79	cytology, vacuum grease	SL043	oz			0.2	0.2		
80	filter paper, qualitative, <15.0cm	SL064	item	1	1		**1**		**1**
81	filter paper, qualitative, 18.5cm	SL065	item			2	0	2	0
82	fixative spray	SL071	ml	9.6	0				
83	label for microscope slides	SL085	item	4	0	2	0	2	0
84	mounting media (Histomount) 0.1/slide	SL095	ml	2	0.4	0.4	0.2	0.4	0.2
85	pipette, transfer 23ml	SL109	item			1	1	2	1
86	slide specimen mailer (1-5 microscope slides)	SL121	item		**1**	1	1	1	1
87	slide, microscope	SL122	item	4	4	2	2	2	0
88	stain, hematoxylin	SL135	ml		8		4		8
89	stain, PAP EA-50	SL137	ml		8		4		8
90	stain, PAP toluidine blue O	SL138	ml	1		5		5	
91	stain, quick differential (5ml per slide)	SL139	ml	1	10	5	**5**	5	0
92	xylenes solvent ((3 changes, 10 ml each)	SL151	ml		10		10		10
93	ethanol, 95%	SL248	ml		90		90		90
94	stain, PAP OG-6	SL491	ml		8		4		8

	A	B	C	D	E	F	G	H	I
1				**88104**	**88104**	**88106**	**88106**	**88108**	**88108**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
3				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
95	eye shield, splash protection	SM016	item						**1**
96	Kimwipes	SM027	item		4		2		2
97	**EQUIPMENT**	**CODE**							
98	balance, analytic	EP004		26					
99	centrifuge (with rotor)	EP007		26	**5**		**5**		**5**
100	cytology thinlayer processor (ThinPrep)	EP008						10	
101	hood, biohazard	EP016		26	8	38	17	18	0
102	hood, fume	EP017		26	1		**1**		**0**
103	hood, ventilator with blower	EP019		26					
104	microscope, compound	EP024		26	60	34	32	30	35
105	pH conductivity meter	EP030		26					
106	slide coverslipper, robotic	EP033		26	1	1	0	1	1
107	slide dryer	EP034		26					
108	slide etcher-labeler	EP035		26	1	1	1	1	1
109	slide stainer, automated, high-volume throughput	EP036		26	20		20		20
110	solvent recycling system	EP038		26	1		1		1
111	vacuum pump	EP042				30	30		
112	Thin Prep Vortexer	EP114							
113	centrifuge, cytospin	EP044							5

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88160 – Cytopathology, smears, any other source; screening and interpretation
88161 - Cytopathology, smears, any other source; preparation, screening and interpretation
88162 - Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. The expert panel included multiple members from CAP and ASC who also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
The 88104 and 88160 series are codes that were reviewed by PEAC in 1999 and 2001 respectively. The 88160 series are very low volume codes there is significant change in practice since the previous review.
1 – The use of laboratory information systems is now typical. Whereas cytology programs were late to the table compared with general anatomic pathology programs, but are now typical. At time of prior review (1999) hand written reports were typical. Now there are computer generated reports with all the LIS entry and associated labor.
2 - Standards for Non-GYN specimen preparation have significantly changed with current regulations requiring procedures to prevent cross contamination of material between cases during the preparation/staining process
3 – In addition, the current practice expense inputs are very inaccurate especially for 88104. Several clinical labor steps and processes were either inadvertently included or are now requirements under strict laboratory standards.
4 - most recently reviewed code for practice expense that is applicable is 88112 - reviewed in 2013. Sam minutes used for 88112 were used for the new steps in current review. Only minutes that were not in 88112
5 - These are typically batch of 1 in labs providing these services. Large labs with more specimens for urines are using code 88112 ThinPrep instead of cytospins for urine and those large labs are the ones that have ability to batch cases
6 - Lab tech/histotech is typical with labs using highly qualified cytotechnicians for many steps

7 - Regulatory compliance documentation requirements have strengthened in recent years

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Laboratory technicians order, restock, and distribute specimen containers with requisition forms.
Histotechnologists and higher level laboratory technicians accession the specimen in laboratory information systems including the following: Unwrap and/or remove specimen/ bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against specimen/ bottle to see if patient name and/or specimen location (s) match each other. They also distribute requisition form and specimen to grossing station. They also describe and document gross specimen in laboratory information system. In addition, histotechs or cytotechnicians prepare specimen air dried and alcohol fixed slides (includes preparing wet smears, millipore filter preparation, cytospin preparation, stain quality evaluation, specimen tracking logs, labeling)

Cytotechnicians only can assist in the time consuming screening functions. They confirm patient ID, organize work, verify and review history. Cytotechs also work on screening diagnosis in laboratory information system, complete workload recording logs, manage any relevant utilization review/quality assurance activities and regulatory compliance documentation and assemble and deliver slides with paperwork to pathologist

Intra-Service Clinical Labor Activities:
Histotechnologists and higher level trained laboratory technicians assemble and deliver slides with paperwork to pathologists

Post-Service Clinical Labor Activities:
Histotechnologists and higher level laboratory technicians prepare, pack and transport specimens and records for in-house storage and external storage (where applicable). They also dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste
Histotechnologists and higher level laboratory technicians are necessary to adequately clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure) and submit/receive material for consultation.

CPT Code:_88160, 88161, 88162
Specialty Society('s)_CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88160 – Cytopathology, smears, any other source; screening and interpretation
88161 - Cytopathology, smears, any other source; preparation, screening and interpretation
88162 - Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. The expert panel included multiple members from CAP and ASC who also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

AMA/Specialty Society RVS Update Committee Recommendation

	A	B	C	D	E	F	G	H	I
1				Current	Recommended	Current	Recommended	Current	Recommended
2				88160		88161		88162	
3	**Meeting Date: April 2014 Tab: 48 Specialty: Pathology**	**CMS Code**		**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**
4	**LOCATION**			**In Office**	**In Office**	**In Office**	**In Office**	**In Office**	**In Office**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**		**Lab Histo Cyto Tech**	**43.0**	**57.0**	**49.0**	**63.0**	**64.0**	**76.0**
7	**TOTAL CLINICAL LABOR TIME**	**L035A**	**Lab/Histotech**	**17.0**	**21.0**	**23.0**	**27.0**	**23.0**	**16.0**
8	**TOTAL CLINICAL LABOR TIME**	**L045A**	**Cytotech**	**26.0**	**36.0**	**26.0**	**36.0**	**41.0**	**60.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L035A**	**Lab/Histotech**	**14.0**	**17.5**	**20.0**	**23.5**	**20.0**	**12.5**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L045A**	**Cytotech**	**23.5**	**36.0**	**23.5**	**36.0**	**38.5**	**60.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L035A**	**Lab/Histotech**	**0.0**	**0.5**	**0.0**	**0.5**	**0.0**	**0.5**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L045A**	**Cytotech**	**0.5**	**0.0**	**0.5**	**0.0**	**0.5**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L035A**	**Lab/Histotech**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L045A**	**Cytotech**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
15	**PRE-SERVICE**								
16	**Start: When containers/requisitions prepared for physician**								
17	Prepare specimen containers/preload fixative/label containers/distributre requisition form(s) to physician	**L035A**	**Lab/Histotech**	**2**	**0.5**	**2**	**0.5**	**2**	**0.5**
18	Accession specimen/prepare for examination	**L035A**	**Lab/Histotech**	**4**		**4**		**4**	
19	Accession specimen in laboratory information system including the following:Unwrap and/or remove specimen/ bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against specimen/ bottle to see If patient name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station.	L035A	**Lab/Histotech**		**4**		**4**		**4**
20	Describe and document gross specimen in laboratory information system	L035A	**Lab/Histotech**		**2**		**2**		**2**
21	Other Clinical Activity (please specify) : Prepare specimen for manual/automated processing	**L035A**	**Lab/Histotech**	**2**		**2**		**3.5**	
22	Other Clinical Activity (please specify): Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling, stain and coverslip slides.	**L035A**	**Lab/Histotech**	**6**	**0**	**12**	**0**	**10.5**	**0**
23	Prepare specimen air dried and alcohol fixed slides (includes preparing wet smears, millipore filter preparation, cytospin preparation, stain quality evaluation, specimen tracking logs, labeling)	**L035A**	**Lab/Histotech**				**6**		
24	Stain air dried slides with modified Wright stain. Review slides for malignancy/high cellularity (cross contamination)	**L035A**	**Lab/Histotech**		**5**		**5**		
25	Other Clinical Activity (please specify): Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program. Prepare automated coverslipper, remove slides from stainer and place on coverslipper or manually coverslip. Remove slide from coverslipper; confirm patient ID, organize work, send slides to cytotech for screening.	**L035A**	**Lab/Histotech**		**6**		**6**		**6**
26	Other Clinical Activity: **(detailed on the two lines below, A+B)**				**4**		**4**		**4**
27	A. Confirm patient ID, organize work, verify and review history	**L045A**	**Cytotech**		**2**		**2**		**2**

	A	B	C	D	E	F	G	H	I
2				88160		88161		88162	
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**		**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**
4	**LOCATION**			**In Office**	**In Office**	**In Office**	**In Office**	**In Office**	**In Office**
28	B: Enter screening diagnosis in laboratory information system, complete workload recording logs, manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.	**L045A**	**Cytotech**		**2**		**2**		**2**
29									
30	Other Clinical Activity (please specify): Retrieve prior material, confirm patient ID, organize work, verify and review history	**L045A**	**Cytotech**	**3.5**		**3.5**		**3.5**	
31	Perform screening function (where applicable)	**L045A**	**Cytotech**	**20**	**32**	**20**	**32**	**35**	**56**
32	**End:When specimen is ready for examination by pathologist**								
33	**SERVICE PERIOD**								
34	**Start: When specimen is ready for examination by pathologist**								
35	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)								
36	Assemble and deliver slides with paperwork to pathologists	**L035A**	**Lab/Histotech**		**0.5**		**0.5**		**0.5**
37	Assemble and deliver slides with paperwork to pathologists	**L045A**	**Cytotech**	**0.5**		**0.5**		**0.5**	
38	Clean room/equipment while performing service								
39	Coordinate care								
40	Other Activity (please specify)								
41	**End: When specimen examination by pathologist is complete**								
42	**POST-SERVICE PERIOD**								
43	**Start: When specimen examination by pathologist is complete**								
44	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L035A**	**Lab/Histotech**	**1**	**1**	**1**	**1**	**1**	**1**
45	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L035A**	**Lab/Histotech**	**1**	**1**	**1**	**1**	**1**	**1**
46	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L035A**	**Lab/Histotech**	**1**	**1**	**1**	**1**	**1**	**1**
47	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	**L045A**	**Cytotech**	**2**	**0**	**2**	**0**	**2**	**0**
48	Submit/receive material for consultation (where applicable)								
49	**End: When specimen, chemical waste and record handling is complete**								

	A	B	C	D	E	F	G	H	I
2				88160		88161		88162	
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**		**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; preparation, screening and interpretation**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**	**Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**
4	**LOCATION**			**In Office**	**In Office**	**In Office**	**In Office**	**In Office**	**In Office**
50	**MEDICAL SUPPLIES**								
51	gloves, non-sterile	SB022	pair	1	2	1	2	1	2
52	lab coat, staff	SB030	item	1		1		1	
53	gown, staff, impervious	SB027	item		1		1		1
54	eye shield, non-fog	SG049	item	1	1	1	0	1	1
55	bleach	SL020	ml	50	10	50	50	50	10
56	clearing agent (Histo-clear)	SL026	ml	16		16		28	
57	cover slip, glass	SL030	item	4	4	4	4	7	7
58	filter paper, qualitative, 18.5cm	SL065	item	2	1	2	1	2	1
59	fixative spray	SL071	ml	0.8	0.4	0.8	0	1	0.8
60	label for microscope slides	SL085	item	4	0	4	0	7	0
61	mounting media (Histomount) 0.2/slide	SL095	ml	0.8	0.8	0.8	0.8	1.4	1.4
62	slide specimen mailer (1-5 microscope slides)	SL121	item	1	1	1	1	2	2
63	slide, microscope	SL122	item	4	4	4	4	7	7
64	stain, PAP toluidine blue O	SL138	ml	1		1		2	
65	stain, quick differential (5ml per slide)	SL139	ml	1	10	1	10	15	15
66	stain, hematoxylin	SL135	ml		8		8		16
67	stain, PAP OG-6	SL491	ml		8		8		16
68	stain, PAP EA-50	SL137	ml		8		8		16
69	ethanol, 95%	SL248	ml		90		140		90
70	xylenes solvent ((3 changes, 10 ml each)	SL151	ml		30		30		30
71	Kimwipes	SM027	item		4		4		7
72	mask, surgical, with face shield	SB034	item				1		
73	**Equipment**								
74	hood, biohazard	EP016				9	9		
75	microscope, compound	EP024		48	54	48	49	84	80
76	slide coverslipper, robotic	EP033		1	1	1	1	2	1
77	slide etcher-labeler	EP035		1	1	1	1	1	2
78	solvent recycling system	EP038			1		1		1
79	hood, fume	EP017			1		1		1
80	slide stainer, automated, high-volume throughput	EP036			20		20		20
81									

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88182 - Flow cytometry, cell cycle or DNA analysis

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: It is now typical and standard practice for the patient to be fully registered into the laboratory information system which is time consuming. It is also typical to have multiple specimen slides for each patient case. Expert pathologists who perform these services agree that the time currently accounted for in the practice expense inputs are not typical and should be higher. The expert panel agreed that phone conversations were not taken into consideration in the past and there would typically be a need to communicate with the referring pathologist for clarification of clinical circumstances in more complex services of 88323-25. There would also be the potential for requests for additional materials.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Laboratory technician accessions specimen/prepare for examination

Intra-Service Clinical Labor Activities:
Histotechnologists prepare specimen through block resectioning of thick 50 micron sections

Cytotechnologists initiate instrument start-up, quality control functions, calibration, centrifugation, maintaining specimen tracking, logs and labeling. They then load specimen into flow cytometer, run specimen, monitor, analyze, resulting output and

functions , and unload flow cytometer. In addition, the cytotechnologists process paraffinized thick tissue sections: deparaffinize sections, disaggregate tissue with enzymatic digestion, isolate nuclei, stain DNA. The cytotechnologists then perform the data acquisition and modeling activities, including printing out histograms, assemble materials with paperwork to pathologists Review histograms and gating with pathologist.

Post-Service Clinical Labor Activities:
Within the histology lab area the laboratory technologists prepare, pack and transport specimens and records for in-house storage and external storage (where applicable). In addition, they dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste. Laboratory technologists also clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)

Within the flow cytometry lab areas the cytotechnologists take the time to dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste, clean the room and specialized flow cytometry equipment following the procedure (including any equipment maintenance that must be done after the procedure). They also enter the data into the laboratory information system.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88182 - Flow cytometry, cell cycle or DNA analysis

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E
1				Current Inputs	Recommended
2				**88182**	**88182**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Flow cytometry, cell cycle or DNA analysis**	**Flow cytometry, cell cycle or DNA analysis**
4	**LOCATION**			**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**Lab, Histo, Cyto**		**177**	**132**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**6**	**6**
8	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L033A**	**Lab Tech**	**143**	**7**
9	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L045A**	**Cytotech**	**0**	**96**
10	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L037B**	**Histo Tech**	**12**	**12**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**6**	**0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L045A**	**Cytotech**	**0**	**5**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**10**	**6**
14	**PRE-SERVICE**				
15	**Start: When containers/requisitions prepared for physician**				
16	Accession specimen/prepare for examination	**L033A**	**Lab Tech**	**6**	**6**
17	**SERVICE PERIOD**				
18	**Start: When specimen is ready for examination by pathologist**				
19	Prepare specimen for manual/automated processing.	**L033A**	**Histo Tech**	**12**	**0**
20	Prepare specimen through block resectioning of thick 50 micron sections		**Histo Tech**		**12**
21	Instrument start-up, quality control functions, calibration, centrifugation, maintaining specimen tracking, logs and labeling	**L045A**	**Cytotech**		**13**
22	Other Clinical Activity (please specify) Load specimen into flow cytometer, run specimen, monitor, analyze, resulting output and functions , and unload flow cytometer	**L045A**	**Cytotech**		**7**
23	Other Clinical Activity (please specify) **Process paraffin-embedded tissue for analysis**	**L033A**	**Lab Tech**	**90**	**0**
24	Process paraffinized thick tissue sections: deparaffinize sections, disaggregate tissue with enzymatic digestion, isolate nuclei, stain DNA.	L045A	Cytotech		**60**
25	Other Clinical Activity (please specify) Load specimen into flow cytometer, run specimen, monitor data acquisition, and unload flow cytometer	**L033A**	**Lab Tech**	**20**	**0**
26	Other Clinical Activity (please specify) **Data acquisition and modeling**	**L033A**	**Lab Tech**	**30**	
27	pathologists Review histograms and gating with pathologist.	**L033A**	**Lab Tech**	**3**	
28	Other Clinical Activity (please specify) **Data acquisition and modeling**	L045A	Cytotech		**18**
29	pathologists Review histograms and gating with pathologist.	L045A	Cytotech		**5**
30	**POST-SERVICE Period**				
31	**Start: When specimen examination by pathologist is complete**				
32	**--- Histology Lab Area**				
33	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**	**3**	**2**
34	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L033A**	**Lab Tech**	**2**	**2**
35	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L033A**	**Lab Tech**	**2**	**2**
36	**--- Flow Cytometry Lab Area**				
37	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L037B**	**Histo Tech**	**2**	**0**
38	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L045A**	**Cytotech**		**1**
39	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L037B**	**Histo Tech**	**4**	**0**
40	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L045A**	**Cytotech**		**2**
41	Other Activity (please specify) Enter data into laboratory information system	**L033A**	**Lab Tech**	**3**	**0**

	A	B	C	D	E
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Flow cytometry, cell cycle or DNA analysis**	**Flow cytometry, cell cycle or DNA analysis**
4	**LOCATION**			**Non Facility**	**Non Facility**
42	Other Activity (please specify) Enter data into laboratory information system	**L045A**	**Cytotech**		**2**
43	**End: When specimen, chemical waste and record handling is complete**				
44	**MEDICAL SUPPLIES**				
45	gloves, non-sterile	SB022	pair	**3**	**3**
46	blade, microtome	SF004	item	**1**	**1**
47	alcohol isopropyl 70%	SJ001	ml	**5**	**5**
48	centrifuge tube	SL024	item	**2**	**2**
49	clearing agent (Histo-clear)	SL026	ml	**4**	**20**
50	filter, nylon mesh (55mm)	SL066	item	**1**	**1**
51	Isoton II diluent	SL084	ml	**5**	**5**
52	pipette tip (blue-yellow)	SL110	item	**10**	**10**
53	propidium iodide	SL115	ml	**1**	**1**
54	stain, Wright's soln	SL141	ml	**0.3**	**0.3**
55	ethanol, 100%	SL189	ml		**20**
56	ethanol, 70%	SL190	ml		**20**
57	ethanol, 85%	SL191	ml		**20**
58	ethanol, 95%	SL248	ml		**20**
59	protease	Invoice	mg		**1.12**
60	**Equipment**				
61	computer, desktop, w-monitor	ED021			**20**
62	centrifuge (with rotor)	EP007		**15**	**15**
63	flow cytometer	EP014		**28**	**28**
64	hood, biohazard	EP016			**5**
65	incubator	EP021		**45**	**45**
66	microscope, compound	EP024		**7**	**7**
67	water bath, general purpose (lab)	EP043		**135**	**100**

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: It is now typical and standard practice for the patient to be fully registered into the laboratory information system which is time consuming. It is also typical to have multiple specimen slides for each patient case. Expert pathologists who perform these services agree that the time currently accounted for in the practice expense inputs are not typical and should be higher. The expert panel agreed that phone conversations were not taken into consideration in the past and there would typically be a need to communicate with the referring pathologist for clarification of clinical circumstances in more complex services of 88323-25. There would also be the potential for requests for additional materials.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Laboratory technician accessions specimen/prepare for examination and retrieve previous diagnostic studies that are relevant for study.

Intra-Service Clinical Labor Activities:
Cytotechnologists run CBC, prepare cytospin or smear, stain, cover slip, examine under

microscope for quality, and prepare specimen for manual/automated processing. They also initiate the instrument start-up, quality control functions, calibration, centrifugation, maintaining specimen tracking, logs and labeling. They then load specimen into flow cytometer, run specimen, monitor data acquisition, and unload flow cytometer. Then collect the printed out histograms, assemble materials with paperwork to pathologists Review histograms and gating with pathologist.

Post-Service Clinical Labor Activities:
Within the flow cytometry lab areas, the laboratory technologists prepare, pack and transport specimens and records for in-house storage and external storage (where applicable). In addition, they dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste. Laboratory technologists also clean the room and equipment following procedure (including any equipment maintenance that must be done after the procedure). They also enter the data into the laboratory information system.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H
1				Current Inputs	Recommended	Current Inputs	Recommended	
2				**88184**	**88184**	**88185**	**88185**	
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker**	
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**Lab and Cyto Tech**		**69**	**65**	**7**	**8**	
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**7**	**4**	**0**	**0**	
8	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L045A**	**Cytotech**	**50**	**53**	**6**	**7**	
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**12**	**8**	**1**	**1**	
10	**PRE-SERVICE**							
11	**Start: When containers/requisitions prepared for physician**							
12	Accession specimen/prepare for examination	**L033A**	**Lab Tech**	**5**	**4**	**NA**	**NA**	
13	Other Clinical Activity (please specify): Print out or pull previous reports from file.	**L033A**	**Lab Tech**	**2**		**NA**	**NA**	
14	**SERVICE PERIOD**							
15	**Start: When specimen is ready for examination by pathologist**							
16	Prepare cytospin or smear, stain, cover slip, examine under microscope for quality.	**L045A**	**Cytotech**	**10**	**8**	**NA**	**NA**	
17	Prepare specimen, including cell enrichment free of debris, cell separation, add reagents, for manual/automated processing.	**L045A**	**Cytotech**	**15**	**15**	**3**	**3**	
18	Instrument start-up, quality control functions, calibration, centrifugation, maintaining specimen tracking, logs and labeling	**L045A**	**Cytotech**	**15**	**15**	**NA**	**NA**	
19	Other Clinical Activity (please specify) Load specimen into flow cytometer, run specimen, monitor data acquisition, and data modeling, and unload flow cytometer	**L045A**	**Cytotech**	**7**	**10**	**2**	**3**	
20	Other Clinical Activity (please specify) **Data acquisition and modeling**	**L033A**	**Cytotech**		**0**		**0**	
21	Printout histograms and deliver with slides and paperwork to pathologists.	**L045A**	**Cytotech**	**2**	**0**	**NA**	**NA**	
22	Print out histograms, assemble materials with paperwork to pathologists Review histograms and gating with pathologist.	**L045A**	**Cytotech**		**5**		**1**	
23	Other Activity (please specify): Review histograms and gating with pathologists.	**L045A**	**Cytotech**	**1**	**0**	**1**	**0**	
24	**POST-SERVICE Period**							
25	**Start: When specimen examination by pathologist is complete**							
26	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**	**3**	**1**	**NA**	**NA**	
27	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L033A**	**Lab Tech**	**2**	**1**	**NA**	**NA**	
28	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L033A**	**Lab Tech**	**2**	**2**	**NA**	**NA**	

	A	B	C	D	E	F	G	H
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker**	**Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker**	
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	
29	Other Activity (please specify) Enter data into laboratory information system, multiparameter analyses and field data entry, complete quality assurance documentation.	**L033A**	**Lab Tech**	**5**	**4**	**1**	**1**	
30	**End: When specimen, chemical waste and record handling is complete**							
31	**MEDICAL SUPPLIES**							
32	gloves, non-sterile	SB022	pair	**3**	**3**			
33	calibration beads (each test)	SL021	item	**1**	**1**			
34	centrifuge tube	SL024	item	**4**	**4**	**4**	**2**	
35	cover slip, glass	SL030	item	**1**	**1**			
36	Isoton II diluent	SL084	ml	**5**	**25**	**5**	**25**	
37	lysing reagent (FACS)	SL089	ml	**14**	**5**	**14**	**2**	
38	mounting media (Histomount)	SL095	ml	**0.2**	**0.2**			
39	paraformaldehyde	SL099	gm	**0.5**	**0.5**	**0.5**	**0.5**	
40	phosphate buffered saline solution	SL107	ml	**20**	**20**	**20**	**20**	
41	pipette tip (blue-yellow)	SL110	item	**2**	**5**	**2**	**2**	
42	slide, microscope	SL122	item	**1**	**1**			
43	stain, Wright's soln	SL141	ml	**0.3**	**0.3**			
44	antibody, flow cytometry (each test)	SL186	item	**1**	**1**	**1**	**1**	
45	**Equipment**							
46	computer, desktop, w-monitor	ED021		**2**	**20**		**1**	
47	printer, dye sublimation (photo, color)	ED031		**5**	**5**	**2**	**2**	
48	centrifuge (with rotor)	EP007		**25**	**25**			
49	differential analyzer, hematology	EP011		**2**	**0**			
50	flow cytometer	EP014		**22**	**17**	**6**	**4**	
51	hood, biohazard	EP016		**5**	**5**			
52	microscope, compound	EP024		**4**	**4**			
53	slide stainer, automated, standard throughput	EP037		**3**	**3**			
54	centrifuge, cytospin	EP044		**15**	**5**			
55	loader, FACS	EP047		**5**	**5**			
56	wash assistant, FACS	EP053		**5**	**5**			

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88321 - Consultation and report on referred slides prepared elsewhere
88323 - Consultation and report on referred material requiring preparation of slides
88325 - Consultation, comprehensive, with review of records and specimens, with report on referred material

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: It is now typical and standard practice for the patient to be fully registered into the laboratory information system which is time consuming. It is also typical to have multiple specimen slides for each patient case. Expert pathologists who perform these services agree that the time currently accounted for in the practice expense inputs are not typical and should be higher. The expert panel agreed that phone conversations were not taken into consideration in the past and there would typically be a need to communicate with the referring pathologist for clarification of clinical circumstances in more complex services of 88323-25. There would also be the potential for requests for additional materials.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
None

Intra-Service Clinical Labor Activities:
Laboratory technicians prepare labels for outside slides, label outside slides, and distribute slides and paperwork to physician. They will also accession specimen/prepare for examination and perform screening function

Histotechnologists will prepare the slide sectioning and recuts, quality control function, maintaining specimen tracking, logs and labeling. In addition, histotechnologists will prepare the automated stainer with solutions and load microscopic slides. Set and confirm stainer program. They will also complete workload recording logs and collate slides and paperwork. The histotechnologist will also make sure the equipment is clean while performing this service The histotech then assemble and delivers the slides and paperwork to pathologist. Phone calls for clarifications and/or additional materials are made by the histotechnologist.

Post-Service Clinical Labor Activities:
Laboratory technicians clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure). Laboratory technicians also securely package and return the outside material as necessary.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88321 - Consultation and report on referred slides prepared elsewhere
88323 - Consultation and report on referred material requiring preparation of slides
88325 - Consultation, comprehensive, with review of records and specimens, with report on referred material

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H	I
1				Current Inputs	Recommended	Current Inputs	Recommended	Current Inputs	Recommended
2				88321	88321	88323	88323	88325	88325
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**22.0**	**26.0**	**24.0**	**28.0**	**24.0**	**28.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**0.0**	**0.0**	**50.0**	**12.0**	**50.0**	**12.0**
8	**TOTAL INTRAPRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**14.0**	**20.0**	**14.0**	**20.0**	**14.0**	**20.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**0.0**	**0.0**	**50.0**	**12.0**	**50.0**	**12.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**8.0**	**6.0**	**10.0**	**8.0**	**10.0**	**8.0**
11	**PRE-SERVICE**								
12	**Start: Following visit when decision for surgery or procedure made**								
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**PRE-SERVICE**								
21	**Start: When containers/requisitions prepared for physician**								
22	Open shipping package, remove and sort slides based on outside number, and hand label outside paperwork.	**L033A**	**Lab Tech**		**3**		**3**		**3**
23	Accession specimen/prepare for examination	**L033A**	**Lab Tech**	**14**	**4**	**14**	**4**	**14**	**4**
24	Register the patient in the information system, including all demographic and billing information. In addition to standard accessioning, enter contributing physician name and address, number of slides and the outside case number, etc, into the laboratory information system. Print labels for slides, and affix labels to slides. (And for 88323 and 88325 [blocks being typical for both]) Print label for outside block and affix to block. (And for 88325) List and label all accompanying material (imaging on a disk, portion of chart, etc.)	**L033A**	**Lab Tech**		**13**		**13**		**13**
25	Perform screening function (where applicable)	**L033A**	**Lab Tech**						
26	Other Clinical Activity (please specify)								
27	**End:When specimen is ready for examination by pathologist**								
28	**SERVICE PERIOD**								
29	**Start: When specimen is ready for examination by pathologist**								
30	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)								
31	Prepare specimen for manual/automated processing								
32	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	**Histo Tech**			**40**	**0**	**40**	**0**

	A	B	C	D	E	F	G	H	I
1				Current Inputs	Recommended	Current Inputs	Recommended	Current Inputs	Recommended
2				88321	88321	88323	88323	88325	88325
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
33	Slide preparation sectioning and recuts, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	**Histo Tech**				**4**		**4**
34	Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.	**L037B**	**Histo Tech**				**1**		**1**
35	Prepare automated coverslipper, remove slides from stainer and place on coverslipper	**L037B**	**Histo Tech**				**1**		**1**
36	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	**L037B**	**Histo Tech**				**1**		**1**
37	Assemble and deliver slides with paperwork to pathologists	**L037B**	**Histo Tech**			**2**	**1**	**2**	**1**
38	Clean room/equipment whiile performing service	**L037B**	**Histo Tech**			**8**		**8**	
39	Clean equipment whiile performing service	**L037B**	**Histo Tech**				**1**		**1**
40	Coordinate care								
41	Phone calls for clarifications and/or additional materials	**L037B**	**Histo Tech**				**3**		**3**
42	**End: When specimen examination by pathologist is complete**								
43	**POST-SERVICE Period**								
44	**Start: When specimen examination by pathologist is complete**								
45	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**	**8**	**0**	**10**	**2**	**10**	**2**
46	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste						**1**		**1**
47	Clean room/equuipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L033A**	**Lab Tech**		**1**		**1**		**1**
48	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation								
49	Securely package and return outside material.	**L033A**	**Lab Tech**		**5**		**5**		**5**
50	Other Activity (please specify)								
51	**End: When specimen, chemical waste and record handling is complete**								

	A	B	C	D	E	F	G	H	I
1				Current Inputs	Recommended	Current Inputs	Recommended	Current Inputs	Recommended
2				88321	88321	88323	88323	88325	88325
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
53	gloves, non-sterile, nitrile	SB023	pair			1	**2**	1	**2**
54	gown, staff, impervious	SB027	item			1	**0.1**	1	**0.1**
55	blade, microtome	SF004	item			1	**0.2**	1	**0.2**
56	alcohol, ethyl, denatured	SL006	ml			572	**0**	572	**0**
57	bleach	SL020	ml			50	**10**	50	**10**
58	cover slip, glass	SL030	item			12	**2**	12	**2**
59	eosin y	SL063	gm			2.4	**0**	2.4	
60	eosin solution	SL063	ml				**8**		**8**
61	histology freezing spray (Freeze-It)	SL078	oz			0.8	**0.2**	0.8	**0.2**
62	label for microscope slides	SL085	item	10	**10**	20	**20**	20	**20**
63	mounting media (Histomount)	SL095	ml			3	**2**	3	**2**
64	slide container (for 20 microscope slides)	SL120	item		**1**		**1**		**1**
65	slide, microscope	SL122	item			12	**2**	12	**2**
66	stain, hematoxylin	SL135	ml			4.8	**32**	4.8	**32**
67	waterbath reagent	SL149	ml			15	**0**	15	**0**
68	xylenes solvent	SL151	ml			500	**60**	500	**60**
69	ethanol, 100%	SL189	ml				**60**		**60**
70	ethanol, 70%	SL190	ml				**8**		**8**
71	ethanol, 95%	SL248	ml				**36**		**36**
72	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item			6	**2**	6	**2**
73	**EQUIPMENT**	**CODE**							
74	hood, ventilator with blower	EP019				41	**1**	41	**1**
75	microscope, compound	EP024		45	50	45	**56**	70	**80**
76	slide coverslipper, robotic	EP033				6	**6**	6	**6**
77	slide dryer	EP034				30	**1**	30	**1**
78	slide etcher-labeler	EP035				6	**1**	6	**1**
79	slide stainer, automated, high-volume throughput	EP036				35	**12**	35	**12**
80	solvent recycling system	EP038					**4**		**4**
81	water bath, general purpose (lab)	EP043				45	**6**	45	**6**
82	microtome	ER041				36	**6**	36	**6**
83									
84									

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88329 - Pathology consultation during surgery;
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332 - Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
88333 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Some of these services were last reviewed by the RUC over ten years ago and therefore clinical labor steps and activities, supplies, and/or equipment items and time may have been inadvertently left off. In addition, practice patterns, laboratory standards and techniques have changed over time. Therefore, the specialties appreciate the review of the direct practice expense inputs in order to update the inputs to properly reflect the delivery of these services. There may be instances where the clinical labor may be higher or lower, medical supplies may be added or deleted as not being typical, and equipment items and times may have changed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The laboratory technician prepares the room, filters, replenishing stains and other supplies for the services. This activity includes OCT blocks, set up grossing station with colored stains), etc.

Intra-Service Clinical Labor Activities:

The histotechnologists assist pathologist with gross specimen examination (including performance of intraoperative frozen sections). They also process the specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling). The Histotechnologists also assemble and deliver slides with paperwork to pathologists and process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling

Post-Service Clinical Labor Activities:
The histotechnologists also clean the room and specialized equipment following procedure (including any equipment maintenance that must be done after the procedure).

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88329 - Pathology consultation during surgery;
88331 - Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332 - Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
88333 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H	I	J	K	L
1				88329	88329	88331	88331	88332	88332	88333	88333	88334
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery;**	**Pathology consultation during surgery;**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**
4	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
5				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**	**Current Inputs**
6	**TOTAL CLINICAL LABOR TIME**	**LO37B, L045A**	**Histo, & Cyto tech**	**20**	**15**	**40**	**44**	**17**	**16**	**30**	**14.5**	**13**
7	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	LO33A	Labtech	**0**	**0**	**0**	**10**	**0**	**0**	**10**	**0**	**0**
8	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	L037B	Histotech	**20**	**15**	**40**	**34**	**17**	**16**	**20**	**14.5**	**13**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**	**0**	**0**	**10**	**0**	**0**	**10**	**0**	**0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	**5**	**0**	**5**	**0**	**0**	**0**	**0**	**4**	**0**
11	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	L037B	Histotech	**10**	**10**	**25**	**24**	**17**	**16**	**15**	**10.5**	**13**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	**5**	**5**	**10**	**10**	**0**	**0**	**5**	**0**	**0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
14	**PRE-SERVICE**											
15	**Start: When containers/requisitions prepared for physician**											
16	Prepare specimen containers/preload fixative/label containers/distributre requisition form(s) to physician											
17	Accession specimen/prepare for examination	L037B	Histotech								**4**	
18	Perform screening function (where applicable)											
19	Prepare room. Filter and replenish stains and supplies. (including OCT blocks, set up grossing station with colored stains)	LO33A	Labtech				**10**		**0**	**10**	**0**	
20	Other Clinical Activity (please specify) **Transport specimen from OR to frozen section suite**	L037B	Histotech	**5**	**0**	**5**	**0**					
21	**End: When specimen is ready for examination by pathologist**											
22	**SERVICE PERIOD**											
23	**Start: When specimen is ready for examination by pathologist**											
24	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)	L037B	Histotech							**7**	**3**	**5**
25	Prepare specimen for automated processing											
26	Process specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling)	L037B	Histotech							**6**	**6**	**6**
27	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech							**2**	**0.5**	**2**
28	Assist pathologist with gross specimen examination	L037B	Histotech	**10**	**10**	**10**	**10**	**2**	**2**			
29	Prepare specimen for manual/automated processing. (Remove frozen tissue material out of cryostate and placing in cassette)	L037B	Histotech			**1**	**0**	**1**	**0**			
30	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech			**12**	**12**	**12**	**12**			
31	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech			**2**	**2**	**2**	**2**			
32	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**5**	**5**	**10**	**10**			**5**	**1**	
33	Other Activity (please specify)											

	A	B	C	D	E	F	G	H	I	J	K	L
1				88329	88329	88331	88331	88332	88332	88333	88333	88334
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery;**	**Pathology consultation during surgery;**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**
34	**End: When specimen examination by pathologist is complete**											
35	**POST-SERVICE Period**											
36	**Start: When specimen examination by pathologist is complete**											
37	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)											
38	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	LO33A	Lab Technician									
39	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation											
40	**End: When specimen, chemical waste and record handling is complete**											
41	**MEDICAL SUPPLIES**	**Code**	**Unit**									
42	gloves, non-sterile, nitrile	SB023	pair	2	2	2	2		2	2	2	2
43	gown, staff, impervious	SB027	item	1	2		2				2	
44	lab coat, staff	SB030	item	1	0	1	0			1	0	1
45	mask, surgical	SB033	item	2		2				2		
46	mask, surgical, with face shield	SB034	item		2		2		0		2	
47	blade, microtome	SF004	item			1	1					
48	scalpel with blade, surgical (#10-20)	SF033	item	1		1				1		1
49	scalpel, safety, surgical, with blade (#10-20)	SF047	item		1		1				1	
50	eye shield, non-fog	SG049	item	2	0	2	0			2	0	
51	bleach	SL020	ml	50	50	50	50			50	50	50
52	cover slip, glass	SL030	item			2	2	2	2	10	10	10
53	embedding cassette	SL058	item			1	1	1	1			
54	embedding mold	SL060	item				1.0		1.0			
55	fixative spray	SL071	ml					0.0		0.0		0.0
56	histology freezing spray (Freeze-It)	SL078	oz			0.1	0.1	0.1	0.1			
57	label for microscope slides	SL085	item			2	2	2	2	1	10	1
58	mounting media (Histomount)	SL095	ml			0.2	0.2	0.2	0.2	0.2	1	0.2
59	OCT Tissue-Tek	SL097	ml			2	2	2	2			
60	slide, microscope	SL122	item			2	2	2	2	10	4	10
61	stain, frozen section, H&E (1ml per slide)	SL134	ml			1	0	1	0			
62	stain, quick differential (5ml per slide)	SL139	ml								5	
63	kit, stain, H&E	SL231	kit				0.1		0.1	0.1	0	0.1
64	ethanol, 95%	SL248	ml								50	
65	Marking Dyes	SL470	ml				4		4		4	
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item			1	1	1	1	1	4	1
67	**Equipment**	**Code**	**Unit**									
68	grossing station w-heavy duty disposal	EP015		10	10	10	10	2	2	25	10	20
69	microscope, compound	EP024				15	15	15	15	10	25	10
70	cryostat	EQ092				8	8	8	8			

	A	B	C	M
1				**88334**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**
4	**GLOBAL PERIOD**			**XXX**
5				**Recom**
6	**TOTAL CLINICAL LABOR TIME**	**LO37B, L045A**	**Histo, & Cyto tech**	**13**
7	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	LO33A	Labtech	**0**
8	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	L037B	Histotech	**13**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	**0**
11	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	L037B	Histotech	**13**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	**0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**
14	**PRE-SERVICE**			
15	**Start: When containers/requisitions prepared for physician**			
16	Prepare specimen containers/preload fixative/label containers/distributre requisition form(s) to physician			
17	Accession specimen/prepare for examination	L037B	Histotech	
18	Perform screening function (where applicable)			
19	Prepare room. Filter and replenish stains and supplies. (including OCT blocks, set up grossing station with colored stains)	LO33A	Labtech	
20	Other Clinical Activity (please specify) **Transport specimen from OR to frozen section suite**	L037B	Histotech	
21	**End: When specimen is ready for examination by pathologist**			
22	**SERVICE PERIOD**			
23	**Start: When specimen is ready for examination by pathologist**			
24	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)	L037B	Histotech	**5**
25	Prepare specimen for automated processing			
26	Process specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling)	L037B	Histotech	**6**
27	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech	**2**
28	Assist pathologist with gross specimen examination	L037B	Histotech	
29	Prepare specimen for manual/automated processing. (Remove frozen tissue material out of cryostate and placing in cassette)	L037B	Histotech	
30	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech	
31	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech	
32	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	
33	Other Activity (please specify)			

	A	B	C	M
1				**88334**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**
34	**End: When specimen examination by pathologist is complete**			
35	**POST-SERVICE Period**			
36	**Start: When specimen examination by pathologist is complete**			
37	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)			
38	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	LO33A	Lab Technician	
39	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation			
40	**End: When specimen, chemical waste and record handling is complete**			
41	**MEDICAL SUPPLIES**	**Code**	**Unit**	
42	gloves, non-sterile, nitrile	SB023	pair	**2**
43	gown, staff, impervious	SB027	item	**2**
44	lab coat, staff	SB030	item	**0**
45	mask, surgical	SB033	item	
46	mask, surgical, with face shield	SB034	item	
47	blade, microtome	SF004	item	
48	scalpel with blade, surgical (#10-20)	SF033	item	
49	scalpel, safety, surgical, with blade (#10-20)	SF047	item	**1**
50	eye shield, non-fog	SG049	item	
51	bleach	SL020	ml	
52	cover slip, glass	SL030	item	**10**
53	embedding cassette	SL058	item	
54	embedding mold	SL060	item	
55	fixative spray	SL071	ml	
56	histology freezing spray (Freeze-It)	SL078	oz	
57	label for microscope slides	SL085	item	**10**
58	mounting media (Histomount)	SL095	ml	**1**
59	OCT Tissue-Tek	SL097	ml	
60	slide, microscope	SL122	item	**10**
61	stain, frozen section, H&E (1ml per slide)	SL134	ml	
62	stain, quick differential (5ml per slide)	SL139	ml	**5**
63	kit, stain, H&E	SL231	kit	**0.1**
64	ethanol, 95%	SL248	ml	**50**
65	Marking Dyes	SL470	ml	
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**1**
67	**Equipment**	**Code**	**Unit**	
68	grossing station w-heavy duty disposal	EP015		**10**
69	microscope, compound	EP024		**20**
70	cryostat	EQ092		

	A	B	C	D	E	F	G	H	I	J	K	L
1				88329	88329	88331	88331	88332	88332	88333	88333	88334
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery;**	**Pathology consultation during surgery;**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**
4	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
5				**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**	**Current**	**Recom**	**Current Inputs**
6	**TOTAL CLINICAL LABOR TIME**	**LO37B, L045A**	**Histo, & Cyto tech**	**20**	**15**	**40**	**44**	**17**	**16**	**30**	**30**	**13**
7	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	LO33A	Labtech	**0**	**0**	**0**	**10**	**0**	**0**	**10**	**10**	**0**
8	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	L037B	Histotech	**20**	**15**	**40**	**34**	**17**	**16**	**20**	**20**	**13**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**	**0**	**0**	**10**	**0**	**0**	**10**	**10**	**0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	**5**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**
11	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	L037B	Histotech	**10**	**10**	**25**	**24**	**17**	**16**	**15**	**15**	**13**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	**5**	**5**	**10**	**10**	**0**	**0**	**5**	**5**	**0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
14	**PRE-SERVICE**											
15	**Start: When containers/requisitions prepared for physician**											
16	Prepare specimen containers/preload fixative/label containers/distributre requisition form(s) to physician											
17	Accession specimen/prepare for examination											
18	Perform screening function (where applicable)											
19	Prepare room. Filter and replenish stains and supplies. (including OCT blocks, set up grossing station with colored stains)	LO33A	Labtech				**10**		**0**	**10**	**10**	
20	Other Clinical Activity (please specify) **Transport specimen from OR to frozen section suite**	L037B	Histotech	**5**	**0**	**5**	**0**					
21	**End: When specimen is ready for examination by pathologist**											
22	**SERVICE PERIOD**											
23	**Start: When specimen is ready for examination by pathologist**											
24	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)	L037B	Histotech							**7**	**7**	**5**
25	Prepare specimen for automated processing											
26	Process specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling)	L037B	Histotech							**6**	**6**	**6**
27	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech							**2**	**2**	**2**
28	Assist pathologist with gross specimen examination	L037B	Histotech	**10**	**10**	**10**	**10**	**2**	**2**			
29	Prepare specimen for manual/automated processing. (Remove frozen tissue material out of cryostate and placing in cassette)	L037B	Histotech			**1**	**0**	**1**	**0**			
30	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech			**12**	**12**	**12**	**12**			
31	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech			**2**	**2**	**2**	**2**			
32	Other Activity (please specify)											
33	**End: When specimen examination by pathologist is complete**											
34	**POST-SERVICE Period**											
35	**Start: When specimen examination by pathologist is complete**											

	A	B	C	D	E	F	G	H	I	J	K	L
1				88329	88329	88331	88331	88332	88332	88333	88333	88334
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery;**	**Pathology consultation during surgery;**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; each additional tissue block with frozen section(s)**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**	**NF**
36	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)											
37	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	LO33A	Lab Technician									
38	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	**5**	**5**	**10**	**10**			**5**	**5**	
39	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation											
40	**End: When specimen, chemical waste and record handling is complete**											
41	**MEDICAL SUPPLIES**	**Code**	**Unit**									
42	gloves, non-sterile, nitrile	SB023	pair	**2**	**2**	**2**	**2**		**2**	**2**	**2**	**2**
43	gown, staff, impervious	SB027	item	**1**	**2**		**2**				**2**	
44	lab coat, staff	SB030	item	**1**	**0**	**1**	**0**			**1**	**0**	**1**
45	mask, surgical	SB033	item	**2**		**2**				**2**		
46	mask, surgical, with face shield	SB034	item		**2**		**2**		**0**		**2**	
47	blade, microtome	SF004	item			**1**	**1**					
48	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**				**1**		**1**
49	scalpel, safety, surgical, with blade (#10-20)	SF047	item		**1**		**1**				**1**	
50	eye shield, non-fog	SG049	item	**2**	**0**	**2**	**0**			**2**	**0**	
51	bleach	SL020	ml	**50**	**50**	**50**	**50**			**50**	**50**	**50**
52	cover slip, glass	SL030	item			**2**	**2**	**2**	**2**	**10**	**10**	**10**
53	embedding cassette	SL058	item			**1**	**1**	**1**	**1**			
54	embedding mold	SL060	item				**1.0**		**1.0**			
55	fixative spray	SL071	ml					**0.0**		**0.0**		**0.0**
56	histology freezing spray (Freeze-It)	SL078	oz			**0.1**	**0.1**	**0.1**	**0.1**			
57	label for microscope slides	SL085	item			**2**	**2**	**2**	**2**	**1**	**10**	**1**
58	mounting media (Histomount)	SL095	ml			**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**1**	**0.2**
59	OCT Tissue-Tek	SL097	ml			**2**	**2**	**2**	**2**			
60	slide, microscope	SL122	item			**2**	**2**	**2**	**2**	**10**	**10**	**10**
61	stain, frozen section, H&E (1ml per slide)	SL134	ml			**1**	**0**	**1**	**0**			
62	stain, quick differential (5ml per slide)	SL139	ml								**5**	
63	kit, stain, H&E	SL231	kit				**0.1**		**0.1**	**0.1**	**0.1**	**0.1**
64	ethanol, 95%	SL248	ml								**50**	
65	Marking Dyes	SL470	ml				**4**		**4**		**4**	
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item			**1**	**1**	**1**	**1**	**1**	**4**	**1**
67	**Equipment**	**Code**	**Unit**									
68	grossing station w-heavy duty disposal	EP015		**10**	**10**	**10**	**10**	**2**	**2**	**25**	**10**	**20**
69	microscope, compound	EP024				**15**	**15**	**15**	**15**	**10**	**25**	**10**
70	cryostat	EQ092				**8**	**8**	**8**	**8**			

	A	B	C	M
1				**88334**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**
4	**GLOBAL PERIOD**			**XXX**
5				**Recom**
6	**TOTAL CLINICAL LABOR TIME**	**LO37B, L045A**	**Histo, & Cyto tech**	**13**
7	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	LO33A	Labtech	**0**
8	**SUBTOTAL CLIN LABOR PER STAFF TYPE**	L037B	Histotech	**13**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histotech	**0**
11	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	L037B	Histotech	**13**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histotech	**0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	LO33A	Labtech	**0**
14	**PRE-SERVICE**			
15	**Start: When containers/requisitions prepared for physician**			
16	Prepare specimen containers/preload fixative/label containers/distributre requisition form(s) to physician			
17	Accession specimen/prepare for examination			
18	Perform screening function (where applicable)			
19	Prepare room. Filter and replenish stains and supplies. (including OCT blocks, set up grossing station with colored stains)	LO33A	Labtech	
20	Other Clinical Activity (please specify) **Transport specimen from OR to frozen section suite**	L037B	Histotech	
21	**End: When specimen is ready for examination by pathologist**			
22	**SERVICE PERIOD**			
23	**Start: When specimen is ready for examination by pathologist**			
24	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)	L037B	Histotech	**5**
25	Prepare specimen for automated processing			
26	Process specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling)	L037B	Histotech	**6**
27	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech	**2**
28	Assist pathologist with gross specimen examination	L037B	Histotech	
29	Prepare specimen for manual/automated processing. (Remove frozen tissue material out of cryostate and placing in cassette)	L037B	Histotech	
30	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech	
31	Assemble and deliver slides with paperwork to pathologists	L037B	Histotech	
32	Other Activity (please specify)			
33	**End: When specimen examination by pathologist is complete**			
34	**POST-SERVICE Period**			
35	**Start: When specimen examination by pathologist is complete**			

	A	B	C	M
1				**88334**
2	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site**
3	**LOCATION**	**Code**	**Type**	**NF**
36	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)			
37	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	LO33A	Lab Technician	
38	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	
39	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation			
40	**End: When specimen, chemical waste and record handling is complete**			
41	**MEDICAL SUPPLIES**	**Code**	**Unit**	
42	gloves, non-sterile, nitrile	SB023	pair	**2**
43	gown, staff, impervious	SB027	item	**2**
44	lab coat, staff	SB030	item	**0**
45	mask, surgical	SB033	item	
46	mask, surgical, with face shield	SB034	item	
47	blade, microtome	SF004	item	
48	scalpel with blade, surgical (#10-20)	SF033	item	
49	scalpel, safety, surgical, with blade (#10-20)	SF047	item	**1**
50	eye shield, non-fog	SG049	item	
51	bleach	SL020	ml	
52	cover slip, glass	SL030	item	**10**
53	embedding cassette	SL058	item	
54	embedding mold	SL060	item	
55	fixative spray	SL071	ml	
56	histology freezing spray (Freeze-It)	SL078	oz	
57	label for microscope slides	SL085	item	**10**
58	mounting media (Histomount)	SL095	ml	**1**
59	OCT Tissue-Tek	SL097	ml	
60	slide, microscope	SL122	item	**10**
61	stain, frozen section, H&E (1ml per slide)	SL134	ml	
62	stain, quick differential (5ml per slide)	SL139	ml	**5**
63	kit, stain, H&E	SL231	kit	**0.1**
64	ethanol, 95%	SL248	ml	**50**
65	Marking Dyes	SL470	ml	
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**1**
67	**Equipment**	**Code**	**Unit**	
68	grossing station w-heavy duty disposal	EP015		**10**
69	microscope, compound	EP024		**20**
70	cryostat	EQ092		

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88355 - Morphometric analysis; skeletal muscle

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties recommend no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

CPT Code:_ 88355
Specialty Society('s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88355 - Morphometric analysis; skeletal muscle

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Some of these services were last reviewed by the RUC over ten years ago and therefore clinical labor steps and activities, supplies, and/or equipment items and time may have been inadvertently left off. In addition, practice patterns, laboratory standards and techniques have changed over time. Therefore, the specialties appreciate the review of the direct practice expense inputs in order to update the inputs to properly reflect the delivery of these services. There may be instances where the clinical labor may be higher or lower, medical supplies may be added or deleted as not being typical, and equipment items and times may have changed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The laboratory technologist receives phone calls from referring laboratory/facility with scheduled procedure to arrange special delivery of specimen procurement kit, including muscle biopsy clamp as needed. They review with sender instructions for preservation of specimen integrity and return arrangements and contacts courier and arranges delivery to referring laboratory/facility.
Within the histology lab, the laboratory technician prepares the specimen containers/preload fixative/label containers/distribute requisition form(s) to physician
Within the histology lab the laboratory technician accessions specimens and prepares for examination.

Intra-Service Clinical Labor Activities:
Histotechnologist assists pathologist with gross examination, measure and snap freeze fresh saline specimen for histochemistry.
The lab tech measures the specimen and fixes on muscle/nerve clamp in gluteraldehyde (or Karnovsky's) fixative for 8-12 hours. After fixation, cut cross and longitudinal sections for H&E histologic sections and retain portion for possible additional EM or nerve teasing studies.

The histotechnologist also processes the specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling.
The laboratory technologist assembles and delivers slides with paperwork to pathologist.

Post-Service Clinical Labor Activities:
The laboratory technician prepares and packs specimens for transportation and records storage. The laboratory technologists also dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste, clean room and work areas, and equipment following procedure including any equipment maintenance that must be done after the procedure.
Prepare specimen for -70 degree storage, log specimen and place in freezer for retrieval and performance of quantitative enzyme/protein studies if needed. Store minimum of 1 year.

	A	B	C	D	E
1	**RUC Recommendation**			**Current**	**Recom**
2				**88355**	**88355**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; skeletal muscle**	**Morphometric analysis; skeletal muscle**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L033A, L037B & L045B**	**Lab Tech, Histotech & EM Tech**	**127.0**	**83.0**
7	TOTAL CLIN LABOR PER STAFF TYPE	L033A	Lab Tech	48.0	42.0
8	TOTAL CLIN LABOR PER STAFF TYPE	L037B	Histotech	79.0	41.0
9	TOTAL CLIN LABOR PER STAFF TYPE	L045B	EM Tech	0.0	0.0
10	**TOTAL PRE-SERV CLIN LABOR TIME**	**L033A & L045B**	**Lab Tech & EM Tech**	**22.0**	**22.0**
11	TOTAL PRE-SERVICE PER STAFF TYPE	L033A	Lab Tech	22.0	22.0
12	TOTAL PRE-SERVICE PER STAFF TYPE	L045B	EM Tech	0.0	0.0
13	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L033A, L037B & L045B**	**Lab Tech, Histotech & EM Tech**	**86.0**	**48.0**
14	TOTAL SERVICE PERIOD PER STAFF TYPE	L033A	Lab Tech	7.0	7.0
15	TOTAL SERVICE PERIOD PER STAFF TYPE	L037B	Histotech	79.0	41.0
16	TOTAL SERVICE PERIOD PER STAFF TYPE	L045B	EM Tech	0.0	0.0
17	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A & L045B**	**Lab Tech & EM Tech**	**19.0**	**13.0**
18	TOTAL POST-SERV PER STAFF TYPE	L033A	Lab Tech	19.0	13.0
19	TOTAL POST-SERV PER STAFF TYPE	L045B	EM Tech	0.0	0.0
20	**PRE-SERVICE**				
21	**Start: When containers/requisitions prepared for physician**				
22	Receive phone call from referring laboratory/facility with scheduled procedure to arrange special delivery of specimen procurement kit, including muscle biopsy clamp as needed. Review with sender instructions for preservation of specimen integrity and return arrangements. Contact courier and arrange delivery to referring laboratory/facility.	L033A	Lab Tech	9	7
23	**Electron Microscopy lab (epon embedding processing)**				
24	EM - lab prepares containers by mixing solutions, labeling and prefilling with fixative.	L045B	EM Tech		
25	EM-lab prepares labels, requisitions, billing forms, enters patient and specimen information into logs and computer. Verifies order worksheet.	L045B	EM Tech		
26	EM-retrieves specimen from receiving workstation or storage area. Accession specimen and evaluate specimen quality.	L045B	EM Tech		
27	**Histology section:**				
28	Prepare specimen containers/preload fixative/label containers/distribute requisition form(s) to physician	L033A	Lab Tech	9	9
29	Accession specimen/prepare for examination	L033A	Lab Tech	4	6
30	Perform screening function (where applicable)				
31	Other Clinical Activity (please specify)				
32	**End: When specimen is ready for examination by pathologist**				
33	**SERVICE PERIOD**				
34	**Start: When specimen is ready for examination by pathologist**				
35	Assist pathologist with gross examination.	L037B	Histotech	7	7
36	Measure and snap freeze fresh saline specimen for histochemistry.	L037B	Histotech	10	10
37	Measure specimen and fix on muscle/nerve clamp in Karnovsky's fixative for 8-12 hours. After fixation, cut cross and longitudinal sections for-histologic sections and retain portion for possible additional-EM or nerve teasing studies.	L033A	Lab Tech	5	5
38	Prepare specimen for manual/automated processing.	L037B	Histotech	2	0

	A	B	C	D	E
1	**RUC Recommendation**			**Current**	**Recom**
2				**88355**	**88355**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; skeletal muscle**	**Morphometric analysis; skeletal muscle**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
39	**Following for histology lab processing:**				
40	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histotech	60	24
41	Process for formalin fixed specimen				
42	Assemble and deliver slides with paperwork to pathologist	L033A	Lab Tech	2	2
43	**Following for EM Lab Processing:**				
44	Fixes specimen in glutaraldehyde, washes 3 times, dehydrates, mixes resin and infiltrates specimen with resin. Labels blocks (types labels, prints, cuts, puts into capsules/molds, logs into book). Places specimen into capsules/molds, orients and trims. Turns on oven, checks/documents temperature, places specimen, left-over resin and disposable utensils into oven). Removes specimen from capsules/molds, mounts block into microtome chucks. Prepares glass knives by washing, breaking glass, applying boat/trough to knife, checking for sharpness/knicks under a dissecting microscope. Trims block faces (4 blocks). Cuts sections of tissue (4 blocks). Mounts, stains and coverslips sections. Labels slides, logs in thick sections, tracks/labels/numbers with previous thick sections, examine slides for appropriateness of staining. Cleans bench and microtome table, fume hood, thick section staining area. Delivers slides to pathologist. Files slides, records stage in process completed, logs specimen information into computer, and makes hard copy for lab records.	L045B	EM Tech		
45	**End: When specimen examination by pathologist is complete**				
46	**POST-SERVICE Period**				
47	**Start: When specimen examination by pathologist is complete**				
48	Prepare, pack and transport specimens and records for storage.	L033A	Lab Tech	5	4
49	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L033A	Lab Tech	4	2
50	Clean room, equipment following procedure including any equipment maintenance that must be done after the procedure.	L033A	Lab Tech	5	2
51	~~Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation~~				
52	Prepare specimen for -70 degree storage, log specimen and place in freezer for retrieval and performance of quantitative enzyme/protein studies if needed. Store minimum of 1 year.	L033A	Lab Tech	5	5
53	EM tech prepares, packs and transports specimens and records for storage (includes, epon blocks, grids, and remaining wet tissue. Disposes spent chemicals/other consumables, and hazardous waste. Cleans room/equipment following procedure.	L045B	EM Tech		
54	Submit/receive material for consultation (where applicable)				
55	Other Activity (please specify)				
56	**End: When specimen, chemical waste and record handling is complete**				
57	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
58	gloves, non-sterile, nitrile	SB023	pair	3	3
59	gown, staff, impervious	SB027	item	2	2
60	mask, surgical	SB033	item	2	2
61	syringe 10-12ml	SC051	item		
62	syringe 1ml	SC052	item		
63	syringe filter	SC095	item		
64	biopsy sponge (Histo-Prep)	SD005	item	2	2
65	grids	SD086	item		
66	blade, microtome	SF004	item	1	1

	A	B	C	D	E
1	**RUC Recommendation**			**Current**	**Recom**
2				**88355**	**88355**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; skeletal muscle**	**Morphometric analysis; skeletal muscle**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
67	blade, single edge	SF005	item		
68	scalpel with blade, surgical (#10-20)	SF033	item	2	0
69	scalpel, safety, surgical, with blade (#10-20)	SF047	item		2
70	eye shield, non-fog	SG049	item	2	2
71	gauze, non-sterile 4in x 4in	SG051	item	2	2
72	paper, laser printing (each sheet)	SK057	item	6	6
73	skin marking ink (tattoo)	SK073	ml	0.01	0.01
74	cork sheet, 1cm x 1 cm	SK103	item	4	4
75	foil, aluminum, 10 cm x 10 cm	SK104	item	1	1
76	alcohol reagent solvent	SL004	ml	250	250
77	alcohol, acid	SL005	ml	5.4	5.4
78	beaker, 250 ml	SL018	item		
79	bleach	SL020	ml	50	50
80	chloroform	SL025	ml		
81	clearing agent (Histo-clear)	SL026	ml	12	12
82	cover slip, glass	SL030	item	3	3
83	cover slip, liquid (M-1)	SL031	ml	0.1	0.1
84	cup, biopsy-specimen non-sterile 4oz	SL035	item	1	1
85	DDSA	SL044	gm		
86	DMP 30	SL050	gm		
87	embedding capsules	SL057	item		
88	embedding cassette	SL058	item	1	1
89	embedding epoxy (NMA)	SL059	ml		
90	embedding mold	SL060	item	1	1
91	embedding paraffin	SL061	kg	0.012	0.012
92	filter paper, qualitative, <15.0cm	SL064	item		
93	fixative (for tissue specimen)	SL068	ml	50	50
94	fixative processing (buffered formalin)	SL070	ml	16	16
95	glass strip (each)	SL074	item		
96	glutaraldehyde 25%	SL075	ml		
97	histology freezing spray (Freeze-It)	SL078	oz	0.2	0.2
98	hydrochloric acid 0.1%, std soln	SL079	ml		
99	label for microscope slides	SL085	item	2	2
100	lens paper	SL087	item		
101	lint-free cloth	SL088	item		
102	methanol, absolute, 99.8% min.	SL090	ml	1.5	1.5
103	methylbutane (Isopentane)	SL091	ml	300	300
104	mold release agent, liquid	SL093	ml	0.5	0.5
105	mounting media (Histomount)	SL095	ml	3	3
106	OCT Tissue-Tek	SL097	ml	2	2
107	osmium tetroxide	SL098	gm		
108	petri dish	SL103	item		
109	pipette	SL108	item	1	1
110	Poly Bed 812	SL111	gm		
111	propylene oxide	SL116	ml		
112	slide, microscope	SL122	item	2	2
113	stain, frozen section, H&E (1ml per slide)	SL134	ml	6	6
114	stain, hematoxylin	SL135	ml	5.4	5.4
115	waterbath reagent	SL149	ml	3	3
116	xylenes solvent	SL151	ml	1000	60
117	glass knife boat	SL160	item		
118	grid storage box (holds 50 grids)	SL161	item		
119	paper, weighing (glassine)	SL167	item		
120	pipette bulb	SL168	item		
121	pipette, 9inch	SL169	item		
122	specimen block storage box	SL172	item		
123	sucrose, reagent	SL173	gm		
124	Toluidine Blue O (for microscopy)	SL174	gm		

	A	B	C	D	E
1	**RUC Recommendation**			**Current**	**Recom**
2				**88355**	**88355**
3	**Meeting Date: April 2014** **Tab:** **Specialty: Pathology**	**CMS**	**Staff**	**Morphometric analysis; skeletal muscle**	**Morphometric analysis; skeletal muscle**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
125	underpad 2ft x 2ft (lab bench)	SL175	item		
126	vial, specimen-sample, 4ml	SL176	item		
127	wax sheet	SL177	item		
128	EM fixative, karnovsky's	SL188	ml	15	15
129	label, vial	SL198	item	2	2
130	lithium carbonate, saturated	SL199	ml	5.4	5.4
131	stain, eosin	SL201	ml	5.4	5.4
132	vial, 10 ml, plastic (-70 degree storage)	SL203	item	1	1
133	vial, kimble sample, non sterile, glass, 20 ml	SL204	item	1	1
134	formaldehyde spill control	SM017	ml	100	5
135	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	2	2
136	label, vial	SL198	item	2	3
137	phosphate buffered saline solution	SL107	ml	10	11
138					
139	**Equipment**	**CMS Code**	**Unit**		
140	balance, analytic	EP004		60	2
141	grossing station w-heavy duty disposal	EP015		75	15
142	hood, fume	EP017		60	2
143	hood, ventilator with blower	EP019		60	10
144	microscope, compound	EP024		60	20
145	oven, convection (lab)	EP029			
146	pH conductivity meter	EP030		60	1
147	paraffin dispenser (two-gallon)	EP032		60	2
148	slide coverslipper, robotic	EP033		60	6
149	slide dryer	EP034		60	1
150	slide etcher-labeler	EP035		60	1
151	slide stainer, automated, high-volume throughput	EP036		60	12
152	solvent recycling system	EP038		60	4
153	tissue embedding center	EP039		60	2
154	tissue processor	EP040		60	10
155	water bath, general purpose (lab)	EP043		60	6
156	freezer, ultradeep (-70 degrees)	EP046		75	30
157	microtome	ER041		60	6
158	microtome, ultra	ER043			
159	Glass knife breaker		Invoice #1		
160	Block face milling machine		Invoice #2		

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Less time overall is recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Lab technician receives the immunohistochemical (IHC) stain order, adds the order to the case in the laboratory information system. The histotechnologist pulls and verifies tissue block contains adequate tissue. A positive control block is prepared. Preparation of the control block includes the following: taking the cassette out of embedding chamber, opening cassette, putting paraffin in the bottom of the embedding mold, embedding the tissue, putting the cassette on top of mold and filling the mold with paraffin, putting the mold on cold plate, removing embedded cassette out of mold, transferring to cutting cold plate, adding additional paraffin to embedding melting pot and cleaning embedding center.

They then cut patient tissue and place on slide to include the following: scan the tissue block bar code and print labeled slides, section paraffin block on microtome, place section in water bath, mount floated section from water bath onto slides (includes changing knife, rough-cut block, cleaning the water bath surface using Kim-Wipes).

The histotechnologist then cuts positive control tissue and places on slide and place slides in oven to dry for 60 minutes, sets timer, and removes slides from oven.

They then enter detailed patient data, select antibodies to be tested, and generate and apply bar codes to for automated IHC slide stainer. The histotechnologist then loads the primary antibody (load secondary if applicable), detection kit dispensers and required reagents onto the reagent tray and places the tray on the automated slide stainer. Then the slides are loaded onto the automated slide stainer and the stainer is started. The technologist verifies that the instrument starts.

The lab technician then removes slides from automated slide stainer and rinses the slides in soapy water to remove the coverslip material. Slides are loaded into a basket and then dehydrated through progressive alcohols, cleared with xylene, and glass coverslipped by hand with permanent mounting media. The histotechnologist then reviews positive and negative control slides and completes workload recording logs. Slides are sorted by pathologist, placed into slide holders and delivered to pathologist with quality control sheet.

For 88361 includes the above plus:

The histotechnologist calibrates the cellular imaging system (10 minutes of instrument time/must be done once every 24 hours). The case is accessioned into the cellular imaging system. Slides are labeled and loaded into instrument and run initiated.

Intra-Service Clinical Labor Activities:
None

Post-Service Clinical Labor Activities:
Histotechnologist refiles block, unloads and store antibodies, detection kits and reagents.
Lab technician cleans equipment and work station in histology lab. Lab technician disposes of hazardous waste and recycles xylenes.

CPT Code:_88360-1
Specialty Society('s)_CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An expert panel composed of individuals with expertise and those who perform these services was consulted through a series of conference calls in order to review and revise the practice expense inputs for the now typical service. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The technical component of these services are typically and almost exclusively provided in the non-facility setting, the CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G
1				Current Inputs	Recommended	Current Inputs	Recommended
2				**88360**	**88360**	**88361**	**88361**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	**LOCATION**	Code	Type	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L033A/LO37B		**74.0**	**31.2**	**74.0**	**31.2**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L033A	Lab Tech	**2.0**	**4.0**	**2.0**	**4.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histo Tech	**0.0**	**17.2**	**0.0**	**17.2**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037B	Histo Tech	**52.0**	**0.0**	**52.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L033A	Lab Tech	**20.0**	**5.0**	**20.0**	**5.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histo Tech	**0.0**	**5.0**	**0.0**	**5.0**
12	**PRE-SERVICE**						
13	**Start: When containers/requisitions prepared for physician**						
14	Verify order and accession immunohistochemical stain order in laboratory information system	**L033A**	Lab Tech		**1**		**1**
15	Pull and verify tissue block and control block	**L037B**	Histotech		**1**		**1**
16	Prepare positive control block to include the following: Confirm control tissue ID. Embed tissue in paraffin. Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	**L037B**	Histotech		**0.15**		**0.15**
17	Cut patient tissue and place on slide to include the following: - Section paraffin block in microtome, place section in water bath; label and place on microscopic slide from waterbath includes change and insert knife, rough-cut block.	**L037B**	Histotech		**3**		**3**
18	Cut positive control tissue and place on slide	**L037B**	Histotech		**3**		**3**
19	Cut patient tissue and place on negative control slide	**L037B**	Histotech		**1**		**1**
20	Place slides in oven and incubate for 60 minutes, remove from oven, set timer	**L033A**	Lab Tech		**1**		**1**
21	Enter patient data, computational prep for antibody testing, generate and apply bar codes to slides, and enter data for automated slide stainer	**L037B**	Histotech		**5**		**5**
22	Load the primary antibody (load secondary if applicable), detection kit dispensers and required reagents onto the reagent tray and place the tray on the automated slide stainer. Load the slides onto the automated slide stainer, and start stainer. Prime machine with reagents.	**L037B**	Histotech		**3**		**3**
23	Remove slides from automated slide stainer. Rinse slides in soapy water to remove the coverslip material. Load slides on to cover rack.	**L033A**	Lab Tech		**1**		**1**

	A	B	C	D	E	F	G
1				Current Inputs	Recommended	Current Inputs	Recommended
2				**88360**	**88360**	**88361**	**88361**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	**LOCATION**	Code	Type	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
24	Dehydrate to xylene through progressive alcohols, clear and coverslip by hand with permanent mounting media	**L033A**	Lab Tech		**1**		**1**
25	Review positive and negative control slides	**L037B**	Histotech		**1**		**1**
26	Load slides on automatic image analyzer. Cardona to check all steps here. - sop to us.	L037B	Histo Tech		**1**		**1**
27	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L037B	Histo Tech		**1**		**1**
28							
29	Prepare specimen containers/preload fixative/label containers/distribute requisition form(s) to physician						
30	Accession specimen/prepare for examination						
31	Perform screening function (where applicable)						
32	Other Clinical Activity (please specify): Retrieves the blocks and slides for review and selection of the appropriate block for slide preparation for morphometric analysis.	L033A	Lab Tech	**2**	**0**	**2**	**0**
33	**End: When specimen is ready for examination by pathologist.**						
34	**SERVICE PERIOD**						
35	**Start: When specimen is ready for examination by pathologist**						
36	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)						
37	Prepare specimen for manual/automated processing	L037B	Histo Tech	**18**		**18**	
38	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histo Tech	**32**		**32**	
39	Assemble and deliver slides with paperwork to pathologists						
40	Clean room/equipment while performing service						
41	Other Clinical Activity (please specify): Assemble and deliver slides with paperwork to pathologist.	L037B	Histo Tech	**2**	**0**	**2**	**0**
42	**End: When specimen examination by pathologist is complete**						
43	**POST-SERVICE Period**						
44	**Start: When specimen examination by pathologist is complete**						
45	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L033A	Lab Tech	**12**		**12**	
46	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L033A	Lab Tech	**5**		**5**	
47	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)						

	A	B	C	D	E	F	G
1				Current Inputs	Recommended	Current Inputs	Recommended
2				**88360**	**88360**	**88361**	**88361**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	**LOCATION**	Code	Type	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
48	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L033A	Lab Tech	**3**		**3**	
49	Submit/receive material for consultation (where applicable)						
50	Refile block, unload and store antibody, detection kit and reagents	**L037B**	Histotech		**2**		**2**
51	Clean equipment and work station in histology lab	**L033A**	Lab Tech		**4**		**4**
52	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L037B**	Histotech		**1**		**1**
53	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	**L037B**	Histotech		**1**		**1**
54	Hazardous waste disposal	**L033A**	Lab Tech		**1**		**1**
55	Verify results and complete work load recording logs	**L037B**	Histotech		**1**		**1**
56	Recycle xylene from tissue processor and stainer	**L033A**	Lab Tech		**1**		**1**
57	Other Activity (please specify):						
58	**End: When specimen, chemical waste and record handling is complete**						
59	Other Activity (please specify)						
60	**MEDICAL SUPPLIES**						
61	gloves, non-sterile, nitrile	SB023	pair	**1**	**2**	**1**	**2**
62	gown, staff, impervious	SB027	item	**1**	**0.2**	**1**	**0.2**
63	blade, microtome	SF004	item	**1**		**1**	
64	blade, microtome	SF004	item	**1**	**0.3**	**1**	**0.3**
65	Eye shield,non-fog	SG049	item		**0.1**		**0.1**
66	gauze, non-sterile 4in x 4in	SG051	item		**4**		**4**
67	AEC buffer	SL002	ml	**2**		**2**	
68	AEC chromogen	SL003	ml	**0.12**		**0.12**	
69	antibody FITC monoclonal conjugate (each test)	SL010	item	**1**		**1**	
70	Antibody Estrogen Receptor monoclonal	Invoice	Test		**2**		**2**
71	background block	SL017	ml	**5**		**5**	
72	biotinylated link (mouse, rabbit)	SL019	ml	**0.4**		**0.4**	
73	Bleach	SL020	ml		**10**		**10**
74	cover slip, glass	SL030	item	**7**		**7**	
75	cover slip, glass	SL030	item		**3**		**3**
76	embedding cassette	SL058	item		**1**		**1**
77	embedding mold	SL060	item		**1**		**1**
78	hematoxylin reagent	SL077	ml	**8**		**8**	
79	label for microscope slides	SL085	item	**7**		**7**	
80	mounting media (Histomount)	SL095	ml	**2**		**2**	
81	peroxide block	SL102	ml	**50**		**50**	
82	phosphate buffered saline packet (Zeus)	SL106	item	**1**		**1**	

	A	B	C	D	E	F	G
1				Current Inputs	Recommended	Current Inputs	Recommended
2				**88360**	**88360**	**88361**	**88361**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	**LOCATION**	Code	Type	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
83	positive control slide	SL112	item	**2**		**2**	
84	slide, microscope	SL122	item	**6**		**6**	
85	slide, microscope	SL122	item		**3**		**3**
86	stain, hematoxylin	SL135	ml	**8**		**8**	
87	streptavidin label	SL142	ml	**0.4**		**0.4**	
88	tissue revival soln	SL145	ml	**50**		**50**	
89	Xylene	SL151	ml		**50**		**50**
90	100% ethanol	SL189	ml		**50**		**50**
91	95% ethanol	SL248	ml		**50**		**50**
92	E-bar labels (Ventana 1358501)	SL475	item		**2**		**2**
93	Permanent marking pen	SL477	item		**0.0065**		**0.0065**
94	Reaction buffer 10X (Ventana 950-300)	SL478	ml		**6**		**6**
95	Liquid coverslip (Ventana 650-010)	SL479	ml		**12**		**12**
96	SSC (10X) (Ventana 950-110)	SL480	ml		**4.8**		**4.8**
97	EZ Prep (10X) (Ventana 950-102)	SL481	ml		**3**		**3**
98	Cell Conditioning 1 (Ventana 950-124)	SL482	ml		**3**		**3**
99	Hematoxylin II (Ventana 790-2208)	SL483	ml		**0.2**		**0.2**
100	Bluing reagent (Ventana 760-2037)	SL484	ml		**0.2**		**0.2**
101	Cover slip glue/Mounting media	SL485	ml		**0.5**		**0.5**
102	250 Test Prep Kit # 78 (Ventana 786-3034)	SL486	Test		**1**		**1**
103	UltraView Universal DAB Detection Kit	SL488	test		**2**		**2**
104	eye shield, splash protection	SM016	item	**1**		**1**	
105	soap, liquid, antibacterial	SM024	oz		**0.1**		**0.1**
106	Wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item		**2**		**2**
107							
108	**EQUIPMENT**	**CODE**					
109	DNA image analyzer (ACIS)	EP001				**40**	**30**
110	decloaking chamber (DC2002)	EP009		**10**	**0**	**30**	**0**
111	differential tally counter, 12-channel	EP012		**25**	**25**		
112	grossing station w-heavy duty disposal	EP015			**1**		**1**
113	hood, fume	EP017			**1**		**1**
114	hood, ventilator with blower	EP019		**1**	**1**	**20**	**1**
115	microscope, compound	EP024		**3**	**36**	**10**	**10**
116	paraffin dispenser (two-gallon)	EP032			**2**		**2**
117	slide coverslipper, robotic	EP033		**1**	**1**	**10**	**1**
118	slide dryer	EP034		**15**	**0**	**30**	**0**
119	slide etcher-labeler	EP035		**1**	**1**	**2**	**1**

88360-61 LINE 70 Estrogen Receptor Anti'body

Line: 6 Item Description: ER Quantity: 2.0000 UOM: EA Price: 694.70 Line Line

Ship Line: 1 Attention: [redacted] Ship To: [redacted] Due Date: Address: [redacted] United States Shipping Shipping

Dist	Status	Location	Qty	PCT	Amount	GL Unit	Account
1	Processed	[redacted]	2.0000	100.00	1,389.40	[redacted]	[redacted]

Dept
[redacted]

50 tests @ $ 694.70

$ 13.89 each test.

Open QTY	Open Amt
0.0000	0.000

Antibody Estrogen Receptor monoclonal

GL Base Amount	Currency	Sequence	Capitalize
1,389.40	USD	0	N

Line: 7 Item Description: ELASTIC Quantity: 1.0000 UOM: EA Price: [redacted] Line Line

Ship Line: 1 Attention: [redacted] Ship To: [redacted] Due Date: Address: [redacted] United States Shipping Shipping

1	Processed	[redacted]	1.0000	100.00	[redacted]	[redacted]	[redacted]

Dept
[redacted]

Open QTY	Open Amt
0.0000	0.000

GL Base Amount	Currency	Sequence	Capitalize
[redacted]	USD	0	N

Line: 8 Item Description: GMS Quantity: 3.0000 UOM: EA Price: [redacted] Line Line

Ship Line: 1 Attention: [redacted] Ship To: [redacted] Due Date: Address: [redacted] United States Shipping Shipping

CPT Code:_ 88362
Specialty Society(‘s)__CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
~~88329~~ 88362 - Nerve teasing preparations

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP’s expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: This service was last reviewed by the RUC over ten years ago and therefore clinical labor steps and activities, supplies, and/or equipment items and time require refinement. In addition, practice patterns, laboratory standards and techniques have changed over time. Therefore, the specialties appreciate the review of the direct practice expense inputs in order to update the inputs to properly reflect the delivery of these services. There may be instances where the clinical labor may be higher or lower, medical supplies may be added or deleted as not being typical, and equipment items and times may have changed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved, differences from the initial direct inputs have become typical. These inputs reflect current practice and account for previous errors or items accidently left off of the original recommendations which were made many years ago.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Histotechnologists prepare specimen containers, preload fixative, label containers, distribute requisition form(s) to physician. They also accession specimen and prepare for examination. They also collect specimen from OR or coordinate delivery of fresh specimen, and consult with pathologist regarding representation needed, block selection and appropriate technique.

Intra-Service Clinical Labor Activities:
The histotechnologist assists pathologist with gross specimen examination including the following:
A: Selection of fresh unfixed tissue sample;

B: Selection of tissue for formalin fixation, paraffin embedding and epon resin embedding.
Reserve some specimen for additional analysis
Preparation: labeling of blocks and containers and document location and processor used.
C:Prepare nerve for teasing: 1;strip epineurium from nerve; 2; osmicate the nerve, 3; under a disection microscope, tease individual axons from nerve fascicle; 4 Place axon onto cedar oil prepared glass slide, repeat 40-50 times; 5 coverslip.
Process specimen for slide review, includes coverslipping, quality control function, maintaining specimen tracking logs and labeling
Assemble and deliver cedar mounted slides with paperwork to pathologists
Assemble other light microscopy slides, epon nerve biopsy slides, and clinical history, and present to pathologist to prepare clinical pathologic interpretation.

Post-Service Clinical Labor Activities:
The histotechnologists prepare, pack and transport cedar oiled glass slides and records for in-house special storage (need to be stored flat). They also provide for the storage of remaining specimen. (Osmicated nerve strands, potential for additional teased specimens). Histotechnologists will also dispose of spent chemicals/other consumables, and hazardous waste. Histotechnologists will also clean room/equipment following procedure (including dissecting microscope and dissection work area. Cedar oil specific clean up including all tools. Histotechnologists will also manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.

CPT Code:_88362
Specialty Society('s)_CAP, ASC, ASCP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88362 - Nerve teasing preparations

Global Period:_XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An expert panel was assembled composed of individuals with expertise and those who perform these services were consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel also reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialties recommend no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E
1				**Current Inputs**	**Recommended**
2				**88362**	**88362**
3	**Meeting Date: April 2014 Tab: 48 Specialty: Pathology**	**CMS**	**Staff**	**Nerve teasing preparations**	**Nerve teasing preparations**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L037B/L045B		290.0	149.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037B	Histo Tech	70.0	34.0
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037B	Histo Tech	145.0	85.0
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L045B	Electron Microscopy	15.0	0.0
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L033A	Lab Tech	0.0	9.0
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037B	Histo Tech	30.0	21.0
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L045B	Electron Microscopy	30.0	0.0
13	**PRE-SERVICE**				
14	**Start: When containers/requisitions prepared for physician**				
15	Prepare specimen containers preload fixative label containers distribute requisition form(s) to physician	L037B	Histo Tech	30	12
16	Accession specimen and prepare for examination	L037B	Histo Tech	15	10
17	Collect specimen from OR or coordinate delivery of fresh specimen.	L037B	Histo Tech	10	5
18	Consult with pathologist regarding representation needed, block selection and appropriate technique.	L037B	Histo Tech	15	7
19	**End: When specimen is ready for examination by pathologist.**				
20	**SERVICE PERIOD**				
21	**Start: When specimen is ready for examination by pathologist**				
22	Assist pathologist with gross specimen examination including the following; A ; Selection of fresh unfixed tissue sample; B; selection of tissue for formulant fixation for parrifn blocking and epon blocking. Reserve some specimen for additional analysis.	L037B	Histo Tech	10	10
23	Prepare specimen for manual/automated processing	L037B	Histo Tech	30	
24	Preparation: labeling of blocks and containers and document location and processor used.	L033A	lab tech		2
25	**Histology Lab area**				
26	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling	L037B	Histo Tech	60	
27	Prepare nerve for teasing: A: Strip epineurium from nerve B: Osmicate the nerve C; under a disection microscope, tease individual axons from nerve fascicle; D: Place axon onto cedar oil prepared glass slide, repeat 40-50 times. E: Coverslip	L037B	Histo Tech		70
28	Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, cover slipping, quality control function, maintaining specimen tracking, logs and labeling	L045B	Electron Microscopy Technologist	5	0
29	Process specimen for slide review, includes coverslipping, quality control function, maintaining specimen tracking logs and labeling	L037B	Histo Tech		5
30	Assemble and deliver slides with paperwork to pathologists	L037B	Histo Tech	10	0
31	Assemble and deliver cedar mounted slides with paperwork to pathologists	L033A	lab tech		2
32	Clean room/equipment while performing service	L037B	Histo Tech	10	0
33	Clean room/equipment while performing service	L045B	Electron Microscopy Technologist	10	0
34	Other Clinical Activity (please specify): Assemble images, light microscopy interpretations, and other materials, discribe and present to pathologist for review.	L037B	Histo Tech	25	0

	A	B	C	D	E
1				**Current Inputs**	**Recommended**
2				**88362**	**88362**
3	**Meeting Date: April 2014 Tab: 48 Specialty: Pathology**	**CMS**	**Staff**	**Nerve teasing preparations**	**Nerve teasing preparations**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
35	Assemble other light microscopy slides, epon nerve biopsy slides, and clinical history, and present to pathologist to prepare clinical pathologic interpretation.	L033A	lab tech		5
36	**End: When specimen examination by pathologist is complete**				
37	**POST-SERVICE Period**				
38	**Start: When specimen examination by pathologist is complete**				
39	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable),	L037B	Histo Tech	10	2
40	Prepare, pack and transport cedar oiled glass slides and records for in-house special storage (need to be stored flat)	L037B	Histo Tech		10
41	Storage remaining specimen. (Osmicated nerve strands, potential for additional teased specimens)	L037B	Histo Tech		5
42	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L045B	Electron Microscopy Technologist	10	0
43	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L037B	Histo Tech	5	2
44	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	L045B	Electron Microscopy Technologist	5	0
45	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)	L037B	Histo Tech	5	0
46	Clean room/equipment following procedure (including dissecting microscope and dissection work area. Cedar oil specific clean up including and all tools.	L033A	Lab Tech		7
47	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)	L045B	Electron Microscopy Technologist	5	0
48	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation	L045B	Electron Microscopy Technologist	10	0
49	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation.	L037B	Histo Tech		2
50	Submit/receive material for consultation (where applicable)	L037B	Histo Tech	10	0
51	Other Activity (please specify):				
52	**End: When specimen, chemical waste and record handling is complete**				
53	Other Activity (please specify)				
54	**MEDICAL SUPPLIES**				
55	gloves, non-sterile	SB022	pair	8	3
56	gloves, non-sterile, nitrile	SB023	pair	1	1
57	needle, 18-27g	SC029	item	2	2
58	syringe 10-12ml	SC051	item	2	2
59	syringe 30 ml	SC054	item	2	2
60	syringe 3ml	SC055	item	2	2
61	syringe 50-60ml	SC056	item	2	2
62	blade, single edge	SF005	item	4	4
63	acetone	SL001	ml	5	5
64	alcohol, ethyl, denatured	SL006	ml	120	120
65	beaker, 250 ml	SL018	item	6	6
66	color coded cap and vial (for antigen)	SL027	item	2	2
67	DDSA	SL044	gm	12	12
68	DMP 30	SL050	gm	1	1
69	embedding paraffin	SL061	kg	0.01	0.01
70	glutaraldehyde 25%	SL075	ml	0.5	0.5
71	label for microscope slides	SL085	item	2	2
72	lint-free cloth	SL088	item	1	1
73	osmium tetroxide	SL098	gm	0.01	0.01
74	paraformaldehyde	SL099	gm	0.005	0.005
75	petri dish	SL103	item	2	2
76	phosphate buffer, dibasic	SL104	gm	0.3	0.3
77	phosphate buffer, monobasic	SL105	gm	0.3	0.3
78	pipette	SL108	item	6	6
79	Poly-Bed 812	SL111	gm	30	30

	A	B	C	D	E
1				**Current Inputs**	**Recommended**
2				**88362**	**88362**
3	**Meeting Date: April 2014** **Tab: 48** **Specialty: Pathology**	**CMS**	**Staff**	**Nerve teasing preparations**	**Nerve teasing preparations**
4	**LOCATION**	**Code**	**Type**	**Non Facility**	**Non Facility**
80	propylene oxide	SL116	ml	3	3
81	slide, microscope	SL122	item	2	2
82	sodium cacodylate	SL125	gm	0.016	0.016
83	sodium citrate	SL127	gm	0.25	0.25
84	sodium hydroxide	SL128	gm	5	5
85	spatula (pathology)	SL130	item	2	2
86	uranyl acetate	SL147	gm	1	1
87	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	8	8
88	**Equipment**				
89	hood, fume	EP017		120	120
90	microscope, compound	EP024		55	45
91	microscope, disecting	EP023		55	70
92	oven, convection (lab)	EP029		720	720
93	pH conductivity meter	EP030		1	1
94	paraffin dispenser (five-gallon)	EP031		1	1
95					
96					
97					
98					
99					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS OPPS/ASC Cap Proposal – Codes Identified by Specialty to Review (Practice Expense Only)

April 2014

Neurology and Neuromuscular Procedures

Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

This review marks a new type of screen for the RUC, whereby specialty societies bring forward codes from a range of services identified by CMS through a policy proposal. The CMS OPPS/ASC cap proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The expectation was to review a subset of services to demonstrate that the associated practice expenses are not overestimates. Upon review it became apparent that for services that have not been reviewed in ten or more years, simply applying modern standards could result in PE RVU increases. When increasing certain sections of the direct PE inputs while decreasing other, it is difficult to estimate if the changes will result in an overall increase or decrease in the PE RVU. The Practice Expense Subcommittee has used their clinical expertise to accurately value these services, as they do with all services that are brought forward for review. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC is forwarding practice expense recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on completely separate payment systems.

Resource costs in the Medicare physician payment schedule are developed through an extremely thorough "bottom-up" methodology in which the necessary resource costs are added line by line to achieve the actual costs for the physician to provide the care. In contrast, payment to facilities under the OPPS is calculated on the geometric mean of the costs of services in the same ambulatory payment classification (APC). To equate the rigorously developed line item costs associated with specific services performed in the non-facility setting, with charges that are intended to be an average of "similar" services when performed in the facility is severely flawed because the two systems are making payments under vastly different assumptions. The RUC maintains that resource cost data collected under the RBRVS is actually more reliable for two primary reasons. First, pricing in the RBRVS reflects actual costs, while the OPPS/ASC payment system reflects charges that are mathematically manipulated into costs. Second, in the RBRVS, direct resource costs are calculated on a line item basis. This process is extremely thorough and takes into account the clinical intricacies of each service.

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The review of these services represents decreased direct practice expense or maintenance of the current inputs. Decreases include elimination of electroencephalogram (EEG) scoring by the REEGT (L047B) in CPT codes 95812 and 95813 because of implementation of electronic medical records. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	XXX	PE Review Only
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	XXX	PE Review Only
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	XXX	PE Review Only
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	XXX	PE Review Only
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	XXX	PE Review Only
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	XXX	PE Review Only

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95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	XXX	PE Review Only
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	XXX	PE Review Only
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	XXX	PE Review Only
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	XXX	PE Review Only
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	XXX	PE Review Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code: 95812____
Specialty Society('s)_American Academy of Neurology____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Electroencephalogram (EEG) extended monitoring; 41-60 minutes

Global Period:_XXX__ Meeting Date: _April 2014_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **We used the existing PE inputs for 95812 as well as the PE inputs from a code within the EEG family, 95816 which was reviewed in 2012 a starting point and made updates to reflect new time standards and change in technology.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Review requisition. Assess for special needs. Give patient/family member instructions for test preparation (e.g. hair preparation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Intra-Service Clinical Labor Activities:

Greet and gown patient. Explain procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Record EEG for 50 minutes. Troubleshoot as needed. Monitor continuously for abnormalities. Adjust filters, montages as needed to define better any abnormalities. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document activation techniques and events. Remove electrodes. Wash paste out of patient's hair at each electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities:

Prepare technical and coding worksheet reports. Complete Medical Record and EEG log book. Transfer file onto storage disk. Transfer file onto physician's review station. Restock supplies and clean electrodes.

CPT Code:_95813___
Specialty Society(‘s)_American Academy of Neurology___

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Electroencephalogram (EEG) extended monitoring; greater than 1 hour

Global Period: _XXX__ Meeting Date: _April 2014___

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **We used the existing PE inputs for 95813 as well as the PE inputs from a code within the EEG family, 95816 which was reviewed in 2012 a starting point and made updates to reflect new time standards and change in technology.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Review requisition. Assess for special needs. Give patient/family member instructions for test preparation (e.g. hair preparation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Intra-Service Clinical Labor Activities:

Greet and gown patient. Explain procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Record EEG for 80 minutes. Troubleshoot as needed. Monitor continuously for abnormalities. Adjust filters, montages as needed to define better any abnormalities. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document activation techniques and events. Remove electrodes. Wash paste out of patient’s hair at each

electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities:

Prepare technical and coding worksheet reports. Complete Medical Record and EEG log book. Transfer file onto storage disk. Transfer file onto physician’s review station. Restock supplies and clean electrodes.

CPT Code:_95956___
Specialty Society('s)_American Academy of Neurology_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse

Global Period:_XXX___ Meeting Date: _April 2014_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **We used the existing PE inputs for 95956 which was reviewed in 2010 as a starting point and made updates to reflect new time standards and change in technology.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Review patient history, including pre-test consultation and data
- Explain procedure and purpose to patient
- Answer questions and obtain informed consent
- Verify instruments and supplies are available

Intra-Service Clinical Labor Activities:

- Review chart and obtain vital signs
- Provide test instructions
- Place EEG electrodes (at least 16 cerebral leads).
- Calibrate monitoring and recording equipment and check impedances
- Monitor procedure
- Record clinical accompaniment of seizures, spells or any behavioral changes
- Record clinical state, eyes open, eyes closed, body position
- Record clinical changes with hyperventilation (as indicated) and photic stimulation (as indicated)
- Assist patient if seizure or change in behavior – call additional help as indicated

- Correct electrode or recording problems throughout the examination
- Remove electrodes and recording devices, clean up patient
- Clean room and equipment, including jack box and photic stimulator

Post-Service Clinical Labor Activities:

- Score record and correlate EEG, EKG, photic stimulation response, and hyperventilation with behavior changes including seizure activity
- Prepare report
- Complete diagnostic forms
- Transfer data to reading station and archive data

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
6	**TOTAL CLINICAL LABOR TIME**	**L047B**	**REEGT**	**122.0**	**0.0**	**152.0**	**0.0**	**108.0**	**0.0**	**175.0**	**0.0**	**138.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047B**	**REEGT**	**107.0**	**0.0**	**137.0**	**0.0**	**102.0**	**0.0**	**160.0**	**0.0**	**132.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**9.0**	**0.0**	**9.0**	**0.0**	**0.0**	**0.0**	**9.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms												
13	Coordinate pre-surgery services	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
16	Follow-up phone calls & prescriptions												
17	*Other Clinical Activity - *specify:*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Review charts	**L047B**	**REEGT**			**2**				**2**			
22	Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
23	Obtain vital signs	**L047B**	**REEGT**	**3**		**5**		**3**		**5**		**3**	
24	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**2**		**2**		**0**		**2**		**0**	
25	Prepare room, equipment, supplies												
26	Setup scope (non facility setting only)												
27	Prepare and position patient/ monitor patient/ set up IV												
28	Sedate/apply anesthesia												
29	*Other Clinical Activity - specify: Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**	**20**		**20**		**20**		**20**		**20**	
30	**Intra-service**												
31	Assist physician in performing procedure	**L047B**	**REEGT**	**53**		**79**		**50**		**102**		**80**	
32	Assist physician/moderate sedation (% of physician time)												
33	**Post-Service**												
34	Monitor pt. following moderate sedation												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)												
36	Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
37	Clean Scope												
38	Clean Surgical Instrument Package												
39	Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
40	Review/read X-ray, lab, and pathology reports												
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
42	*Other Clinical Activity - *specify: clean patient, remove electrodes*	**L047B**	**REEGT**	**20**		**20**		**20**		**20**		**20**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**												
47	**POST-SERVICE Period**												
48	**Start: Patient leaves office/facility**												
49	Conduct phone calls/call in prescriptions												
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16										
52	99212 27 minutes		27										
53	99213 36 minutes		36										
54	99214 53 minutes		53										
55	99215 63 minutes		63										
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	*Other Clinical Activity - *specify:*												
58	*Prepare technician report in EEG file*	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
59	*Enter patient information into laboratory log book*	**L047B**	**REEGT**	**2**		**2**		**0**		**2**		**0**	
60	*Transfer data to reading station & archive data*	**L047B**	**REEGT**	**4**		**4**		**2**		**4**		**2**	
61	*Score record*	**L047B**	**REEGT**			**10**				**15**			
62	**End: with last office visit before end of global period**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
64	pack, minimum multi-specialty visit	SA048	pack	**pack**									
65	electrode, EEG, tin cup (12 pack uou)	SD054	item	**2**		**2**		**2**		**2**		**2**	
66	computer media, dvd	SK013	item	**0.05**				**0.09**				**0.3**	
67	computer media, optical disk 2.6gb	SK016	item	**0.1**		**0.1**				**0.1**			
68	electrode skin prep gel (NuPrep)	SJ022	ml	**100**		**100**		**100**		**100**		**100**	
69	collodion (2oz uou)	SJ014	item	**1**		**1**		**1**		**1**		**1**	
70	bandage, Kling, non-sterile 2in	SG017	item	**2**		**2**		**2**		**2**		**2**	
71	gown, patient	SB026	item	**1**		**1**		**1**		**1**		**1**	
72	needle, blunt tip	SC034	item	**1**		**1**		**1**		**1**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**	
74	acetone	SL001	ml	**15**		**15**		**15**		**15**		**15**	
75	electrode, ECG (single)	SD053	item	**3**		**2**		**3**		**2**		**3**	
76	gloves, non-sterile	SB022	pair	**1**		**2**		**1**		**2**		**1**	
77	skin marking pen, sterile (Skin Skribe)	SK075	item	**0.1**		**0.1**		**0.1**		**0.1**		**0.1**	
78	syringe 3ml	SC055	item	**1**		**1**		**1**		**1**		**1**	
79	tape, surgical paper 1in (Micropore)	SG079	inch	**42**		**42**		**42**		**42**		**42**	
80	electrode conductive gel	SJ020	ml	**5**		**5**		**5**		**5**		**5**	
81	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**	
82	measuring tape, paper	SK048	item	**1**		**1**		**1**		**1**		**1**	
83	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**		**1**	
84	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**	
85													
86	**EQUIPMENT**	**CODE**											
87													
88	bedroom furniture (hospital bed, table, reclining chair)	EF003		**107**		**155**		**99**		**183**		**129**	
89	air compressor, safety	EQ047		**20**		**20**		**20**		**20**		**20**	
90	EEG, digital, prolonged testing system (computer with remote camera)	EQ017		**116**		**155**		**99**		**183**		**129**	
91	EEG review station, ambulatory	EQ016		**15**		**20**		**20**		**30**		**30**	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**
****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**

			REFERENCE CODE			
			95956		95956	
Meeting Date: April 2014 **Tab: 49** **Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry,		Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry,	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**		**XXX**		**XXX**	
TOTAL CLINICAL LABOR TIME	**L047B**	**REEGT**	**825.0**	**0.0**	**820.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	**L047B**	**REEGT**	**9.0**	**0.0**	**6.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	**L047B**	**REEGT**	**772.0**	**0.0**	**770.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	**L047B**	**REEGT**	**44.0**	**0.0**	**44.0**	**0.0**
PRE-SERVICE						
Start: Following visit when decision for surgery or procedure made						
Complete pre-service diagnostic & referral forms						
Coordinate pre-surgery services	**L047B**	**REEGT**	**3**		**3**	
Schedule space and equipment in facility						
Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**3**	
Follow-up phone calls & prescriptions						
*Other Clinical Activity - *specify: Coordinate pretesting services/ review test/exam results*	**L047B**	**REEGT**	**3**		**0**	
End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD						
Start: When patient enters office/facility for surgery/procedure:						
Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**	**3**		**3**	
Obtain vital signs	**L047B**	**REEGT**	**3**		**3**	
Provide pre-service education/obtain consent	**L047B**	**REEGT**	**2**		**0**	
Prepare room, equipment, supplies						
Setup scope (non facility setting only)						
Prepare and position patient/ monitor patient/ set up IV	**L047B**	**REEGT**				
Sedate/apply anesthesia						
*Other Clinical Activity - specify: Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**	**20**		**20**	
Intra-service						
Assist physician in performing procedure	**L047B**	**REEGT**	**720**		**720**	
Assist physician/moderate sedation (% of physician time)						
Post-Service						
Monitor pt. following moderate sedation						
Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**	
Clean Scope						
Clean Surgical Instrument Package						
Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**1**		**1**	
Review/read X-ray, lab, and pathology reports						
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
*Other Clinical Activity - *specify: Remove electrodes and recording devices; clean up patient.*	**L047B**	**REEGT**	**20**		**20**	
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
End: Patient leaves office						
POST-SERVICE Period						
Start: Patient leaves office/facility						
Conduct phone calls/call in prescriptions						
Office visits: List Number and Level of Office Visits			**# visits**	**# visits**	**# visits**	**# visits**
99211 16 minutes		16				
99212 27 minutes		27				
99213 36 minutes		36				
99214 53 minutes		53				
99215 63 minutes		63				
Total Office Visit Time			**0.0**	**0.0**	**0.0**	**0.0**
*Other Clinical Activity - *specify: Review and edit recording*	**L047B**	**REEGT**	**40.0**		**40.0**	
*Other Clinical Activity - *specify: Prepare tech report*	**L047B**	**REEGT**	**4.0**		**4.0**	
*Other Clinical Activity - *specify: Transfer record to reading station & archive data*	**L047B**	**REEGT**	**0**			
End: with last office visit before end of global period						
MEDICAL SUPPLIES**	**CODE**	**UNIT**				
drape, non-sterile sheet, 40 x 60 in	SB006	item	**1**		**1**	
gloves, non-sterile	SB022	pair	**2**		**2**	
gown, patient	SB026	item	**1**		**1**	
syringe 1 ml	SC052	item	**1**		**1**	
Electrode, ECG (single)	SD053	item	**2**		**2**	
bandage, strip .75in x 3 in.	SG021	item	**1**		**1**	
gauze, non-sterile 4in x 4in	SG051	item	**10**		**10**	
tape, surgical paper 1 in (Micropore)	SG079	inch	**6**		**6**	
collodion (2oz uou)	SJ014	item	**1**		**1**	
electrode conductive gel	SJ020	ml	**5**		**5**	
providone soln (betadine)	SJ041	ml	**15**		**15**	
swap- pad, alcohol	SJ053	item	**2**		**2**	
computer media, dvd	SK013	item	**2**		**2**	
acetone	SL001	ml	**15**		**15**	
electrode skin prep gel (NuPrep) (ml)	SJ022	ml	**2**		**2**	
skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**	
measuring tape, paper	SK048	item	**1**		**1**	
needle, blunt tip	SC034	item	**1**		**1**	
Imaging compatible electrodes	SD265	item	**24**		**24**	
EQUIPMENT	**CODE**					
air compressor, safety	EQ047		**52**		**49**	
EEG, digital, prolonged testing system (computer w-remote camera)	EQ017		**772**		**769**	
bedroom furniture (hospital bed, table, reclining chair)	EF003		**772**		**769**	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**
****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**

			REFERENCE CODE			
			95956		95956	
Meeting Date: April 2014 **Tab: 49** **Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry,		Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry,	
LOCATION			**Non Fac**	**Facility**	**Non Fac**	**Facility**
GLOBAL PERIOD	**XXX**		**XXX**		**XXX**	
TOTAL CLINICAL LABOR TIME	**L047B**	**REEGT**	**825.0**	**0.0**	**825.0**	**0.0**
TOTAL PRE-SERV CLINICAL LABOR TIME	**L047B**	**REEGT**	**9.0**	**0.0**	**9.0**	**0.0**
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	**L047B**	**REEGT**	**772.0**	**0.0**	**772.0**	**0.0**
TOTAL POST-SERV CLINICAL LABOR TIME	**L047B**	**REEGT**	**44.0**	**0.0**	**44.0**	**0.0**
PRE-SERVICE						
Start: Following visit when decision for surgery or procedure made						
Complete pre-service diagnostic & referral forms						
Coordinate pre-surgery services	**L047B**	**REEGT**	**3**		**3**	
Schedule space and equipment in facility						
Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**3**	
Follow-up phone calls & prescriptions						
*Other Clinical Activity - *specify: Coordinate pretesting services/ review test/exam results*	**L047B**	**REEGT**	**3**		**3**	
End: When patient enters office/facility for surgery/procedure						
SERVICE PERIOD						
Start: When patient enters office/facility for surgery/procedure:						
Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**	**3**		**3**	
Obtain vital signs	**L047B**	**REEGT**	**3**		**3**	
Provide pre-service education/obtain consent	**L047B**	**REEGT**	**2**		**2**	
Prepare room, equipment, supplies						
Setup scope (non facility setting only)						
Prepare and position patient/ monitor patient/ set up IV	**L047B**	**REEGT**				
Sedate/apply anesthesia						
*Other Clinical Activity - specify: Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**	**20**		**20**	
Intra-service						
Assist physician in performing procedure	**L047B**	**REEGT**	**720**		**720**	
Assist physician/moderate sedation (% of physician time)						
Post-Service						
Monitor pt. following moderate sedation						
Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**	
Clean Scope						
Clean Surgical Instrument Package						
Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**1**		**1**	
Review/read X-ray, lab, and pathology reports						
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
*Other Clinical Activity - *specify: Remove electrodes and recording devices; clean up patient.*	**L047B**	**REEGT**	**20**		**20**	
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
End: Patient leaves office						
POST-SERVICE Period						
Start: Patient leaves office/facility						
Conduct phone calls/call in prescriptions						
Office visits: List Number and Level of Office Visits			**# visits**	**# visits**	**# visits**	**# visits**
99211 16 minutes		16				
99212 27 minutes		27				
99213 36 minutes		36				
99214 53 minutes		53				
99215 63 minutes		63				
Total Office Visit Time			**0.0**	**0.0**	**0.0**	**0.0**
*Other Clinical Activity - *specify: Review and edit recording*	**L047B**	**REEGT**	**40.0**		**40.0**	
*Other Clinical Activity - *specify: Prepare tech report*	**L047B**	**REEGT**	**4.0**		**4.0**	
*Other Clinical Activity - *specify: Transfer record to reading station & archive data*	**L047B**	**REEGT**	**0**			
End: with last office visit before end of global period						
MEDICAL SUPPLIES**	**CODE**	**UNIT**				
drape, non-sterile sheet, 40 x 60 in	SB006	item	**1**		**1**	
gloves, non-sterile	SB022	pair	**2**		**2**	
gown, patient	SB026	item	**1**		**1**	
syringe 1 ml	SC052	item	**1**		**1**	
Electrode, ECG (single)	SD053	item	**2**		**2**	
bandage, strip .75in x 3 in.	SG021	item	**1**		**1**	
gauze, non-sterile 4in x 4in	SG051	item	**10**		**10**	
tape, surgical paper 1 in (Micropore)	SG079	inch	**6**		**6**	
collodion (2oz uou)	SJ014	item	**1**		**1**	
electrode conductive gel	SJ020	ml	**5**		**5**	
providone soln (betadine)	SJ041	ml	**15**		**15**	
swap- pad, alcohol	SJ053	item	**2**		**2**	
computer media, dvd	SK013	item	**2**		**2**	
acetone	SL001	ml	**15**		**15**	
electrode skin prep gel (NuPrep) (ml)	SJ022	ml	**2**		**2**	
skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**	
measuring tape, paper	SK048	item	**1**		**1**	
needle, blunt tip	SC034	item	**1**		**1**	
Imaging compatible electrodes	SD265	item	**24**		**24**	
EQUIPMENT	**CODE**					
air compressor, safety	EQ047		**52**		**52**	
EEG, digital, prolonged testing system (computer w-remote camera) **(total intra time D21:D42)**	EQ017		**772**		**772**	
bedroom furniture (hospital bed, table, reclining chair) **(total intra time D21:D42)**	EF003		**772**		**772**	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
6	**TOTAL CLINICAL LABOR TIME**	**L047B**	**REEGT**	**122.0**	**0.0**	**152.0**	**0.0**	**139.0**	**0.0**	**175.0**	**0.0**	**162.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047B**	**REEGT**	**107.0**	**0.0**	**137.0**	**0.0**	**133.0**	**0.0**	**160.0**	**0.0**	**156.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**9.0**	**0.0**	**9.0**	**0.0**	**0.0**	**0.0**	**9.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms												
13	Coordinate pre-surgery services	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
16	Follow-up phone calls & prescriptions												
17	*Other Clinical Activity - *specify:*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Review charts	**L047B**	**REEGT**			**2**				**2**			
22	Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
23	Obtain vital signs	**L047B**	**REEGT**	**3**		**5**		**3**		**5**		**3**	
24	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**2**		**2**		**2**		**2**		**2**	
25	Prepare room, equipment, supplies												
26	Setup scope (non facility setting only)												
27	Prepare and position patient/ monitor patient/ set up IV												
28	Sedate/apply anesthesia												
29	*Other Clinical Activity - specify: Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**	**20**		**20**		**20**		**20**		**20**	
30	**Intra-service**												
31	Assist physician in performing procedure	**L047B**	**REEGT**	**53**		**79**		**79**		**102**		**102**	
32	Assist physician/moderate sedation (% of physician time)												
33	**Post-Service**												
34	Monitor pt. following moderate sedation												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)												
36	Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
37	Clean Scope												
38	Clean Surgical Instrument Package												
39	Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
40	Review/read X-ray, lab, and pathology reports												
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
42	*Other Clinical Activity - *specify: clean patient, remove electrodes*	**L047B**	**REEGT**	**20**		**20**		**20**		**20**		**20**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**												
47	**POST-SERVICE Period**												
48	**Start: Patient leaves office/facility**												
49	Conduct phone calls/call in prescriptions												
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16										
52	99212 27 minutes		27										
53	99213 36 minutes		36										
54	99214 53 minutes		53										
55	99215 63 minutes		63										
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	*Other Clinical Activity - *specify:*												
58	*Prepare technician report in EEG file*	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**	
59	*Enter patient information into laboratory log book*	**L047B**	**REEGT**	**2**		**2**		**2**		**2**		**2**	
60	*Transfer data to reading station & archive data*	**L047B**	**REEGT**	**4**		**4**		**4**		**4**		**4**	
61	*Score record*	**L047B**	**REEGT**			**10**				**15**			
62	**End: with last office visit before end of global period**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95816**		**95812**		**95812**		**95813**		**95813**	
3	**Meeting Date: April 2014 Tab: 49 Specialty: American Academy of Neurology**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**				**XXX**			
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
64	pack, minimum multi-specialty visit	SA048	pack	**pack**									
65	electrode, EEG, tin cup (12 pack uou)	SD054	item	**2**		**2**		**2**		**2**		**2**	
66	computer media, dvd	SK013	item	**0.05**				**0.09**				**0.3**	
67	computer media, optical disk 2.6gb	SK016	item	**0.1**		**0.1**				**0.1**			
68	electrode skin prep gel (NuPrep)	SJ022	ml	**100**		**100**		**100**		**100**		**100**	
69	collodion (2oz uou)	SJ014	item	**1**		**1**		**1**		**1**		**1**	
70	bandage, Kling, non-sterile 2in	SG017	item	**2**		**2**		**2**		**2**		**2**	
71	gown, patient	SB026	item	**1**		**1**		**1**		**1**		**1**	
72	needle, blunt tip	SC034	item	**1**		**1**		**1**		**1**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**	
74	acetone	SL001	ml	**15**		**15**		**15**		**15**		**15**	
75	electrode, ECG (single)	SD053	item	**3**		**2**		**3**		**2**		**3**	
76	gloves, non-sterile	SB022	pair	**1**		**2**		**1**		**2**		**1**	
77	skin marking pen, sterile (Skin Skribe)	SK075	item	**0.1**		**0.1**		**0.1**		**0.1**		**0.1**	
78	syringe 3ml	SC055	item	**1**		**1**		**1**		**1**		**1**	
79	tape, surgical paper 1in (Micropore)	SG079	inch	**42**		**42**		**42**		**42**		**42**	
80	electrode conductive gel	SJ020	ml	**5**		**5**		**5**		**5**		**5**	
81	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**	
82	measuring tape, paper	SK048	item	**1**		**1**		**1**		**1**		**1**	
83	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**		**1**	
84	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**	
85													
86	**EQUIPMENT**	**CODE**											
87													
88	bedroom furniture (hospital bed, table, reclining chair)	EF003		**107**		**155**		**124**		**183**		**147**	
89	air compressor, safety	EQ047		**20**		**20**		**20**		**20**		**20**	
90	EEG, digital, prolonged testing system (computer with remote camera)	EQ017		**116**		**155**		**133**		**183**		**156**	
91	EEG review station, ambulatory	EQ016		**15**		**20**		**20**		**30**		**30**	

CPT Code:95863
Specialty Society('s)AAPM&R & AANEM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Needle electromyography; 3 extremities with or without related paraspinal areas

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAPM&R and AANEM met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Our Societies used the existing PE inputs from codes 95863 and EMG codes 95869, the PE of these codes were recently reviewed in 2012. However, updates were made to reflect new medical supply packs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet and gown patient. Patient preparation, focusing on discussing the test with the patient and answering questions regarding the pain associated with the procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Place the ground surface electrode, cleans the skin overlying the anticipated muscle puncture sites, and dons gloves prior to the examination. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Remove electrodes. Examine the patient after the needle is withdrawn from each puncture site to ensure hemostasis and to apply any needed manual pressure or bandage where minor bleeding may be observed.

Post-Service Clinical Labor Activities:

CPT Code:95864
Specialty Society('s)AAPM&R & AANEM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Needle electromyography; 4 extremities with or without related paraspinal areas

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAPM&R and AANEM met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Our Societies used the existing PE inputs from codes 95864 and EMG codes 95870, the PE of these codes were recently reviewed in 2012. However, updates were made to reflect new medical supply packs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet and gown patient. Patient preparation, focusing on discussing the test with the patient and answering questions regarding the pain associated with the procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Place the ground surface electrode, cleans the skin overlying the anticipated muscle puncture sites, and dons gloves prior to the examination. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Remove electrodes. Examine the patient after the needle is withdrawn from each puncture site to ensure hemostasis and to apply any needed manual pressure or bandage where minor bleeding may be observed.

Post-Service Clinical Labor Activities:

Review results. Summarize and interpret clinical and electrodiagnostic data. Prepare technical and coding worksheet reports. Restock supplies and clean electrodes. Give patient discharge instruction. Release patient.

CPT Code:95869
Specialty Society('s)AAPM&R & AANEM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAPM&R and AANEM met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Our Societies used the existing PE inputs from code 95869, because the PE of this code was recently reviewed in 2012.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet and gown patient. Patient preparation, focusing on discussing the test with the patient and answering questions regarding the pain associated with the procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Place the ground surface electrode, cleans the skin overlying the anticipated muscle puncture sites, and dons gloves prior to the examination. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Remove electrodes. Examine the patient after the needle is withdrawn from each puncture site to ensure hemostasis and to apply any needed manual pressure or bandage where minor bleeding may be observed.

Post-Service Clinical Labor Activities:

CPT Code:95870
Specialty Society('s)AAPM&R & AANEM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAPM&R and AANEM met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Our Societies used the existing PE inputs from code 95870, because the PE of this code was recently reviewed in 2012.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Greet and gown patient. Patient preparation, focusing on discussing the test with the patient and answering questions regarding the pain associated with the procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Place the ground surface electrode, cleans the skin overlying the anticipated muscle puncture sites, and dons gloves prior to the examination. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Remove electrodes. Examine the patient after the needle is withdrawn from each puncture site to ensure hemostasis and to apply any needed manual pressure or bandage where minor bleeding may be observed.

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95863**		**95863**		**95864**		**95864**		**95869**		**95869**		**95870**		**95870**	
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Needle electromyography; 3 extremities with or without related paraspinal areas		Needle electromyography; 3 extremities with or without related paraspinal areas		Needle electromyography; 4 extremities with or without related paraspinal areas		Needle electromyography; 4 extremities with or without related paraspinal areas		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than		Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**																		
6	**TOTAL CLINICAL LABOR TIME**	L037A	**Electrodiagnostic**	**52.0**	**0.0**	**52.0**	**0.0**	**71.0**	**0.0**	**71.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**52.0**	**0.0**	**52.0**	**0.0**	**71.0**	**0.0**	**71.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**	**27.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms																		
13	Coordinate pre-surgery services																		
14	Schedule space and equipment in facility																		
15	Provide pre-service education/obtain consent																		
16	Follow-up phone calls & prescriptions																		
17	*Other Clinical Activity - *specify:*																		
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037A	Electrodiagnostic Technologist	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
22	Obtain vital signs	L037A	Electrodiagnostic	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	L037A	Electrodiagnostic	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
24	Prepare room, equipment, supplies	L037A	Electrodiagnostic	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV	L037A	Electrodiagnostic	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia																		
28	*Other Clinical Activity - specify:																		
29	**Intra-service**																		
30	Assist physician in performing procedure			**40**		**40**		**50**		**50**		**15**		**15**		**15**		**15**	
31	Assist physician/moderate sedation (% of physician time)																		
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																		
35	Clean room/equipment by physician staff							**3**		**3**									
36	Clean Scope																		
37	Clean Surgical Instrument Package																		
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																		
41	*Other Clinical Activity - *specify:Prepare technician report, summarize clinical and electrodiagnostic data, and interpretation. Provide maximum assistance with dressing and transferring the patient.*							**6**		**6**									
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95863**		**95863**		**95864**		**95864**		**95869**		**95869**		**95870**		**95870**	
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Needle electromyography; 3 extremities with or without related paraspinal areas		Needle electromyography; 3 extremities with or without related paraspinal areas		Needle electromyography; 4 extremities with or without related paraspinal areas		Needle electromyography; 4 extremities with or without related paraspinal areas		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than		Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**																		
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27																
52	99213 36 minutes		36																
53	99214 53 minutes		53																
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack			**1**				**1**		**1**		**1**		**1**		**1**	
60	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
61	gloves, non-sterile	SB022	pair	**2**				**2**											
62	gown, patient	SB026	item	**1**				**1**											
63	paper, exam table	SB036	foot	**7**				**7**											
64	electrode needle, concentric EMG w-lead	SD049	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
65	Disposable electrode pack	SD275	each	**3**		**3**		**4**		**4**		**1**		**1**		**6**		**6**	
66	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**9**		**9**		**12**		**12**		**6**		**6**		**4**		**4**	
67	gauze, sterile 4in x 4in	SG055	item	**6**		**6**		**8**		**8**		**4**		**4**		**6**		**6**	
68	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch									**6**		**6**		**4**		**4**	
69	tape, surgical paper 1in (Micropore)	SG079	item	**6**		**6**		**6**		**6**		**6**		**6**					
70	swab-pad, alcohol	SJ053	item	**18**		**18**		**24**		**24**		**4**		**4**		**5**		**5**	
71	paper, recording (per sheet)	SK059	item	**7**		**7**		**9**		**9**		**5**		**5**		**5**		**5**	
72	**EQUIPMENT**	**CODE**																	
73	table, exam	EF023		**52**		**52**		**62**		**62**		**27**		**27**		**27**		**27**	
74	EMG-NCV-EP system, 8 channel	EQ024		**52**		**52**		**62**		**62**		**27**		**27**		**27**		**27**	
75																			
76																			
77																			

CPT Code:_95923___
Specialty Society('s)_AANEM_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Testing of autonomic nervous system function; suomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

Global Period:_XXX_ Meeting Date: _April 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.
Reference Code 95923
Rationale: Code 95923- Testing of autonomic nervous system function; suomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential, is the current code being utilized. At this time there are no changes being recommended between the code being reviewed and the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Testing of autonomic nervous system function activities include:

- Checking history and interview for medication and for time since using confounding medications
- Checking to make sure that the patient is not wearing compression garments
    - If they are, removing Jobs or other compression garments

Intra-Service Clinical Labor Activities:

Testing of autonomic nervous system function activities include:

- Confirming that the patient is not wearing compression garments
- Aid in the removal of restrictive garments
- Confirm time of dose for confounding medications
- Confirm that the patient's bladder is empty
- Provide gown
- Help patient onto examination table
- Prepare the skin
- Apply 2-4 seat capsules
- Verify there is no leakage of solution from the stimulus to recording compartments
- Verify display is satisfactory on screen
- Assist physician during autonomic examination
- Instruct patient
    - Deep breathing procedure
    - Valsalva maneuvers
- Remove electrodes
- Help patient off tilt table
- Clean room and equipment

Post-Service Clinical Labor Activities:

Testing of autonomic nervous system function activities include:

- Prepare paperwork for physician report
- Clean room and equipment

CPT Code: 95928
Specialty Society('s) AANEM

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Central motor evoked potential study (transcranial motor stimulation; upper limbs)

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop inputs

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.

Reference Code 95928
Rationale: Code 95928-Central motor evoked potential study (transcranial motor stimulation; upper limbs) is the current code being utilized. Services based on clinical staff time, equipment and supplies, the Total Service Period Clinical Labor Time is recommended to decrease as compared to the reference code. No other changes are being recommended.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Review requisition. Assess for contraindications. e.g. implanted devices, skull defects, history of seizures. Assess for confounding factors, e.g. diabetes, peripheral neuropathy, known neuromuscular disorders. Obtain authorization from insurance carrier. Give patient instructions for test preparation (regarding skin and hair lotion, anxiolytic instructions, etc.) and what to expect on the day of testing. Check availability of nurse to administer any medication.

Intra-Service Clinical Labor Activities:

Prepare room, supplies, and equipment. Greet and gown patient. Take history and perform brief exam or head and limbs. Establish patient testing strategy. Explain procedure. Review with supervising physician for special needs or problems. Position the patient on a comfortable exam table. Assist physician in conducting the test. Together, place electrodes in correct muscles and identify best places to try first as stimulation sites. Coach the patient to relax better despite the brain stimulation. Coach the patient to improve the test by slightly contracting muscle being tested. Test the first muscle in the first limb, requiring series of stimulation trials, excluding trials with muscle contamination. Continue trials with slight variations in stimulation site and stimulus intensity. Identify the optimal stimulus sites and intensity for best motor responses. Repeat testing on first muscle in the first limb two or three times. Repeat the procedure with the stimulator moved to the spine. Repeat the procedure with the stimulator

moved over the plexus. Measure distances among the stimulation sites and recording site. Repeat the three-site procedure for the second and the third muscles on the first limb. Repeat that whole procedure for second limb. Remove electrodes and clean up patient. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities:

Complete worksheets and technical interpretation. Clean room and equipment. Restock supplies. Prepare data for interpretation. Place data on storage disk. Complete medical records and other forms.

CPT Code:_95929___
Specialty Society('s)_AANEM_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Central motor evoked potential study (transcranial motor stimulation); lower limbs

Global Period: _XXX_ Meeting Date: _April 2014___

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.
Reference Code 95929
Rationale: Code 95929-Central motor evoked potential study (transcranial motor stimulation); lower limbs, is the current code being utilized. At this time there are no changes being recommended between the code being reviewed and the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Review requisition. Assess for contraindications. e.g. implanted devices, skull defects, history of seizures. Assess for confounding factors, e.g. diabetes, peripheral neuropathy, known neuromuscular disorders. Obtain authorization from insurance carrier. Give patient instructions for test preparation (regarding skin and hair lotion, anxiolytic instructions, etc.) and what to expect on the day of testing. Check availability of nurse to administer any medication.

Intra-Service Clinical Labor Activities:
Prepare room, supplies, and equipment. Greet and gown patient. Take history and perform brief exam or head and limbs. Establish patient testing strategy. Explain procedure. Review with supervising physician for special needs or problems. Position the patient on a comfortable exam table. Assist physician in conducting the test. Together, place electrodes in correct muscles and identify best places to try first as stimulation sites. Coach the patient to relax better despite the brain stimulation. Coach the patient to improve the test by slightly contracting muscle being tested. Test the first muscle in the first limb, requiring series of stimulation trials, excluding trials with muscle contamination. Continue trials with slight variations in stimulation site and stimulus intensity. Identify the optimal stimulus sites and intensity for best motor responses. Repeat testing on first muscle in the first limb two or three times. Repeat the procedure with the stimulator moved to the spine. Repeat the procedure with the stimulator moved over the plexus. Measure distances among the stimulation sites and recording site. Repeat the

three-site procedure for the second and the third muscles on the first limb. Repeat that whole procedure for second limb. Remove electrodes and clean up patient. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities:

Complete worksheets and technical interpretation. Clean room and equipment. Restock supplies. Prepare data for interpretation. Place data on storage disk. Complete medical records and other forms.

CPT Code:_95933___
Specialty Society('s)__AANEM_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Orbicularis oculi (blink) reflex, by electrodiagnostic testing

Global Period:_XXX_ Meeting Date: _April 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.
Reference Code 95933
Rationale: Code 95933-Orbicularis oculi (blink) reflex, by electrodiagnostic testing, is the current code being utilized. At this time there are no changes being recommended between the code being reviewed and the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

Orbicularis oculi (blink) reflex, by electrodiagnostic testing activities include:

- Assisting the physician with relaxing the patient
- Taking notes from the physician

Post-Service Clinical Labor Activities:

- Assisting the physician by cleaning the area

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				REFERENCE CODE					
2	**Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**95923**		**95923**		**95933**		**95933**			
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Testing of autonomic nervous system function; suomotor, including 1 or more of the following:		Testing of autonomic nervous system function; suomotor, including 1 or more of the following:		Orbicularis oculi (blink) reflex, by electrodiagnostic testing		Orbicularis oculi (blink) reflex, by electrodiagnostic testing			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**			
6	**TOTAL CLINICAL LABOR TIME**	**L037A**	**diagnostic Tec**	**61.0**	**0.0**	**56.0**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**		
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037A**	**diagnostic Tec**	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037A**	**diagnostic Tec**	**61.0**	**0.0**	**51.0**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**		
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037A**	**diagnostic Tec**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	L037A	Electrodiagnostic			**5**							
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent												
16	Follow-up phone calls & prescriptions												
17	*Other Clinical Activity - *specify: Check to make sure patient is not wearing compression garments; remove compression garments*	L037A	Electrodiagnostic Technician			**0**							
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Greet patient, provide gowning, ensure appropriate medical records are available			**3**									
22	Obtain vital signs			**3**									
23	Provide pre-service education/obtain consent			**3**									
24	Prepare room, equipment, supplies			**2**									
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV												
27	Sedate/apply anesthesia												
28	*Other Clinical Activity - specify: Assist physician in cleaning area, relaxing patient. Take notes from physician	L037A	Electrodiagnostic Technician					**30**		**25**			
29	**Intra-service**												
30	Assist physician in performing procedure	L037A	Electrodiagnostic	**45**		**41**							
31	Assist physician/moderate sedation (% of physician time)												
32	**Post-Service**												
33	Monitor pt. following moderate sedation												
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**2**									
35	Clean room/equipment by physician staff			**3**		**5**				**5**			
36	Clean Scope												
37	Clean Surgical Instrument Package												
38	Complete diagnostic forms, lab & X-ray requisitions					**5**							
39	Review/read X-ray, lab, and pathology reports												
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions												
41	*Other Clinical Activity - *specify:*												
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**			
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**			
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**			
45	**End: Patient leaves office**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE				REFERENCE CODE					
2	~~*Please note: If a supply has a purchase price of $100 or~~ more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.			95923		95923		95933		95933			
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Testing of autonomic nervous system function; suomotor, including 1 or more of the following:		Testing of autonomic nervous system function; suomotor, including 1 or more of the following:		Orbicularis oculi (blink) reflex, by electrodiagnostic testing		Orbicularis oculi (blink) reflex, by electrodiagnostic testing			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**			
46	**POST-SERVICE Period**												
47	**Start: Patient leaves office/facility**												
48	Conduct phone calls/call in prescriptions												
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		
50	99211 16 minutes		16										
51	99212 27 minutes		27										
52	99213 36 minutes		36										
53	99214 53 minutes		53										
54	99215 63 minutes		63										
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		
56	*Other Clinical Activity - *specify:*												
57	**End: with last office visit before end of global period**												
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**										
59	kit, electrode, iontophoresis	SA014	kit	**4**		**4**							
60	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**			
61	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**			
62	electrode, bar-style (single)	SD052	item										
63	electrode, ground	SD059	item					**1**		**1**			
64	mouthpiece, respiratory	SD099	item	**1**		**1**							
65	Indicator powder	SD276	ml	**10**		**10**							
66	eye shield, non-fog	SG049	item	**2**		**2**							
67	gauze, sterile 4in x 4 in	SG055	item	**2**		**2**		**2**		**2**			
68	tape, surgical paper 1 in (Micropore)	SG079	inch	**6**		**6**		**36**		**24**			
69	acetylcholine (for patient use)	SH002	gm	**50**		**50**							
70	electrode conductive gel	SJ020	ml					**5**		**5**			
71	electrode skin prep gel (NuPrep)	SJ022	ml					**100**		**10**			
72	povidone soln (Betadine)	SJ041	ml					**1**		**1**			
73	sensor strip, skin temperature	SJ045	item					**1**		**1**			
74	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**			
75	measuring tape, paper	SK048	item					**1**		**1**			
76	gown, patient	SB026	item										
77	gloves, non-sterile												
78	bandage, strip 0.75in x 3in (Bandaid)	SG021											
79	paper, exam table												
80	paper, recording (per sheet)	SK059	item					**1**		**1**			
81	**EQUIPMENT**	**CODE**											
82	table, exam	EF023				**51**		**30**		**30.0**			
83	EMG-NCV-EP system, 8 channel	EQ024						**30**		**30.0**			
84	QSART acquisition system (Q-Sweat)	EQ035		**64**		**46**							
85	stimulator, constant current, w-stimulating and grounding electrodes (C	EQ124		**64**		**46**							
86	light, infra-red, ceiling mount	EQ171		**64**		**46**							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS OPPS/ASC CAP Proposal – Codes Identified by Specialty to Review (Practice Expense Only)

April 2014

Computer-Assisted Adjustment of External Fixation

Following publication of the 2014 Final Rule, the RUC solicited feedback from the specialties societies regarding CPT codes potentially impacted by the OPPS/ASC Payment Cap. Specialty societies reviewed the list of 211 identified through the cap and indicated which codes they have an interest in re-reviewing. The RUC recommended developing practice expense inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with no modification as approved by the Practice Expense Subcommittee.

CPT Code (●New)	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	000	0.00 (PE Only)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

	A	B	C	D	E	F	G
1				Existing		recommend	
2	*Please note: If a supply has a purchase price of $100 or			20697		20697	
3	**Meeting Date: April 2014** **Tab: 50** **Specialty: APMA**	**CMS Code**	**Staff Type**	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg,		Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**21**	**0**	**21**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**21**	**0**	**21**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**	**0**	**0**	**0**
13	Coordinate pre-surgery services			**0**	**0**	**0**	**0**
14	Schedule space and equipment in facility			**0**	**0**	**0**	**0**
15	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**
16	Follow-up phone calls & prescriptions			**0**	**0**	**0**	**0**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**2**		**2**	
24	Prepare room, equipment, supplies			**2**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**10**		**10**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**3**	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA				
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**2**		**2**	
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				Existing		recommend	
2	*Please note: If a supply has a purchase price of $100 or			20697		20697	
3	Meeting Date: April 2014 Tab: 50 Specialty: APMA	CMS Code	Staff Type	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg,		Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg,	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000
46	POST-SERVICE Period						
47	Start: Patient leaves office/facility						
48	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	0	0	0	0
49	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	Total Office Visit Time			0.0	0.0	0.0	0.0
56	*Other Clinical Activity - *specify:*						
57	End: with last office visit before end of global period						
58	MEDICAL SUPPLIES**	CODE	Unit				
59	drape, sterile, three-quarter sheet	SB014	item	1		1	
60	underpad 2ft x 3ft (Chux)	SB044	item	1		1	
61	strut, replacement, dynamic external fixation	SD240	item	1		1	
62	EQUIPMENT	CODE					
63	table, power	EF031		21		21	
64	light, exam	EQ168		21		21	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2013

Ultrasonic Wound Assessment

The CPT Editorial Panel converted CPT Category III code 0183T to a Category I code to report low frequency ultrasound wound therapy (LFU). Since 2008, utilization and adoption by all multi-disciplinary specialties involved in wound care has significantly increased for LFU.

The HCPAC reviewed the survey results from 83 physical therapist and podiatrists. The health care professional organizations indicated that the survey respondents may have overestimated the intra-service time when comparing it to the key reference service 97597 *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less* (work RVU=0.51 and 14 minutes intra-service time). The HCPAC agreed that the survey respondents may have compared the reference service, which accounts for debridement of a wound that is 20 sq cm, to a larger size wound typical for the surveyed service, thus indicating a higher intra-service time. APMA and APTA also indicated that the median work RVU of 0.51 (same as the key reference service) and the survey 25th percentile work RVU of 0.49 were also then overestimated. The health care professional organizations recommended and the HCPAC agreed to directly crosswalk the work and time for 97610 to similar service 29582 *Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed* (work RVU = 0.35, pre-time= 4 minutes, intra-time= 12 minutes and post-time= 2 minutes). **The HCPAC recommends a work RVU of 0.35 for CPT code 97610.**

New Technology

The HCPAC also noted that this service represents the use of new technology and will be placed on the new technology list to re-examine and possibly resurvey after use of the technology has diffused.

Practice Expense

The PE Subcommittee reviewed and accepted the direct practice expense inputs with minor modifications.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Physical Medicine and Rehabilitation** **Active Wound Care Management**				
●97610	B1	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	XXX	0.35
Category III				
D0183T		~~Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day~~ (0183T has been deleted. To report, use 97610)	XXX	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97610 Tracking Number B1 Original Specialty Recommended RVU: **0.37**
Presented Recommended RVU: **0.37**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: Low Frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with a persistent lower extremity ulcer. The area is painful, has an indurated margin and the wound bed is a pale pink color with minimal yellow/white slough.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: The patient's chart/referral is reviewed. An updated history of medications is performed with special attention to current blood thinners (eg, warfarin, Plavix, ASA). A review of pertinent past medical problems and any new problems that may have arisen since the previous visit is performed. The patient is positioned and existing dressings are removed.

Description of Intra-Service Work: The wound status, classification, size, location, drainage, and depth are documented. Inspect and palpate the surrounding skin, wound edge, and exposed soft tissue. Low frequency ultrasound mist therapy is delivered to the patient by the qualified healthcare professional by holding the transducer and applicator 1 to 1.5 cm away from the wound bed and moving the applicator in a serpentine fashion along the entire wound and wound margin for the designated time based on the wound size. The wound bed is wiped with gauze. The wound bed and surrounding tissue are assessed for clinical changes.

Description of Post-Service Work: Apply an appropriate sterile dressing. Determine type of padding and specific material needed to offload the ulcer area; cut pad to properly remove pressure; apply padding. Instruct patient and/or caregiver on appropriate home care, including dressing changes, as necessary. Instruct on importance of controlling concomitant medical conditions. Enter patient progress notes in medical chart. Answer patient/family questions and insurance staff questions. Discuss patient progress with PCP/referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Timothy Tillo, DPM, APMA; Richard Rausch, PT, APTA		
Specialty(s):	American Podiatric Medical Association, American Physical Therapy Association		
CPT Code:	97610		
Sample Size:	200	**Resp N:** 83	**Response:** 41.5 %
Description of Sample:	The data above is combined data from three surveys, one by APMA, a random survey by APTA, and a Research Subcommittee approved non random survey by APTA from a listing provided by the vendor. A breakdown of the individual surveys is included.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	**30.00**	100.00	900.00
Survey RVW:	0.25	0.49	**0.51**	0.65	40.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	97610	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97597	000	0.51	**RUC Time**

CPT Descriptor Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
94375	XXX	0.31	**RUC Time**	264,000

CPT Descriptor 1 Respiratory flow volume loop

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96446	XXX	0.37	**RUC Time**	950

CPT Descriptor 2 Chemotherapy administration into the peritoneal cavity via indwelling port or catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 65 **% of respondents:** 78.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 97610**	**Key Reference CPT Code:** 97597	**Source of Time** **RUC Time**
Median Pre-Service Time	4.00	5.00	
Median Intra-Service Time	12.00	14.00	
Median Immediate Post-service Time	2.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**18.00**	**24.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.72	3.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.69	3.92
Urgency of medical decision making	3.06	3.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.32	4.18
Physical effort required	2.97	3.49
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.48	3.55
Outcome depends on the skill and judgment of physician	3.38	3.98
Estimated risk of malpractice suit with poor outcome	2.66	3.49

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.95	3.05
Intra-Service intensity/complexity	3.52	4.09
Post-Service intensity/complexity	2.68	2.89

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code was originally intended to be presented at the April 2013 RUC meeting. Because of low survey response, there was confusion regarding the service and it was referred back to the CPT Editorial Panel. The

difficulty of low survey numbers was brought before the Research Subcommittee during their March conference call. The subcommittee allowed a non random survey to be taken, and indicated that both random and non random data should be broken out. This data breakout is included with the presentation.

An expert panel representing the APMA and APTA met to discuss the survey data. It was noted that the surveys used 97597, Debridement, as the reference code. This code has a work value of 0.51 and minutes of 5 minutes pre, 14 minutes intra, and 5 minutes post. The survey medians indicated a value of 0.51 with minutes of 10 minutes pre, 25 minutes intra, and 10 minutes post.

The expert panel also noted that the complexity/intensity measures (such as mental effort and judgment, technical skill, etc.) for the new code were in almost all cases significantly lower those of 97597; thus the recommended value should be lower than the value of 97597 (the median survey value of 0.51 is the same as the value of 97597).

After considerable discussion, the expert panel reviewed potential cross-walks that might be reference for a more appropriate recommended value. Several cross-walks were considered:

Code	Work Value	Pre minutes	Intra minutes	Post minutes
97035, Ultrasound (15 min)	0.21	1	12	2
94375, Resp flow vol loop	0.31	5	7	5
11720, Nail debride (1-5 nails)	0.32	7	5	2
29582, Multi layer comp (thigh)	0.35	4	12	2
96446, Chemotx admn prtl cavity	0.37	5	7	5

The expert panel believes that a cross walk to the 29582 code, with a work value of 0.35 and 4 minutes pre, 12 minutes intra and 2 minutes post time is the appropriate cross walk and values for the new code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Category III code 0183T. Medicare reported frequency 312 in 2011, 7 in 2012 (RUC database)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty APTA How often? Rarely

Specialty APMA How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is a new technology that is expected to grow rapidly.

Specialty APTA Frequency 8000 Percentage 80.00 %

Specialty APMA Frequency 2000 Percentage 20.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is new technology. The RUC data base indicates sparse usage, but it is expected to grow significantly. These numbers should be viewed as conservative.

Specialty APTA Frequency 6500 Percentage 81.25 %

Specialty APMA Frequency 1500 Percentage 18.75 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97035

SS Rec Summary

ISSUE: Ulttrasound Wound Treatment (976XX1)

TAB: B1

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	97597	Debridement (eg, high p	65	0.020			0.51			24	5					14			5																			
CURRENT				#DIV/0!						0																												
SVY ALL	97610	Low frequency, non-con	83	0.002	0.25	0.49	0.51	0.65	40.00	45	10			5	15	25	30	60	10																			
SVY DPM	97610	Key Ref 97597 (6)	8	0.020	0.50	0.50	0.51	0.85	1.25	24	6			5	10	13	16	20	5																			
SVY PTR	97610	Key Ref 97597 (17)	20	0.003	0.25	0.45	0.51	0.51	1.15	43	10			6	14	23	30	60	10																			
SVY PTV	97610	Key Ref 97597 (42)	55	0.002	0.25	0.50	0.51	0.65	40.00	50	10			10	20	30	40	60	10																			
REC	97610			0.018	0.35					18	4					12			2																			

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

Global Period XXX Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors from APMA and APTA reviewed the PE details for code 97597 and literature from the company describing MIST therapy.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Patients that undergo 97597 and 97610 are very similar in terms of age, diagnosis, and wound. The primary difference is the stage of wound healing.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Preparing the patient: Greet patient, provide gowning, ensure appropriate medical records are available. Obtain vital signs. Provide pre-service education/obtain consent. Depending on the wound location, position the patient in a comfortable position for treatment, using padding if necessary. Remove soiled dressings and discard all contaminated materials (gloves, dressings, pads) prior to treatment. Use appropriate infection control procedures throughout the treatment session. Place an absorbent pad under the area being treated to collect the saline runoff.

Preparing the supplies and equipment: Setup all necessary supplies (eg, drapes, towels, dressings). Prior to treatment use a germicidal wipe to clean the system. Wipe the generator and cradle, transducer cable, transducer handle, and transducer tip. Remove the applicator from its package and press the applicator onto the transducer in one continuous motion, insuring the metal tip is in the center of the applicator. Place the saline bottle upright into the applicator, using the applicator walls as guidance. The “cup” opening and gradations on the bottle should be facing the transducer. Engage the saline bottle using one forceful, downward thrust into the applicator to puncture the saline bottle. Hold the saline bottle and cup firmly in one hand and gently twist off the vent tab by grasping it and turning. Turn the generator “on"

and wait for system check. Select the wound size (cm2) by moving the arrow buttons on the generator unit up or down. The corresponding treatment time for a given wound size will appear as well.

Assist Provider with performing the procedure, which includes assessment and documentation of the wound and MIST therapy in a sterile environment.

Cleaning the equipment and room: After completion of the treatment, discard the single-use disposable applicator and use a second germicidal wipe to clean the generator and cradle, transducer cable, transducer handle, and transducer tip. Discard all contaminated materials using appropriate infection control procedures.

Patient care after treatment: Monitor patient for signs of bleeding or inflammation from treatment. Assist provider in application of padding and dressings. Review post-treatment dressing changes.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**97597**		**97610**	
3	**Meeting Date: October 2013 Tab: 17 Specialty: APMA, APTA**	**CMS Code**	**Staff Type**	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with		Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**50.0**	**0.0**	**31.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**47.0**	**0.0**	**31.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**0**		**0**	
13	Coordinate pre-surgery services			**0**		**0**	
14	Schedule space and equipment in facility			**0**		**0**	
15	Provide pre-service education/obtain consent			**0**		**0**	
16	Follow-up phone calls & prescriptions			**0**		**0**	
17	*Other Clinical Activity - *specify:*			**0**		**0**	
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT Aide	**3**		**3**	
22	Obtain vital signs	L023A	PT Aide	**3**		**3**	
23	Provide pre-service education/obtain consent	L023A	PT Aide	**3**		**3**	
24	Prepare room, equipment, supplies	L023A	PT Aide	**2**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L023A	PT Aide	**2**		**2**	
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L023A	PT Aide	**14**		**12**	
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains						
33	Clean room/equipment by physician staff	L023A	PT Aide	**3**		**3**	
34	Clean Scope						
35	Clean Surgical Instrument Package	L023A	PT Aide	**10**			
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L023A	PT Aide	**7**		**3**	
39	*Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
43	**End: Patient leaves office**						
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions	L023A	PT Aide	**3**			
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
57	**kit, low frequency ultrasound wound therapy (MIST)**	**NEW**	**kit**			**1**	
58	*Each kit includes applicator, 2 disinfectant wipes, absorbent pad, 100ml bottle of saline*						
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
60	drape, sterile barrier 16in x 29in	SB007	item	**1**			
61	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**			
62	basin, irrigation	SJ009	item	**1**		**1**	
63	gauze, non-sterile 4in x 4in	SG051	item	**2**		**1**	
64	gown, staff, impervious	SB027	item	**1**		**1**	
65	bandage, Kling, non-sterile 3in	SG018	item	**1**		**1**	
66	dressing, 3in x 4in (Telfa, Release)	SG035	item	**2**		**2**	
67	gauze, self-adherent roll 0.5in to 2in (Fabco, Gauztex)	SG052	inch	**72**		**36**	
68	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**	
69	drape, sterile, for Mayo stand	SB012	item	**1**			
70	towel, non-sterile	SB042	item	**2**			
71	underpad 2ft x 3ft (Chux)	SB044	item	**1**			
72	syringe 50-60ml	SC056	item	**1**			
73	blade, surgical (Bard-Parker)	SF007	item	**2**			
74	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**			
75	hydrogen peroxide	SJ028	ml	**10**			
76	silver nitrate applicator	SJ046	item	**1**			
77	pack, cleaning, surgical instruments	SA043	pack	**1**			
78	**EQUIPMENT**	**CODE**					
79	**MIST Therapy System**	**NEW**				**19**	
80	**MIST Therapy Cart**	**NEW**				**19**	
81	table, power	EF031		**37**		**19**	
82	light, exam	EQ168		**37**		**19**	
83	mayo stand	EF015		**44**			
84	instrument pack, basic ($500-$1499)	EQ137		**37**			

AMA
AMERICAN MEDICAL ASSOCIATION

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May 28, 2014

Sean Cavanaugh
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Mr Cavanaugh:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendations to the Centers for Medicare and Medicaid Services (CMS). At its October 2013 and April 2014 meetings, the HCPAC reviewed one ultrasonic wound assessment CPT code and one computer-assisted adjustment of external fixation (practice expense only) CPT code.

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2014 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Maurine Dennis via (202) 789-7497 or Maurine.Dennis@ama-assn.org at the AMA for clarification regarding these recommendations.

Sincerely,



William J. Mangold, Jr, MD
HCPAC Chair



Anthony Hamm, DC
HCPAC Co-Chair

cc: HCPAC Participants
Jessica Bruton
Kathy Bryant
Edith Hambrick, MD
Ryan Howe
Kathy Kersell
Steve Phurrough, MD

Attachments

CPT	Global Period	Coding Change	CPT Meeting Date	Main Tab	Issue	Tracking Number	HCPAC Meeting Date	HCPAC Agenda Tab	SS to Survey	SS Recommendation	HCPAC Recommendation	Same RVU as last year?	Comments
97610	XXX	N	May13	28	Ultrasonic Wound Assessment	B1	Oct13	17	APMA, APTA	0.37	0.35	N/A	HCPAC